



HM Inspectorate of Probation

AUDIT OF ACCREDITED PROGRAMMES

East Midlands Region of the
National Probation Service for
England and Wales

*Report on:
Northamptonshire Probation Area –
Enhanced Thinking Skills*

October 2001

Acknowledgements:

We are grateful for the cooperation of staff from the Northamptonshire Probation Area in completing this audit.

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Glossary

ACE	Assessment, Case Recording and Evaluation System
ACO	Assistant chief officer
CO	Chief officer
CPRO	Community punishment and rehabilitation order
CRAMS	Case Record Administration and Management System
ETS	Enhanced Thinking Skills
HMIP	HM Inspectorate of Probation
IAPS	Interim Accredited Programmes Software
IQR	Implementation Quality Rating
LSI-R	Level of Service Inventory-Revised
N/A	Criteria not assessed
OARF	Offender assessment and review form
OASys	Offender Assessment System
OGRS	Offender Group Reconviction Scale
PO	Probation officer
PSO	Probation service officers

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Context:

Programmes achieving accredited status have undergone a rigorous process of development and scrutiny to ensure they have maximum impact in terms of reducing reoffending. Selecting well-tested programmes is however only part of the picture – without effective implementation by probation areas much of the positive influence on offenders’ behaviour may be lost.

Establishing robust quality assurance systems and independent audit arrangements for accredited programmes is therefore crucial. HMIP is responsible for auditing accredited programmes on behalf of the Joint Accreditation Panel. Each probation area will be assessed against the delivery criteria given in the Performance Standards Manual June 2001, which also outlines how these criteria are to be met and evidenced.

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 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.

Overview:

- In April 2001 Northamptonshire implemented the delivery of ETS as its core accredited programme for offending behaviour. The programme has been delivered on three sites – Corby, Northampton and Wellingborough, using locally based tutors who are centrally managed as part of an area programmes team.
- The audit comprised video monitoring of randomly selected programme sessions; a case file reading exercise; assessment of advance information material; and a site visit where a wide range of staff were interviewed. These included senior managers, information support staff, programme managers, the treatment manager, programme tutors, case managers and court personnel. Six offenders who had undertaken the programme were also interviewed.
- The audit focused entirely on the implementation of ETS. Other accredited programmes were at differing stages of planned implementation in the area.
- The audit team monitored 12 videos from the three centres, having identified a pre-selected sample. However, problems with the format of the videotapes meant that three tapes could not be scored.
- Three of the criteria specified in the Performance Standards Manual were not applied given the relatively early stage in delivery: B4.2 where it is assumed that relatively inexperienced tutors will be assigned to deliver the programme together; and B4.3 and D1.8 which await national planned training for experienced tutors and the accreditation of the Cognitive Skills Booster Programme.

Findings:

Staff in the Northamptonshire Probation Area had worked hard to implement ETS and were highly motivated. The programme had been implemented in the context of stringent national expectations on pre-determined criteria and this had required some significant structural and cultural changes. These would take time to consolidate and the audit was carried out at a relatively early stage in implementation. The area had conducted a comprehensive internal audit in August and therefore many of the findings of the audit team were anticipated, with some areas for improvement already identified and plans being actioned.

It is acknowledged that Northamptonshire had undergone a number of personnel changes in the past year, including the appointment of a new CO and latterly significant changes within the wider chief officer group. The loss of staff at other levels had also made an impact on the area's ability to deliver on all aspects of performance. Senior managers acknowledged that this may have affected the priority afforded to programme development. With new appointments the area has had the opportunity to review the overall management of accredited programmes and develop the holistic approach which they outlined.

Specific recommendations are detailed below which reflect key aspects that scored lower in the findings of the audit. The main areas for improvement were in refining monitoring and evaluation arrangements, providing ongoing tutor training, development and support and defining the roles and responsibilities of key staff. With the motivation and expertise that was evident in staff at all grades there was scope to meet these requirements and raise the overall standard.

Recommendations

The CO should ensure that:

- the chief officer group takes corporate responsibility for leading, monitoring and managing effective programme delivery;
- operational managers fully integrate the work of accredited programmes with other functions, such as resettlement and court services.

