



HM Inspectorate of Probation

AUDIT OF ACCREDITED PROGRAMMES

Welsh Areas of the
National Probation Service for
England and Wales

*Level 3 Follow-up Report on:
North Wales Probation Area –
Enhanced Thinking Skills*

October 2003

Acknowledgements:

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

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Glossary

ACE	Assessment, Case Recording and Evaluation System
ACO	Assistant chief officer
CO	Chief officer
CRAMS	Case Record Administration and Management System
DTTO	Drug treatment and testing order
ETS	Enhanced Thinking Skills
HMIP	HM Inspectorate of Probation
HR	Human resources
IAPS	Interim Accredited Programmes Software
IQR	Implementation Quality Rating
LSI-R	Level of Service Inventory-Revised
N/A	Criteria not assessed
NPD	National Probation Directorate
OASys	Offender Assessment System
OGRS	Offender Group Reconviction Scale
OHP	Overhead projector
PSO	Probation service officer
PSR	Pre-sentence report
SPO	Senior probation officer
SSR	Specific sentence report
TPO	Trainee probation officer

Contents

	Page
Scoring Approach:	3
Overview:	3
Findings:	4
<u>SECTION A: COMMITTED LEADERSHIP</u>	<u>5</u>
<u>SECTION B: PROGRAMME MANAGEMENT RESPONSIBILITIES</u>	<u>8</u>
<u>SECTION C: QUALITY OF PROGRAMME DELIVERY</u>	<u>17</u>
<u>SECTION D: CASE MANAGEMENT RESPONSIBILITIES</u>	<u>19</u>
Scoring summary sheet:	22

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 North Wales audit took place in September 2002. The area received an IQR of 40% and a level 3 follow-up audit was completed in August 2003.
- The follow-up audit comprised: video assessment of ten ETS sessions; scrutiny of 32 case files; interviews with the ACO, programme and treatment managers, tutors, case managers and PSR writers. A site visit to Bangor was also undertaken where four offenders were interviewed. Additional account was taken of advance information provided by the area.
- The bullet points under reassessed criteria refer to the progress made since the original audit.

Findings:

Since the original audit the North Wales Probation Area had made a series of key strategic moves to improve corporate accredited programme performance in line with audit recommendations and NPD expectations. An area What Works strategy had been introduced to provide an overarching framework for development. Restructured programme management arrangements aimed to achieve closer integration of case management and programme delivery and to improve organisational ETS ownership. A robust approach to increasing referral volume had been implemented and supported by a business improvement project designed to reduce pre-start attrition. A new database containing offender profile information now tracked cases from referral to completion and promised more sophisticated data aggregation and analysis to inform future practice development and performance assessment. Capacity building efforts had included a tutor recruitment drive bolstered by improved information giving and support to potential internal candidates. Evident senior management commitment to effective OASys introduction had contributed to improvements in initial supervision planning.

There remained a need for these promising initiatives to be reinforced by appropriate training and other ETS profile-raising activities for case managers and sentencers, to maximise knowledge and create a climate for expected practice enhancement. Similarly, the continued absence of written policy and guidance addressing audit recommendations was not conducive to establishing role clarity and direction for staff effort. Some strategic developments also needed underpinning with action plans and improved monitoring by managers to ensure their enactment. Stretched senior management resourcing had impacted on the extent of development work.

Restructured programme management arrangements had not delivered expected benefits in ETS case management performance (which remained a significant weakness). The positioning of middle and senior management ETS responsibilities within different lines of the management structure had not assisted integration of case and programme management. Despite some capacity increases, logistical problems remained in staffing and scheduling sufficient ETS programmes to achieve timely starts and completion targets. Resource deployment was in need of further consideration.

Whilst area efforts to increase referrals and programme starts were commendable, concentration on the number entering the front end of the referral process had not been sufficiently balanced by attention to enhancing prospects for completion and full programme impact. Application of exclusion criteria, programme attendance rules and supervision plan requirements for high-risk offenders had not received an adequate management focus. Good delivery standards had been sustained, but enhanced practice had not been fostered by additional development activity for the tutor group, including attention to diversity issues. In particular, adequate priority had not been given to improving case management practice through provision of training, guidance, programme information and clearly articulated and monitored area expectations. Relevant performance levels had remained static.

Overall progress would have been enhanced by focused interventions to improve the quality of offender preparation for ETS and case manager learning reinforcement during and after the programme.

Next Steps

North Wales Probation Area achieved a revised IQR of **50%**.

