



HM Inspectorate of Probation

AUDIT OF ACCREDITED PROGRAMMES

Humberside & Yorkshire Region of
the National Probation Service for
England and Wales

*Level 2 Follow-up Report on:
West Yorkshire Probation Area –
Enhanced Thinking Skills*

June 2003

Acknowledgements:

We are grateful for the cooperation of staff from the West Yorkshire Probation Area in completing this follow-up audit.

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Glossary

ACO	Assistant chief officer
CO	Chief officer
COM	Chief Officers' Meeting
CPRO	Community punishment and rehabilitation order
CRO	Community rehabilitation order
DCO	Deputy chief officer
ETS	Enhanced Thinking Skills
HMIP	HM Inspectorate of Probation
IAPS	Interim Accredited Programmes Software
IQR	Implementation Quality Rating
N/A	Criteria not assessed
NPD	National Probation Directorate
OGRS	Offender Group Reconviction Scale
PREM	Probation Race and Ethnic Monitoring
PSR	Pre-sentence report
TPO	Trainee probation officer

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Scoring Approach:

The criteria for the delivery of accredited programmes have been divided into four sections. These sections, and the overall weighting assigned for each section, are as follows:

Committed leadership and supportive management	20%
Programme management responsibilities	30%
Quality of programme delivery	30%
Case management responsibilities	20%

Each criterion is scored as **Fully Met** (2 marks), **Largely Met** (1 mark) or **Not Met** (0 marks).

The scoring summary sheet at the end of this follow-up report shows the marks awarded for each criterion – for those criteria designated as Mandatory (see Performance Standards Manual) the mark given is doubled. This denotes the critical impact these criteria have on the effective delivery of programmes.

The marks awarded for each section are shown and then expressed as a % by dividing the total number of marks scored by the maximum available, and multiplying by 100. Section B has been divided into seven sub-sections for ease of scoring.

To determine an area's IQR, the scores for each section are multiplied by the appropriate factor to take account of the relevant weightings given above. The % totals for each section are then added together to give the IQR.

For this follow-up audit, those criteria that were fully met on the original audit have not been re-assessed. The marks awarded then have therefore been carried over. The only exception to this relates to those criteria that are informed by video monitoring scores (see C1.1-C1.3). Revised scores have been awarded for these criteria based on up-to-date video monitoring scores.

Overview:

- The original audit in West Yorkshire was carried out in January 2002. An IQR of 58% was awarded, resulting in a level 2 follow-up audit that was undertaken during February 2003.
- Advance information was provided by the area for the follow-up audit. HMIP conducted a two-day visit during which 39 case files were read and interviews undertaken with the DCO, the ACOs for What Works and information services, programme and treatment managers, tutors, case managers and PSR writers. The quality of programme delivery was scored by area assessors based on 11 videotapes.
- Both the original and follow-up audits focused solely on ETS.
- Only those criteria not fully met at the original audit have been reassessed and new marks awarded. The bullet points under these criteria refer to the progress made since the original audit.

Findings:

West Yorkshire had fully met four of the ten recommendations from the audit conducted in 2002. Systems had been put in place to provide regular monitoring information to managers and staff and there was evidence that this had been used to strengthen programme delivery. Action had been taken to make management and practice more consistent across the area, the benefits of which included better timeliness of offender commencement on ETS.

A review of accredited programmes delivery had concluded with senior management agreement to restructure programme teams and implement revised case management arrangements from 1 April 2003. This was further supported by process mapping being conducted on all relevant procedures. Senior managers had clearly taken steps towards improving the quality of programme delivery but in a number of areas the impact of this had yet to be seen.

Case management had not improved significantly during the year and had insufficient profile in community supervision teams. Managers needed to be confident that information, policy and procedures were fully distributed and used by case managers across the area. The appointment of ETS product champions was a step towards achieving this.

Tutors had maintained a satisfactory standard of delivery, but HMIP was concerned to find that treatment management had not always been conducted at the required frequency. This was of particular significance as it was the main process for practice improvement. Tutors had little opportunity to meet as an area group to share and develop their skills in a consistent way.