The CO should ensure that the area:

- reviews current systems for monitoring and evaluation with a view to streamlining data collection and ensures that relevant data are used to inform planning, decision-making and delivery;
- reviews the targeting and assessment of offenders and develops a clear plan for improving attrition rates;
- makes sure that tutor staff are consistently and regularly supervised by treatment managers and that the appraisal of staff integrates developmental needs identified in supervision;
- promotes the skills development of tutor staff and develops a strategy to improve their performance;
- monitors the case management system currently being implemented to ensure that all requirements for support of the programme are met;
- improves the quality of supervision planning and the setting of SMART objectives;
- makes sure that all staff involved in assessment, case management, delivery and support are fully cognisant with both the theoretical/evidential rationales for programme selection and the methodology employed;
- promotes equality of access for all offenders to group work programmes and gives attention to diversity issues in programme delivery.

SECTION A: COMMITTED LEADERSHIP

A1.1 Committed leadership

1

Description: *The senior management of the area should be openly and explicitly committed to the proper running of the programme through policy and public statements.*

At the time of the audit there were a number of changes taking place amongst the chief officer group. Senior managers acknowledged that previously responsibility for oversight of the What Works strategy had rested with one senior manager who had just left the area. The CO was reorganising senior management responsibilities so that there was a greater collective knowledge of accredited programme issues.

Strengths:

- The staff conference in February 2001 had been used as a promotional vehicle for discussion of the planned programme implementation.
- Business planning documents supplied reflected the implementation of accredited programmes and specific targets were set.

Areas for improvement:

- Minutes of the chief officer group meetings had not demonstrated that delivery was closely monitored and managed at a senior level.
- Although a recent meeting for court staff had been attended by the CO, senior managers had not taken a leadership role when attending initial briefing days.

A1.2 Management structures

0

Description: *Effective line management structures exist for the proper operation of the programme integrating this within case management structures. Adequate time should be set aside for the effective management of the programme.*

During the period covered by the audit the area changed its system of case management. Until 1 October 2001 case management responsibility was held within the programmes team by qualified PO tutors holding nominal responsibility but with case management tasks shared amongst all tutor staff. From 1 October a new team had been set up where case management responsibility was to be held for all offenders attending accredited programmes. However, a separate group of PSO grade staff in the community resource centre were to carry out post-programme work with offenders under supervision of the programme manager. The exception to this system was with CPROs, which were case managed throughout by specialist officers.

Strengths:

- The pathfinder group had been set up using staff across grades and headed by an ACO.
- Attention had been paid to integrating case management during programme delivery, first by retaining it within the programmes team and, more recently, by devising the new case management team headed by a manager with programmes experience.

Areas for improvement:

- Accountability was clear at operational level but there was little integration with management of other functional structures.
 - The pathfinder group had not had a direct reporting brief to the operational county managers' group and therefore its findings and recommendations were not fully shared or canvassed.
-

- Competency-based job descriptions, reflecting the requirements of programme delivery, had only been drawn up for tutors.

A1.3 Staff ownership of the accredited programme

1

Description: *There is full ownership of the programme by managers, programme tutors and other relevant staff, e.g. court personnel and case managers.*

Strengths:

- Staff interviewed were all positive about the What Works initiative and committed to achieving the best results for the area.

Areas for improvement:

- Although written instructions required staff to allocate rather than refer cases, the overall volume of orders made did not reflect that this was working in practice. In particular, it was apparent that there were differential allocations geographically and one location had not produced the anticipated number of programme conditions.
- When case management had been located within the programmes team there was no handover with the case manager who would take on post-programme responsibility. With the new system nominal case managers would attend handover meetings but it was not anticipated that community resource centre staff engaged in devolved case management tasks post-programme would attend these reviews.

A1.4 Effective communication with sentencers

2

Description: *There is high quality, proactive communication with local sentencers and clerks to the justices about the programme, including written information.*

Strengths:

- Presentations to probation liaison committees had taken place across the area.
- The feedback from court staff was that magistrates appeared to be responsive in imposing orders on recommendation.
- Clear information leaflets had been produced and sent to both magistrates and judges.

Areas for improvement:

- No explanatory information had been disseminated to other stakeholders, such as defence solicitors.

SECTION B: PROGRAMME MANAGEMENT RESPONSIBILITIES

B1.1 Resources and facilities

2

Description: *Adequate accommodation consistent with the Estates Standards Manual is available for all sessions of the programme.*

Strengths:

- Rooms were generally well equipped.
- All rooms had satisfactory video equipment and work was being carried out to install static cameras.