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

SECTION A: COMMITTED LEADERSHIP

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

The CO should ensure that the area:

- *reviews and updates the What Works strategy to bring together current initiatives and maximise programme completions (A1.1);*
- *resources programme and treatment management provision to maintain and enhance delivery quality (A1.2);*
- *develops and implements a rolling programme of context setting events for all staff, with senior management participation to model commitment to accredited programmes and foster ownership across the area (A1.1, A1.3);*
- *implements and evaluates a strategy for ongoing liaison with sentencers and other stakeholders to maximise suitable programme orders (A1.4).*

- ▶▶ **Largely met:** A revised What Works strategy had been approved by the Board in March 2003, although some of its provisions were yet to be implemented.
- ▶▶ **Partly met:** Programme and treatment management responsibilities had been redistributed and were now shared more equitably between three court and community SPOs and two senior practitioners, but insufficient time had been devoted to enhancing delivery quality.
- ▶▶ **Not met:** The area had not arranged any further events to promote ETS amongst existing staff. Accredited programme issues were included in induction programmes for new staff, but senior managers were not involved in their delivery.
- ▶▶ **Partly met:** A formal written strategy for sentencer liaison had not been produced, although plans were gradually being progressed. A series of training workshops had been set up for September 2003.

A1.1 Committed leadership

1

- An action plan to address initial audit recommendations had been developed in November 2002. The Board had endorsed the plan and overseen its implementation.
- The 2003/2004 Business Plan objectives prioritised improvement in programme starts, completions and delivery resources. Specific initiatives included a supporting business process improvement project and a case manager manual.
- Systematic efforts to improve tutor recruitment by enhancing pay and career structure and providing preparatory staff briefings had recently increased the PSO tutor complement to 12, but resourcing was now stretched by increased programme demand. The area hoped to build sustainable delivery capability by utilising 20 ETS trained TPO tutors post-qualification, and by making programme delivery competence integral to future PSO recruitment.
- Senior managers had instituted systematic processes, including cascaded objectives and centralised case tracking systems, to ensure that all medium to high-risk offenders were directed to an accredited programme. This strategic approach was now achieving results.
- A revised What Works strategy was now in place, which articulated senior management commitment to programme-centred supervision and provision of commensurate structures, systems and resourcing. However, a detailed implementation plan to enact the strategy and to foster staff ownership had not yet been developed.

- No events designed to promote ETS and increase corresponding knowledge had been delivered during the past year, apart from a programmes briefing incorporated within new PSO induction training and 'recruitment' events designed to attract new tutors, neither of which had involved senior managers.
- The area staff development plan prioritised What Works related training including supporting skills provision for accredited programmes. Context setting events for new staff were included in the plan, but were not yet arranged. ETS case management training was not planned for the current year.

A1.2 Management structures

1

- Following the initial audit, programme management responsibilities had been reassigned to three court and community team SPOs based at ETS sites. This development was designed to achieve closer operational oversight, workload equity and fuller integration of ETS delivery and case management.
- Two senior practitioners were now designated ETS treatment managers and they line managed PSO case managers/ETS tutors. Plans were in hand to recruit two dedicated PSO treatment managers or fixed term apprentice treatment managers and, once established, to phase-out senior practitioner involvement in this function.
- Realigned middle management responsibilities had enabled improvements in referral rates and programme scheduling, but relevant staff did not consider they were able to devote sufficient time to their ETS management responsibilities due to the demands of their other duties. There had been de facto delegation of some programme management tasks to tutors or administrative staff.
- Generic SPO, senior practitioner and PSO job descriptions had been amended to include mention of programme-related roles referenced to the relevant competencies. However, staff had not been provided with a full list of corresponding duties to foster clear accountability, and the proportion of overall work hours assigned to ETS responsibilities had not been made explicit.
- Programme managers no longer reported to, or met regularly with the ACO with strategic responsibility for programmes, and they did not consider this arrangement had best promoted informed decision-making.
- Management meeting minutes continued to evidence close attention to increasing accredited programme referrals. All resettlement and community team SPOs had objectives to achieve programme completion targets in their team and individual performance plans.
- Staff had received key referral and enforcement messages but remained unclear about other aspects of area policy expectations and processes (e.g. ETS case manager responsibilities) which were not evidently documented.

A1.3 Staff ownership of the accredited programme

1

- The area had begun the groundwork to establish a cross-grade Effective Practice Forum chaired by the What Works ACO, to review area performance, commission improvement studies and lead the dissemination of good practice.
- Firm area expectations that all medium to high-risk offenders should undertake an accredited programme as part of general supervision requirements had been bolstered by team and

individual targets, clearly mapped referral processes and effective OGRS2 based monitoring systems using a link person to progress chase all relevant new cases.