There were four recommendations requiring attention to diversity issues. One, amendments to ETS leaflets, had been fully met and the area had relaxed its policy by offering the choice of singleton placements to minority ethnic offenders. Whilst there were plans to provide diversity training for tutors, this had so far been limited and the area had made no progress in improving race and ethnic representation in the tutor group. Evaluation of accessibility by race and ethnicity had also not been actively pursued.

Of the remaining six recommendations, one had been largely met, four partly and one not met.

Next Steps

West Yorkshire Probation Area achieved a revised IQR of **66%**.

This audit follow-up report and the IQR will be received by the Correctional Services Accreditation Panel in Autumn 2003.

SECTION A: COMMITTED LEADERSHIP

A1.1 Committed leadership

2

Criterion fully met at original audit.

A1.2 Management structures

1

- West Yorkshire had reviewed the delivery of accredited programmes to improve performance and resolve staffing difficulties. A simplified structure based on three instead of five district units was due to be implemented from 1 April 2003.
- One of the aims of the revised structure was to promote consistency and better integration with case management. It was evident that this was yet to be achieved, as not all case managers interviewed had been trained for ETS and they had different perceptions of their responsibilities.
- Alongside the review, managers were attempting to standardise and streamline programme-related functions through a system of process mapping.
- Significant information, such as area requirements for allocation to programmes, was provided consistently to all staff via Keynotes, the CO's Bulletin.
- Draft job descriptions had been developed for programme and treatment managers, based on the requirements and competencies outlined in the revised national management manual.

A1.3 Staff ownership of the accredited programme

2

- Senior management ownership and responsibility for ETS was to be strengthened through the programmes policy group, attended by an ACO from each of the three combined districts and the What Works ACO. The first meeting of this group was scheduled for 18 March 2003.
- In July 2002 the CO had issued an instruction that all court proposals for CROs and CPROs must include an accredited programme unless otherwise endorsed by a manager. Whilst there had been no evaluation of compliance with this requirement, aggregate numbers of proposals were regularly monitored and had increased towards the end of the year.
- Staff interviewed were clearly committed to ETS and concerned to improve their performance.
- Accredited programmes monitoring systems had been re-established producing reports on district and area performance. Target achievement and variations in district performance were considered monthly by the COM and had influenced the decision for a revised programme delivery structure.
- Attendance by the case manager at the post-programme review meeting had improved from 53% to 67% in the cases examined since the original audit.

A1.4 Effective communication with sentencers

2

- Programme staff had delivered four training sessions for magistrates and judges since the original audit. The training had followed a common format and included practical experience of ETS.
- Concordance rates were routinely monitored, confirming that those relating to ETS proposals were generally good.
- Written information about ETS had been made available to sentencers.

SECTION B: PROGRAMME MANAGEMENT RESPONSIBILITIES

Recommendation(s) from the original audit which relate to this section.

The CO should ensure that the area:

- *improves the timeliness of commencement and produces a calendar of programmes which is available to staff and sentencers (B2.2, B2.4);*
- *reviews its policies and procedures relating to programme delivery and takes action to promote consistency of practice in all districts (B2.2, B2.4, B6.2);*
- *produces job descriptions for all programme staff, which incorporate roles and responsibilities, and a defined set of competencies for each staff role from those specified in the national management manual (B3.2);*
- *provides additional training opportunities for tutors to ensure that they can develop and practice their skills in delivering programmes, with particular attention to race equality and wider diversity issues (B4.6);*
- *puts in place contingency arrangements so that treatment manager supervision is not disrupted by sickness or other absence (B5.1);*
- *improves its service to women and minority ethnic offenders, by incorporating information related to their needs in ETS leaflets (B6.4);*
- *reconsiders its policy on access to mixed groups, and in particular the element of choice for women and minority ethnic offenders, and implements monitoring systems to ensure that this is followed (B6.4);*
- *achieves a more diverse tutor group to better reflect the race and ethnicity of the offender population (B6.4);*
- *reviews its strategy for monitoring and evaluation of programmes, so that it has routine access to performance data across all districts and relevant information is fed back to staff (B7.1).*