Areas for improvement:

- Room size was variable and in one centre could only comfortably accommodate a maximum of eight group members.
- Some rooms were noisy when windows were open and in one centre ventilation was poor.
- Videos were not stored in a locked cabinet at one centre (Wellingborough).

B1.2 Provision of information leaflets about the programme

2

Description: *There should be a set of leaflets for offenders, sentencers and staff clearly describing the programme and its requirements.*

Strengths:

- Leaflets for all audiences had been produced to a high standard.
- Leaflets for offenders had been screened by literacy advisers.
- Offenders were provided with written information, both before attending court and in the interim between sentence and programme commencement.

Areas for improvement:

- Leaflets did not reflect cultural diversity nor did they encompass a complaints procedure. The area's complaints leaflet was not referred to within the programme leaflet.

B2.1 Managing attendance

1

Description: *Offender attendance and absence are managed to achieve the required National Performance Management target for offender completions. Attendance is managed to achieve coherent delivery with full impact for all undertaking the programme. The maximum number of absences by any one offender is consistent with the requirements of the programme manual for the specific accredited programme.*

Strengths:

- A newly devised database, maintained by the programmes team, demonstrated that attendance within groups was monitored and enforced appropriately.
- Tutors paid close attention to the impact on group continuity of 'bus stopping' and merging groups.
- The former programme manager had produced a strategy document in response to low completion rates.
- CRAMS recording of attendance ensured that it was monitored individually and enforcement action was executed promptly.

Areas for improvement:

- Although there was a document produced to discuss attrition rates and suggest potential strategies for improvement, this was drawn up without reference to hard data and little had been done to investigate and tackle causes of attrition.
- 'Bus stopping' was used to maintain group size but delays in transfer between groups markedly lengthened the time taken for an offender to complete the programme.

B2.2 Avoidance of cancellation or disruption to sessions

0

Description: *Sessions are not cancelled or disrupted owing to offender crises, high workload or other pressures, and arrangements exist to deal with crises outside of the programme session. Sessions are delivered at the frequency defined in the programme manual.*

Strengths:

- Sessions were planned to be delivered at the frequency specified in the manual.

Areas for improvement:

- There was no published calendar of programmes and offender commencements had often been delayed to accumulate numbers.
- Sessions had been cancelled on numerous occasions for both unanticipated staff crises and leave. Contingency plans were inadequate to cover sessions scheduled simultaneously in different locations.
- There was inadequate provision of back-up cover during delivery of evening groups.
- The case management role of tutors dealing with offender issues overlapped with delivery demands, for example in taking up time during programme breaks.

B2.3 Catch-up sessions/Attendance

1

Description: *Provision is made for catch-up sessions, or a 'bus stop' approach, to allow offenders who miss a session to continue with the programme. All offenders missing sessions, who are not excluded from the programme, should attend catch-up sessions, or in the case of a 'bus stop' approach be moved onto another programme within ten working days, to ensure full delivery of the programme. Treatment managers must specify arrangements for monitoring the integrity of catch-up sessions.*

Strengths:

- Catch-ups had taken place generally before the next session and were recorded in CRAMS.
- Recent amendments to the database incorporated catch-up data so that treatment managers could monitor frequency for observation of practice as required under Probation Circular 92/2001.

Areas for improvement:

- The scheduling of catch-up sessions immediately prior to delivery of the next programme session clashed with the time allowed for tutor preparation.
- Both catch-up and 'bus stop' approaches had been used despite national advice to select only one.
- The arrangements for monitoring catch-up sessions had not been specified.

B2.4 Timeliness

0

Description: *All offenders commence the programme, or specified pre-programme phase, within the first month of the order or within three months if other structured pre-programme work is undertaken. Occasionally, the timing may be different to permit other preliminary work to be completed, e.g. a programme of drug detoxification.*

Strengths:

- A new programme schedule had been drawn up to enable offenders to routinely commence the programme within one month.

Areas for improvement:

- The case file reading exercise demonstrated that a significant number of the sample had not started the programme within one month. Necessary preliminary work that would justify this was not recorded.
- Programme managers acknowledged that offenders had not routinely started within one month as numbers had been held back to accumulate a satisfactory group size for early groups.
- There were insufficient data on commencements.