- Referral rates across the area showed a consistent upward trajectory with cumulative increases of 60+% over the past two quarters, including significant additional licence cases and recent DTTO cases.
- A business improvement project designed to reduce early-stage attrition had recently commenced in the East Division, where ETS allocation and completion performance showed most scope for improvement. The project team comprised local cross-grade staff working with expert assistance. Early outcomes were reportedly positive and the area planned to implement proven benefits throughout North Wales in due course.
- All staff held positive views about the potential benefits of ETS for some offenders, but concern was expressed that the area's approach to maximising referrals had required and progressed some unsuitable referrals (e.g. offenders in breach of supervision requirements and short licence cases with insufficient time for programme completion).
- Longstanding ETS tutors voiced a strong commitment to the programme and reported improvements in case manager programme ownership since the last audit, but some felt that management arrangements lacked a clear champion to support them in promoting ETS.
- Whilst increased referrals demonstrated improved ownership of ETS, this was not sustained in case management support; recorded case manager attendance at programme review meetings had dropped from 63% to 47% in sampled cases.

A1.4 Effective communication with sentencers

0

- There was evidence that magistrates were kept informed of accredited programme developments at regular magistrates' liaison meetings in the East of the area.
- The area's audit action plan included development of an external stakeholder What Works newsletter but this had not been progressed.
- Sentencers had requested an information handbook on available interventions. This was in the process of being prepared.
- No events to promote ETS to sentencers had been delivered since the last audit, although recent negotiations with local chief clerks had resulted in the inclusion of several accredited programme workshops in magistrates' forthcoming Autumn training schedule.
- There were no plans to communicate accredited programmes issues to the judiciary and the area relied on a judge Board member to disseminate information.
- A sentencer satisfaction survey was planned for later in the year commissioned by the Area Liaison Forum comprising local magistrates and Board members. However, no monitoring arrangements had been put in place to assess the effectiveness of sentencer liaison or concordance rates of programme proposals.

SECTION B: PROGRAMME MANAGEMENT RESPONSIBILITIES

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

The CO should ensure that the area:

- *improves its ETS delivery sites, paying particular attention to the provision of waiting areas and 'break out' rooms and adequate equipment (B1.1);*
- *rewrites its ETS information leaflets to make them more comprehensive and responsive to the requirements of race equality and wider diversity issues (B1.2);*
- *implements a strategy to maximise referral of eligible offenders, addresses attrition, enhances completion rates, and minimises delays to timely programme commencement (B2.1, B2.4, B6.1);*
- *draws up guidelines in relation to recording of catch-ups so as to address inconsistencies and improve enforcement practice (B2.3);*
- *improves the information given to potential tutor candidates, records details of assessment centre outcomes and puts in place a tutor deselection policy (B3.1);*
- *produces competency-based job descriptions for all roles involved in programme delivery and clarifies the distinction between those of programme manager and treatment manager (B3.2);*
- *monitors time spent by tutors in preparing for sessions and implements a strategy to streamline tasks (B3.3);*
- *disseminates information about the theoretical and evidence basis of ETS, with specific reference to recent UK-based research, so as to increase practitioner knowledge and promote the effectiveness of the programme to offenders (B4.5);*
- *reviews and improves arrangements to identify training needs of programme staff through appraisal and supervision (B4.6, B5.2);*
- *institutes systematic checks to ensure the proper application of exclusion criteria (B6.1);*
- *draws up practice guidelines for singleton placements to enhance the accessibility of the programme (B6.4);*
- *implements a clear monitoring and evaluation policy for the programme, taking account of the information needs of different staff groups (B7.1, B7.2).*

The NPD should ensure that:

- *a review of IAPS is undertaken, so that a viable monitoring and evaluation system can be made available to promote the collection and dissemination of accurate programme data (B7.1).*

- ▶▶ **Partly met:** A 'break out' room was now available at the Bangor site, but other premises and equipment deficiencies had yet to be addressed.
- ▶▶ **Not met:** ETS leaflets had not been rewritten. The area planned to adopt the NPD designed leaflets without adding localised information.
- ▶▶ **Partly met:** Referral policy and processes had been revised and reinforced with significant resulting increases in programme allocations and scheduled programmes. Measures to improve completion rates (e.g. pre-programme work sessions) had not been rigorously implemented and showed little impact. A business improvement project to tackle early stage attrition was underway in the East Division with a remit to extend successful innovations across the area. However, there was no strategy in place to improve post-start attrition.
- ▶▶ **Not met:** Guidelines on the recording of catch-up sessions had yet to be drawn up.