- ▶▶ **Fully met:** Strengthened procedures, together with the production of a timetable, had contributed to improvements in the timely commencement of offenders on ETS.
 - ▶▶ **Fully met:** Following the 2002 audit the CO had issued area-wide procedures for allocation to programmes. Managers had set up a standardisation group, which had agreed consistent practice in administration and tutor deployment and established an action plan for implementation from October 2002. A review of programme delivery structures had been completed in December 2002 and agreed by the chief officers who were attempting to improve procedures through process mapping.
 - ▶▶ **Largely met:** Competency-based job descriptions had been produced for all programme staff. However, those for programme and treatment managers were still in draft form and tutors claimed not to have received theirs.
 - ▶▶ **Partly met:** Accreditation training had been delivered to appropriate tutors and some had had the benefit of a diversity workshop. However, there had been no regular forum to develop and practice their skills beyond treatment management and this itself had not been consistently delivered.
 - ▶▶ **Partly met:** Contingency arrangements had been established for the medium-term absence of treatment managers but these had not been entirely successful and disruption was still observed.
 - ▶▶ **Fully met:** ETS leaflets had been revised to include reference to the potential special needs of women, minority ethnic and disabled offenders.
-

- ▶▶ **Partly met:** West Yorkshire had amended its policy on access to mixed groups to provide minority ethnic offenders with the choice of a singleton placement. This choice had not been extended to women who could only attend a single gender group. There was no monitoring system to ensure that area policy was followed.
- ▶▶ **Not met:** The tutor group was not representative of the race and ethnicity of the offender population and there was no specific strategy to address this.
- ▶▶ **Fully met:** PSR and accredited programmes monitoring systems had been established providing regular performance reports to managers and staff.

B1.1 Resources and facilities

2

Criterion fully met at original audit.

B1.2 Provision of information leaflets about the programme

2

- Leaflets for offenders and sentencers had been revised to include reference to the needs of women, minority ethnic and disabled offenders.
- Both documents were plainly written and contained all the required information.

B2.1 Managing attendance

1

- In order to reduce attrition between the court order and programme start, the CO had issued an instruction that from 1 September 2002 case management teams must arrange for offenders to be escorted to their first programme session. A consultant had been engaged to review transport arrangements for all offenders, including those attending ETS.
- Following the regional event on attrition in September 2002, a decision had been reached to pilot the use of semi-specialist ETS case managers in one district with a view to reducing early drop-out.
- The research officer had completed a study on attrition and recently undertaken local research on barriers to starting programmes. The latter had indicated a number of potential performance improvement actions which had yet to be taken forward.
- Expectations regarding management of attendance for accredited programmes were clearly stated in West Yorkshire's policy on national standards. However, case managers interviewed still had different perceptions of their responsibilities for designation of absence acceptability.
- Recording of attendance and reasons for absence was excellent on some of the IAPS registers but not satisfactory on two of the six examined.

B2.2 Avoidance of cancellation or disruption to sessions

2

- There was no evidence of groups being cancelled due to the lack of tutors. Cancellations noted had been the result of low numbers or in one case an exceptional personal crisis affecting all group members.
- An ETS timetable had been circulated across the area showing group start times and delivery sites.
- There was no disruption in the sessions reviewed.

- The third tutor role had been designated as back-up only and this was to apply across the area. Arrangements for crisis cover, outside normal office hours, were being considered alongside the area's transport review; in the meantime, each office was responsible for contingency health and safety cover.

B2.3 Catch-up sessions/Attendance

1

- Guidance on the conduct of catch-ups had been written and distributed to tutors following an ETS treatment manager meeting in September 2002.
- Catch-up sessions were delivered by the designated group tutors and recorded on IAPS.
- All districts were recording at least the minimum number of catch-up sessions. However, programme staff could recall only one such session being subject to integrity checks.
- Four catch-ups had been allowed in some cases and it was area practice to allow this when ETS programme sessions were delivered four times over two days in one week.

B2.4 Timeliness

1

- Procedures to promote timely programme starts for offenders had been issued to staff in the Keynotes Bulletin of July 2002 and further work undertaken through the process mapping project.
- ETS timetables, together with local delivery of psychometric tests, had improved timeliness of commencement.
- 60% of the files examined showed that offenders had commenced ETS within a month of their order being made or had good reasons recorded for not doing so.