B3.1 Staff selection

2

Description: *A staff selection procedure meeting the requirements of the programme manual is in place and only staff meeting the defined criteria are selected to deliver the programme.*

Strengths:

- Assessment centre procedures were followed and all staff involved in delivery had attended both an assessment centre and training.
- One member of staff interviewed, who had not succeeded in the initial selection at assessment centre, reported that he had been well supported and assisted in preparing for a second attendance centre which had taken place promptly.

Areas for improvement:

- The provision of information to potential tutors had been inconsistent, with only some having received information concerning the programme and accreditation requirements before application or interview.

B3.2 Staff roles and competencies

0

Description: *Differences in role between grades or posts are clearly reflected in job descriptions. A defined set of competencies exist for each staff role involved in the programme, using those specified in the programme manuals and the national management manual.*

Strengths:

- Tutor job descriptions were competency-based and related to the national accredited programme management manual.

Areas for improvement:

- There was evident role confusion. Tutors and treatment managers were engaged in case management tasks both within the programmes team and by participating in office duty or report preparation and were unclear about the relative priorities attached to these tasks.

- The treatment manager role, whilst defined in a job specification, was not implemented with clarity and the current postholder had not been able to prioritise the supervisory element of the role against conflicting time demands.
- There was no specific job description for the post of programme manager.
- The requisite competencies were not integrated into the job descriptions of staff other than the tutor.

B3.3 Preparation and debriefing time for tutors

1

Description: *Tutors are allowed 1½hours for preparation and debriefing for each session in addition to the programme delivery time.*

Strengths:

- Tutors reported that they were allowed the defined time for preparation and debriefing.

Areas for improvement:

- Records were not maintained of actual time spent in preparation and debriefing.
- Due to demands placed upon them to fulfil other tasks, tutors at an early stage in implementation had identified that sufficient time to prepare for programme delivery was not available.
- Material required for delivery was not maintained in a reuseable form, thereby increasing preparation time.

B3.4 Staff continuity

1

Description: *Three leaders should normally be assigned to each accredited programme to allow for leave, sickness and other contingencies. All sessions of the programmes are delivered by at least two of the three assigned staff. Continuity is maintained by at least one of the staff members having run the previous session.*

Strengths:

- Three tutors were assigned to every programme to ensure continuity.
- The database clearly recorded details of the tutors delivering each session and reasons for any changes in personnel.
- Offenders interviewed were able to identify their core tutors.
- Tutors had considered the impact of staff changes both upon and with groups.

Areas for improvement:

- Contingency arrangements for absence had not been put into place to ensure that the trio system could always work in the face of unexpected absence.
- Although there had been continuity in the form of one consistent tutor, one programme had used four tutors to deliver.

B4.1 Training arrangements for new staff

2

Description: *Training courses exist for all grades and roles involved in delivering the programme and all staff newly assigned to the programme receive training before running their first programme. The training delivered follows that defined in the programme training manual.*

Strengths:

- All tutor staff involved in delivery had attended regional training before commencing delivery of the programme.

B4.2 New staff paired with an experienced colleague when running their first programme

N/A

Description: *Staff newly trained in a programme should be paired with a more experienced colleague when running their first course.*

This criterion has not been assessed in year 1 as relatively inexperienced tutors were necessarily paired together.

B4.3 Training arrangements for experienced staff

N/A

Description: *Competency-based booster and developmental training arrangements exist for all staff experienced in delivering the programme. All programme delivery staff are required to attend such training when they have demonstrated their competence to do so. [This will include delivering a stipulated minimum number of courses.]*

This criterion has not been assessed in year 1 as ongoing training for experienced tutors/treatment managers is still being rolled out nationally.

B4.4 Staff knowledge of the concepts and methods used in the programme

1

Description: *All relevant staff have a knowledge of the programme model, targeting, objectives and methods sufficient for effective delivery of the programme.*

Strengths:

- Tutors demonstrated sufficient knowledge of the programme concept for this early stage in implementation.
- A comprehensive and clear document, entitled *ETS Programme Summary*, had been produced locally for all staff.
- The programme manager and senior managers were conducting a series of discussion events with other groups of staff to promote understanding of, and support for, the programme.

Areas for improvement:

- During audit interviews court staff and case managers identified a need for further in-house training on the application of the programme. Tutors showed that they were aware of this but their suggestion to carry out some familiarisation workshops with colleagues had not been taken forward.
- Tutors identified that further training in the concepts of the programme would assist them in making appropriate links between exercises and improve their confidence and fluency in delivery.

B4.5 Staff knowledge of the theoretical and evidential basis of the programme

1

Description: *All relevant staff have a knowledge of the programme's theoretical base and evidence, sufficient for effective delivery of the programme.*

Strengths:

- The *ETS Programme Summary* document identified the theoretical and evidential basis in a clear and concise form.

Areas for improvement:

- Few of the staff interviewed were able to discuss confidently the evidential basis for the programme selection, although there was some broad understanding of the research background and use of ETS in prisons.

B4.6 Supporting skills necessary to run programmes

0

Description: *From interview, observation, appraisal and training audits all relevant staff have supporting skills including core group work skills, presentation skills, case management, etc, sufficient for the effective delivery of the programme.*

Areas for improvement:

- Insufficient attention had been paid to skills development within the tutor group. Video monitoring had not been followed through with identification of developmental and skills needs or training inputs either in group or individual format.
- Only one of the newly appointed PSO grade staff had attended the core training package provided regionally and none of the tutors had experienced group work skills training.
- Training needs of tutor staff were not identified in the area training strategy other than the regional training for further accredited programmes.

B5.1 Staff supervision and quality of practice

0

Description: *All staff involved in the programme receive support and supervision at a frequency specified in the national management manual. This will enable tutor skills to be developed and problems resolved within the lifetime of the current programme by supervisors familiar with effectiveness methods and the programme. The manager to have observed staff in the delivery of the programme either directly or through video prior to each supervision session.*

Areas for improvement:

- Supervision had taken place at inconsistent intervals and the required minimum standard had not been achieved for any of the tutor group.
- Supervision was nearly always carried out in a group format and there was no consistency in the formulation of action plans for improvement and development. Where supervision had been carried out individually not all forms had indicated strengths and aspects for improvement.
- Scrutiny of video monitoring forms completed by treatment managers showed a less robust standard than that applied by audit assessors.

B5.2 Staff appraisal

1

Description: *All members of staff involved with the programme have their competence to perform their assigned role assessed annually through the appraisal process. Staff whose performance is assessed as below the acceptable standard but making progress should be given further training and other assistance to improve their performance and a date set for review. Staff who are not making progress in achieving the required standard of performance should not take any further part in running the programme.*

Strengths:

- Appraisals had been undertaken within the required time band.

Areas for improvement:

- The process of appraisal had not linked the supervisory role of treatment managers with the developmental and managerial responsibility of the programme manager.
- Training proposals in appraisals tended to follow what had been offered through the current area training plan rather than specifying individual needs to inform future training planning.
- There was no written or understood policy on tutor deselection and reliance was placed on general capability procedures.

B6.1 Offender selection and assessment

1

Description: *Routine monitoring results confirm the profile of those entering the programme are consistent with the criminogenic needs addressed by the programme, the level of risk of reoffending and the level of risk of harm/dangerousness.*

Strengths:

- A hybrid form, OARF, had been developed as a precursor to the assessments required under OASys and IAPS.
- All staff interviewed were clear about the requirement to utilise this assessment and understood the OGRS range identified as appropriate for offender selection.

Areas for improvement:

- Analysis of the figures submitted to the National Probation Directorate indicated that a majority of the offenders selected for the programme fell outside the upper target band, and yet further additional structured work was not clearly indicated in the case file read.
- There was an ostensible 'allocation unless excluded' instruction but the numbers and spread of referral suggested this was not put into practice.
- There was an inconsistent approach to the inclusion of the 31-40 OGRS band, with the programmes team resisting such referrals from court staff.

B6.2 Offender knowledge and understanding of the programme requirements

2

Description: *The requirements of the programme are clearly communicated on at least two occasions to each participant verbally and in writing, and there is evidence from signed consent forms, observation and/or interview that offenders know and understand the requirements.*

Strengths:

- Signed contracts and statements of understanding were evident in the case file reading exercise.
- Offenders interviewed were clear about what they had been told and at what stage, having been supplied with a good level of information before sentence.
- Tutors were clear about their responsibility to inform offenders of all requirements in the period immediately prior to group commencement.

B6.3 Group size

2

Description: *For group programmes the maximum starting group size during the previous year did not exceed 12 and the minimum was not less than four.*

Strengths:

- Starting sizes conformed to the required levels.
- 'Bus stopping' arrangements were in place to combine groups when numbers fell below four.

B6.4 Accessibility of group work programmes

1

Description: If female or minority ethnic offenders are placed in mixed groups there are no singleton placements unless agreed to by the offender. Appropriate support arrangements should be evidenced for these programme participants.