B3.1 Staff selection

2

Criterion fully met at original audit.

B3.2 Staff roles and competencies

1

- Draft job descriptions for programme and treatment managers had been prepared, subject to agreement with the trade unions. These incorporated the competency requirements set out in the revised national management manual, as did the job description for programme tutors that had also been reviewed. Tutors, however, said that they had not received them.
- Standard appraisal objectives had been devised for tutors and treatment managers.
- All treatment managers now copied supervision notes to line managers; tutors were aware that this was done and how the information was used to inform appraisals.

B3.3 Preparation and debriefing time for tutors

2

Criterion fully met at original audit.

B3.4	Staff continuity	0
	<ul style="list-style-type: none">Contingency planning was not satisfactory. Tutors advised that a designated back-up tutor was not always available resulting in several others substituting.Most programmes had more than three tutors allocated, some as many as seven it was said, to accommodate the training requirements of TPOs.Full continuity was not achieved in three of the six programme registers reviewed and, in one, eight tutors had delivered sessions.	
B4.1	Training arrangements for new staff	2
	<i>Criterion fully met at original audit.</i>	
B4.2	New staff paired with an experienced colleague when running their first programme	2
	<i>Criterion fully met at original audit.</i>	
B4.3	Training arrangements for experienced staff	2
	<i>Criterion fully met at original audit.</i>	
B4.4	Staff knowledge of the concepts and methods used in the programme	2
	<i>Criterion fully met at original audit.</i>	
B4.5	Staff knowledge of the theoretical and evidential basis of the programme	1
	<ul style="list-style-type: none">The ETS theory manual had been distributed to tutors in September 2002, as had recent research results.Except for specialists in the Bradford district, case managers had received no further training to extend their knowledge of the programme's evidential base.Case managers had not seen or read the information on research available in the What Works Newsletters.	
B4.6	Supporting skills necessary to run programmes	1
	<ul style="list-style-type: none">Video monitoring demonstrated that staff had maintained a satisfactory standard in all aspects of programme delivery and more than satisfactory in some sessions.A number of tutors had completed accreditation training and others were scheduled to receive it.Tutors spoke enthusiastically of a cognitive-behaviour training day some of them had attended at a local prison.A one-day conference had been held for programme staff and each district had conducted programme team meetings.	

- There was no evidence to show that additional training had been provided to meet tutors' needs as identified in the 2002 audit report, or to improve their skills and practice jointly as a group. Managers stated that the area strategy was for this to be addressed individually in treatment management, which had not been regularly delivered in all districts.
- Case manager training had been designated to district practice managers but there was no evaluation of its completion or consistency.
- There was a training calendar but no strategy to show that West Yorkshire had addressed identified training needs.

B5.1 Staff supervision and quality of practice

0

- Managers had adopted temporary promotion/act-up arrangements to cover for treatment manager absence and developed a draft protocol for this process. Staff had already been appointed on this basis.
- A draft rota had been drawn up establishing mutual cross-district treatment manager responsibilities.
- Staff, who were also trainers, said they were still experiencing difficulties meeting their treatment management responsibilities.
- Tutors from three of the five districts advised that they were not receiving regular treatment management. This was further evidenced by the programme completion returns: five of the 27 forms received stated that no treatment management had taken place.

B5.2 Staff appraisal

2

*Criterion fully met at original audit.***B6.1 Offender selection and assessment**

2

*Criterion fully met at original audit.***B6.2 Offender knowledge and understanding of the programme requirements**

1

- 41% of files showed that programme requirements had been communicated to offenders on two occasions. In a further 49% one explanation had been received.
- The letter of understanding was present in the majority of files read.
- An expectation that offenders must be reminded of programme requirements at their first induction appointment had been established via the CO's Keynotes Bulletin.
- Standardised procedures for introducing offenders to ETS were being developed through the process mapping project.

B6.3 Group size

2

Criterion fully met at original audit.