Strengths:

- Delivery staff were clear about the need to consult minority ethnic group members regarding their inclusion as singleton placements.
- Attention had been paid to the use of separate groups for female offenders.

Areas for improvement:

- The provision of separate groups for female offenders had been based on an historical assumption that separate provision was requisite and this had resulted in a restriction in the access of female offenders to the 'bus stopping' facility when their group was cancelled.
- No supports, such as mentoring, had been put into place for minority ethnic offenders.
- Although there was some understanding of the demography of the county as a whole, little attention had been paid to the ethnic composition of the offender group. The actual percentage of minority ethnic offenders in the case file reading sample exceeded the average area percentage.
- The prevalence of missing data in the case file reading suggested that recording of ethnicity was not always carried out as required pre-sentence. Tutors then had to make enquiries of offenders at pre-group assessment.
- One member of staff suggested that in future the 1:1 programme could be used as an alternative provision. This implied an inappropriate restriction of the access of minority ethnic offenders to group work provision on the basis of ethnicity.

B7.1 Implementation of monitoring and evaluation design

1

Description: Interview and observation show that monitoring and evaluation arrangements are working as intended and are understood and supported by all staff involved. This should include both input and feedback of data to managers and practitioners at local level.

Strengths:

- The programmes team had developed their own database to capture information in the absence of IAPS.
- The OARF form had been developed to collate referral data.

Areas for improvement:

- There was no area policy on or structure for data collection. Data were being collected in different forms without these being cross-referenced.
- Programme tutors were completing volumes of paperwork and entering individual data on CRAMS with little rationalisation or streamlining.

- Tutors were not completing their session monitoring forms as instructed in the national management manual and a locally derived version of the pro forma had caused confusion in suggesting that this was optional.
- Data were collated but not systematically fed back to either senior managers or to delivery and support staff.

B7.2 Practice is informed by monitoring and evaluation evidence

0

Description: Consistent use is made of evaluation information as it becomes available by those with most direct responsibility, e.g. managers giving regular consideration to attendance and completion information, practitioners to offender feedback and attitude/behaviour change scores. Awareness/knowledge about evaluation results from the same programme operating elsewhere will be relevant.

Strengths:

- Using the limited data available senior managers and operational managers had paid some attention to differential referral rates.

Areas for improvement:

- There was little management discussion of evidence collected from the database.
- The internal team database did not record the timing of commencements.
- Practitioners had little feedback on referral either in terms of numbers or progress of individuals.
- The discussion document, produced to identify a strategy for improving completions, was based on speculative conclusions and reflected the need to analyse data to identify factors impeding completion.

SECTION C: QUALITY OF PROGRAMME DELIVERY

C1.1 Adherence to programme manual

1

Description: All sessions of the programme should be delivered in line with the instructions of the programme manual and demonstrate close adherence to the aims and objectives. There should be evident commitment to follow the intention/purpose of the exercises used, including repetition/reinforcement, where these are designed parts of the programme.

Strengths:

- Material was covered in the correct order and exercises were generally set up and run correctly.
- Exercises were explained reasonably clearly and inappropriate extras were not added.

Areas for improvement:

- In some instances exercises were not run to time causing subsequent exercises to be rushed.
- Discussions were not always fully developed and the checking of learning not pursued.

C1.2 Adherence to treatment style

1

Description: *From direct observation or video evidence, programme tutors make competent and appropriate use of the techniques specified. There will be evidence of effective communication of the material, offender understanding and engagement. Pro-social attitudes are skilfully modelled by workers and are predominant in the group. This includes challenging pro-criminal or anti-social attitudes and behaviour.*

Strengths:

- Conscious links were made between sessions and exercises.

Areas for improvement:

- Although the adjusted score for this section was rated as satisfactory, this was the weakest of the three programme delivery elements.
- There was a general tendency to 'jump in' with answers before group members had time to develop their own responses.
- There was limited attention to group responsivity, both in hearing what was being said and picking up on individual responses and differing levels of understanding.
- Pro-offending and anti-social attitudes were not fully challenged.
- Lack of confidence impaired fluency in dealing with both the material and group responses.

C1.3 Group work skills

1

Description: *Programme tutors demonstrate effective management of the group, including effective co-working to facilitate learning by offenders and modelling pro-social behaviour. Disruption by participants is minimised.*

Strengths:

- Co-working arrangements were generally effective.
- Language was appropriate and delivery clear.

Areas for improvement:

- Heavy reliance was made on the use of the cue cards, which appeared to reflect a lack of familiarity with the material and a less than confident approach to delivery.
- More attention needed to be given to boundaries, tutors moved across each other during delivery, mobile phones rang during the sessions, and there was evidence of offenders losing concentration.

C1.4 Programme delivered addressing race equality and diversity issues

1

Description: *From direct observation or video evidence, issues of racism and sexism are effectively addressed whether arising within programme delivery or offender response. Staff are alert to race equality and diversity issues, they always respond appropriately and show that they have considered and developed strategies for responding, e.g. relevant resources and arguments, clarity about boundaries, approaches that may promote perspective taking.*

Strengths:

- Tutors were alert to issues concerning the use of language in the programme manual.
- Tutors were generally conscious of the need to challenge racist and sexist comments within the group.

Areas for improvement:

- Video monitoring showed one lone minority ethnic group member becoming increasingly marginalised within a group.
- Tutors had received no diversity training and not all were fully familiar with diversity issues or policies.
- The racial mix of the tutor group was not always balanced with the offender group and there were no arrangements to redress this when required.
- Policy/practice documents did not reflect an emphasis upon promoting diversity in delivery.

C1.5 Programme integrity checklist

0

Description: *The programme integrity checklist for each session is completed.*

Strengths:

- Tutors completed documents, outlining relative responsivity of individuals, at the conclusion of each session.

Areas for improvement:

- Tutors did not complete their own assessments of performance or record times for preparation, delivery and debrief.
- Records for individual participants were completed on CRAMS and on paper but these were not reviewed for reflection on participants' engagement in relation to delivery.

C1.6 End of programme summary reports

1

Description: *The case record shows that at the end of the programme delivery staff prepare a summary for the case manager indicating:*

- *participation in the programme*
- *progress made*
- *an assessment of risk, including the identification of factors relevant to the individual concerned*
- *an assessment of the offender's coping skills*
- *likely scenarios for relapse, including immediate precursors and triggers which might give prior warning*
- *identification of remaining treatment needs.*

At the time of the case file reading exercise, there were very few cases which had completed the programme and evidence of use of the post-programme report was incomplete. Copy reports from later cases were obtained following the site visit.

Strengths:

- The one case manager interviewed, who had supervised offenders after programme completion, was positive in his comments about the usefulness of the report in informing future work.
- Post-programme reports, where available, were completed in accordance with national guidance.

Areas for improvement:

- Sampled post-programme reports showed clear attention to detail on participation and learning points. However, there was no assessment of risk factors, remaining treatment needs or relapse prevention strategies.

SECTION D: CASE MANAGEMENT RESPONSIBILITIES

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

0

Description: *The supervision plan integrates the programme into the overall plan of work for each offender. Specific objectives are set in a sequence appropriate for the offender and are recorded in the initial supervision plan and regularly reviewed. Assessments should be based on OASys when available, or ACE or LSI-R before then.*

Areas for improvement:

- The case file reading exercise indicated a serious deficiency in initial supervision plans being completed within national standards requirements.
- The system for initial supervision plan preparation, to be commenced by PSR writers and completed by case managers, appeared not to be clearly understood or owned by staff.
- Although staff were completing the evaluation and monitoring form, it was not being employed as an assessment tool to be integrated into the supervision plan.
- There was little evidence of SMART objectives being set, particularly to identify cognitive deficits. Objectives were not then reviewed in subsequent plans.

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

1

Description: *The case records show, and interviews with selected staff indicate, the existence of effective arrangements for liaison, handover and communication. This should include the three-way meetings between the case manager, programme staff and the offender at the end of the programme.*

Strengths:

- In the former system case managers and tutors were in the same team and were able to communicate readily about emerging case issues.
- The case manager from the CPRO team confirmed that there was good communication with tutors during offenders' attendance on the programme.

Areas for improvement:

- The case file reading showed limited case manager involvement in the final review as in the former system the treatment manager carried this out with the tutors, thereby not making this a handover process with the officer responsible for carrying through post-programme work.
- In the newer system it was not clear as to the relationship between the nominated case manager and staff from the community resource centre despite the role that the latter would play in following through post-programme work.