B6.4 Accessibility of group work programmes

0

- West Yorkshire had reconsidered its policy on responsivity and diversity in ETS. Consequently, minority ethnic offenders were now to be offered a choice to attend a group as a singleton placement.
- Managers had decided to retain the practice of allocating all women offenders to a single gender programme. This was based on the perceived success of those already delivered. Planned delivery structures for programmes would ensure that women's ETS would be available in each unit.
- There had been an increase in the number of programmes delivered to women. However, only one of the five female offenders whose case files were read had started ETS within a month of their order being made.
- Case managers were not all aware of the diversity policy or of the available supports, e.g. transport and childcare. The choice of a singleton placement was not always discussed with relevant offenders.
- There was still no systematic evaluation of accessibility of programmes by race and gender. Technical difficulties and the change in PREM codes had prevented the area from analysing the available data.
- One of the tasks of the diversity manager was to assess tutors' diversity training needs and he had completed ETS tutor training in order to prepare for this. Programme staff were to be represented on the four diversity working groups.
- A further review of programmes in relation to diversity and responsivity was scheduled. This was due to report to the COM in June 2003.
- The tutor group remained unrepresentative of the race and ethnic composition of the area. Managers expressed concern about this but had developed no firm strategy to improve representation in this segment of the workforce. However, they stated that the review would address this.

B7.1 Implementation of monitoring and evaluation design

1

- Accredited programmes monitoring had been established from April 2002.
- PSR monitoring systems had been re-established from which the area was able to review concordance rates and targeting performance and ensure that good standards were maintained.
- Completion rates were considered by the COM every month and concordance rates quarterly. These were regularly supplemented by reports on referrals and commencements. Action to improve performance, however, was dependent on the programme delivery restructure, results of the transport review and outstanding district action plans.
- Managers were able to extract local performance data and did so to review target achievement and inform practice within their teams; for example, the appropriateness of OGRS 2 scores, attendance by offenders at the first core programme session and reasons for termination.
- Research into barriers to attendance had been conducted as noted in B2.1 above.
- Information feedback to all groups of staff had improved significantly since the original audit, although there were still some variations between districts. Where ETS product champions had been established, information was used to help case managers identify remedial action, e.g. to improve completion and retention rates.

B7.2 Practice is informed by monitoring and evaluation evidence

2

- Proposals incorporated in the review of programme delivery had been informed by performance monitoring and targets.
- In order to improve timeliness of commencement on ETS, the area had established more regular psychometric sessions which were incorporated in the published timetable.
- ETS product champions had recently been appointed in case management teams to improve the quality of offender preparation and support and to reduce attrition rates particularly before programme commencement. It was too early to have established a measurable impact on performance.
- Monitoring on attrition had led to a CO instruction that offenders be escorted to the first programme session as noted in B2.1 above.

SECTION C: QUALITY OF PROGRAMME DELIVERY

Recommendation(s) from the original audit which relate to this section.

The NPD should:

- *review its post-programme reports to ensure that the areas of risk and likely scenarios for relapse are clearly addressed (C1.6).*

► ***Fully met:*** West Yorkshire had reviewed the post-programme report and included an assessment of risk and the identification of relapse scenarios.

C1.1 Adherence to programme manual

1

- All criteria within this section scored as satisfactory or good.
- Tutors had maintained their standards of delivering ETS material in the right order and without adding inappropriate extras.
- HMIP assessors still expressed concerns about the proper setting up and running of exercises and explanations were not always clear.

C1.2 Adherence to treatment style

1

- Tutors asked open questions and demonstrated listening skills, allowing offenders to answer questions.
- Participants were encouraged to explain and validate ideas for themselves.
- Whilst there were good examples of responsivity, there were occasions when this could have been improved; for example, in adjusting the pace of exercises to make them appropriate for all participants.
- Summarising points and reflecting them back to offenders did not score as well as in the original audit.
- HMIP assessors commented on the need for more appropriate challenging of offence supporting views.

C1.3 Group work skills

1

- Tutors were clearly spoken and, with one or two exceptions, used appropriate language.
- Co-working and the conduct of handovers were mostly satisfactory.
- Group management varied from excellent to poor but, overall, tutors managed to involve all participants.