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

1

Description: *The case manager is responsible for preparing and motivating the offender prior to their participation on an accredited programme and for reinforcing learning during the programme.*

Strengths:

- Tutors rather than case managers had taken responsibility for pre-group motivation and preparation and provided an effective service to offenders.
- Issues of failing motivation or attendance were usually picked up and dealt with rapidly.

Areas for improvement:

- With the earlier combined system of tutor/case management little attention had been paid to reinforcement of learning as a separate process in supporting the offender during the group work element.
- Tutors had limited time to deal with case management issues in the breaks during sessions.

D1.4 Understanding and knowledge of programme methods

1

Description: *Interviews with case managers demonstrate they have a clear understanding of the aims and objectives of the programme and that they either have the requisite skills to undertake reinforcement, follow-up and/or relapse prevention work, or the ability to refer to staff possessing these skills.*

The audit interview, set up to assess case manager roles, was attended by only one case manager, the treatment manager who had held a case management role during programme delivery, and the programme manager. This had made it difficult to make a comprehensive assessment of the impact of training on the staff currently designated to this role.

Strengths:

- Records indicated that all nominated case managers had attended the required briefing day.
- The *ETS Programme Summary* set out the programme format in a clear and easily understood form.

Areas for improvement:

- The feedback from the interviewed case managers indicated that little knowledge of programme methods had been gleaned as a result of the half-day training event.
- No formal audit of staff skills had been undertaken, although the current programme manager was aware that staff had knowledge deficits.

D1.5 Monitoring of attendance and enforcement

2

Description: *Responsibility for the monitoring of attendance and the enforcement of orders is clearly defined with appropriate systems in place. There is evidence of effective enforcement in all cases.*

Strengths:

- The case file reading exercise indicated a consistent, clearly recorded approach to enforcement.
- All staff interviewed were aware of their role in enforcement of orders and licences.
- Offenders interviewed were very clear about the consequences of failing to comply with both programme attendance and behaviour requirements.

D1.6 Documentation

2

Description: *The case record shows that all relevant documentation is completed.*

Strengths:

- CRAMS records were fully maintained in respect of levels of contact.
- The only case manager interviewed indicated that he had received the relevant post-programme reports.

Areas for improvement:

- Tutors completed very detailed records of offender attendance but these were paper-based in the absence of IAPS and were retained within the programmes team and not translated into CRAMS for case management use.

D1.7 End of programme review

0

Description: *The supervision plan review for each offender shows that at the end of the programme appropriate individual objectives are identified to strengthen and build on the progress made, and to achieve successful community reintegration.*

Strengths:

- Some attention was being paid to community reintegration issues.

Areas for improvement:

- As indicated above, there was limited evidence of this at the time of the case file reading exercise with few completer cases having reached the review stage.
- Where supervision plan reviews had been undertaken as a result of time lapses between order and programme start, there was limited examples of SMART objectives or assessment of the programme participation within the review.

D1.8 Reinforcement and relapse prevention work

N/A

Description: *There are specific arrangements in place to reinforce learning and for relapse prevention work, including booster programmes where required by the programme, delivered by appropriately trained and skilled staff.*

This criterion is not being assessed in the first year of audit as the national Cognitive Skills Booster Programme is still in development.

Next Steps

HMIP will employ a three-tier follow-up process, depending on a probation area's performance rating:

Level 1 follow-up

A level 1 performing area will have met or exceeded the agreed IQR figure of 70%. (This figure rises to 75% for year 2 and 90% for year 3.) The follow-up will normally be conducted within one year of the audit report being received by the probation area, and will usually be limited to a desktop exercise, depending on the advance information received, focusing on the areas for improvement for criteria that were not fully met in the original audit.

Level 2 follow-up

A level 2 area will not have reached the 70% quality rating for programme delivery, but will have attained at least 40%. The follow-up will combine a request for written information and a one-two day visit to the probation area with HMIP auditing further videotapes and case files. This will normally take place within one year of the audit report being received by the probation area.

Level 3 follow-up

A level 3 area will have scored less than a 40% IQR. The follow-up will involve a fresh audit of the probation area and will normally be completed within six months of the audit report being received by the probation area.

Northamptonshire Probation Area achieved an IQR of 49% and is a **level 2 area**. A limited follow-up audit will be carried out in one year's time. The area should pay particular attention to mandatory items, which have not been fully met.

This report and the IQR will be received by the Joint Accreditation Panel in March 2002.