C1.4 Programme delivered addressing race equality and diversity issues

1

- Diversity issues had been included as an agenda item in a conference for programme staff in May 2002.
- The diversity manager had conducted a half-day workshop for the Bradford programmes team, providing the opportunity for tutors to identify key issues and examine their practice. Participants had been required to identify how they could make ETS more appropriate and effective for minority ethnic offenders. A one-day training event for team and practice managers had been scheduled for March 2003.
- Programme staff were sensitive to the diverse needs of offenders and gave examples of good practice.
- There was still no mechanism for ETS tutors to collectively discuss diversity and develop their practice and the *NPD Diversity Review Report on Cognitive Skills Programmes*, published in September 2002, had not been circulated or discussed with tutors.

C1.5 Programme integrity checklist

2

Criterion fully met at original audit.

C1.6 End of programme summary reports

2

- The post-programme template had been amended in November 2002 to include an assessment of risk and identification of relapse scenarios and there was evidence of it being used.
- Reports continued to be completed fully and sent to case managers prior to the three-way meeting.
- There had been some slippage in the timeliness of preparation of post-programme reports resulting in late three-way meetings. Some tutors were providing interim summaries to support case managers in these circumstances.

SECTION D: CASE MANAGEMENT RESPONSIBILITIES

Recommendation(s) from the original audit which relate to this section.

The CO should ensure that the area:

- *consolidates its work on case management, in particular improving the levels of motivational work, reinforcement of learning and integration of post-programme reports into supervision plan reviews (D1.3, D1.7).*

► **Partly met:** The responsibility for case management training had been devolved to practice managers using a cascade method, rather than discreet training events. It was evident that this had not been successful and managers had decided to identify ETS product champions in each district case management team to promote better integration and delivery. Semi-specialist case managers had also been established in one district.

D1.1 Initial supervision plan sets relevant objectives for the offender

0

- The overall score for this criterion in the case file reading exercise had fallen from 1.2 to 0.9.
- Whilst there were some good objectives these were not consistently SMART and the quality of integration of ETS within the supervision plan had reduced.
- 45% of supervision plans had not been regularly reviewed.

D1.2 Effective liaison arrangements between the case manager and programme staff

1

- West Yorkshire's case management guidelines, issued at the beginning of 2002, required attendance at a mid-way review and at least one further case manager appointment during the currency of ETS. Case managers were not all aware of this.
- Liaison between case managers and programme staff had improved, with 58% meeting the requirement fully and 36% in part.
- Attendance at the three-way post-programme meeting had risen from 53% to 67% since the original audit.
- Managers considered that the appointment of ETS product champions in all case management teams would strengthen liaison between case management and programme teams.

D1.3 Supporting the offender through all phases of the programme

1

- Just over half of all cases examined showed that all of the pre-programme work had been completed; a further quarter showed some degree of preparation.
- Active case management to motivate offenders or deal with problems during the programme was recorded in 54% of the files read, with a further 32% demonstrating some contact.
- Evidence of work to reinforce learning was sparse.

D1.4	Understanding and knowledge of programme methods	1
	<ul style="list-style-type: none">• Case managers gave a satisfactory account of the methods used on ETS but recognised their need to become more familiar with the detail so that they could support homework assignments and reinforce learning.• The West Yorkshire Case Managers' Manual and ETS session summaries were not familiar to all case managers interviewed.	
D1.5	Monitoring of attendance and enforcement	2
	<i>Criterion fully met at original audit.</i>	
D1.6	Documentation	1
	<ul style="list-style-type: none">• In the case files reviewed, 49% contained all of the required documentation and a further 49% most of it.• Letters of understanding, supervision plan reviews and post-programme reports were sometimes absent.	
D1.7	End of programme review	0
	<ul style="list-style-type: none">• Attention to community reintegration issues was the strongest aspect of post-programme work. Almost 90% of relevant files recorded some evidence of this.• There were individual examples of excellent practice in building post-programme objectives into supervision plan reviews. However, this was not widespread: 65% of relevant cases showed no evidence that the post-programme report had influenced subsequent planning.• SMART objectives were evident in only 27% of relevant post-programme supervision plans.• Staff advised that there were sometimes tensions between completing post-programme work and discharging cases early.	
D1.8	Reinforcement and relapse prevention work	N/A
	<i>Criterion not assessed at original audit.</i>	