- ▶▶ **Partly met:** A recent internal tutor recruitment drive had involved several pre-training preparatory information meetings with potential candidates, but a written information pack had not been introduced. A programmes staff database, developed to record assessment and training information, did not include assessment centre outcomes. A local tutor deselection policy had not been put in place and the area relied on the national management manual for advice on tutor deselection.
- ▶▶ **Partly met:** Job descriptions for SPOs, senior practitioners and PSOs had been amended to include brief descriptions of programme roles and now referenced the relevant occupational standards and competencies, but planned practice guidance on roles had not been produced.
- ▶▶ **Partly met:** Tutors were now recording preparation and debriefing time, but there had been no regular monitoring of this information. Whilst delivery staff had become more efficient in recycling prepared materials, no arrangements had been made to relieve them of housekeeping tasks or to otherwise consolidate preparation activities.
- ▶▶ **Partly met:** The ETS theory handbook had been distributed to existing tutors shortly after the initial audit, but this material had not been provided to recently trained staff. No steps had been taken to collate and disseminate other research material to area staff.
- ▶▶ **Largely met:** Treatment managers were now responsible for line management supervision of tutors. Example evidence indicated that area systems requiring identification of training and development needs in post-appraisal performance planning documents were being followed. Tutor supervision templates did not however include a prompt for recording identified training and development needs.
- ▶▶ **Partly met:** Revised referral procedures included monitoring of OGRS2 scores, and sampled files demonstrated no low-risk offenders had been allocated to ETS. No systematic checks had been undertaken to ensure that other exclusion criteria had been properly applied and evidence suggested practice was idiosyncratic and subordinate to the demand for higher referral numbers.
- ▶▶ **Not met:** Practice guidelines on singleton placements had not yet been drawn up and were required.
- ▶▶ **Partly met:** A programmes monitoring and evaluation policy had not been formulated. The area had however recently developed a comprehensive information database to compensate for the limitations of IAPS, but had yet to produce aggregated data reports to inform policy and practice.
- ▶▶ **Partly met:** A review of IAPS had been undertaken and adaptations made to the system. Revised software released to the area in April 2003 had not however proved capable of meeting its information needs.

B1.1 Resources and facilities

1

- Use of three delivery sites with adequately sized, lit and ventilated group rooms had been maintained and a 'break out' room was now available for ETS use in Bangor.
- Plans were in hand to acquire new premises with wheelchair access in Colwyn Bay and Shotton to enable expansion of upgraded delivery facilities.
- Some equipment and furniture was still in need of repair or replacement; for example, the OHP at Bangor was not working. Video storage was also insecure due to faulty locks and keys.

B1.2 Provision of information leaflets about the programme

0

- Leaflets were no longer issued as PSR attachments at sentencers' request. A plan to replace them with an information handbook on available community interventions had been agreed and this was in the process of being produced.
- There was no summary leaflet/information sheet available for staff setting out the ETS model and target group. The area planned to incorporate this information in a case manager manual scheduled for completion in September.
- New information sheets to accompany pre-existing programme-specific leaflets had recently been produced for East Division offenders adjourned for PSRs and proposed for community orders, as part of the business improvement project. These specified expectations including accredited programme completion and non-compliance consequences. Dissatisfied offenders were referred to a separate complaint leaflet.
- Supplementary leaflets had yet to be put to use across the whole area and contained no reference to catch-up sessions or to race equality and diversity needs. Plans to adopt the NPD ETS offender information template did not include the addition of local information on delivery arrangements or diversity provision.

B2.1 Managing attendance

0

- Revised systems to increase ETS referrals were demonstrating sustained positive results. Increased attender numbers had reduced programme cancellations during the audit follow-up period.
- The East Division business improvement project had designed processes for reinforcement of programme completion expectations, by court duty officers and PSR/SSR authors, accompanied by strengthened enforcement procedures and associated documentation.
- Attendance management practice guidance encapsulating area expectations had not been issued to staff, who reported variable practice.
- Arrangements had been made to employ a van driver to transport offenders from parts of the East Division not easily accessible by public transport in order to improve attendance.
- Programme and treatment managers cited pressure to increase completions as the reason non-attenders at the first ETS session were now being allowed to remain on the programme, contrary to NPD and manual requirements. Some offenders had also undertaken an excessive number of catch-up sessions.
- Attrition rates remained high. Area data showed that only 8% of offenders referred between September 2002 and June 2003 had completed the programme and 30% had been withdrawn; 210 of these referrals (44% of the total) were awaiting enrolment. This percentage rose to 50% for cases in the high OGRS2 band.
- Investigation of start delays and drop-out points and reasons had not been systematically undertaken to inform a comprehensive remedial action plan.
- Each division had produced yearly programme schedules, but programme managers reported these were prone to alteration due to staffing issues. Not all divisions had timetabled sufficient programmes to achieve their completion targets at the current rate of attrition.

B2.2 Avoidance of cancellation or disruption to sessions

2

*Criterion fully met at original audit.***B2.3 Catch-up sessions/Attendance**

1

- 70% of relevant sampled case files demonstrated full recording of catch-up attendances (a 14% improvement).
- Evidence indicated that tutors now reliably recorded catch-up delivery, but programme attendance recording systems did not enable easy identification of the number of missed sessions or catch-ups instructions.
- A synopsis of the NPD circular on catch-up allowances prepared by a treatment manager had not been endorsed as area policy or widely circulated (the other treatment manager was unaware of it).
- Most evening catch-up sessions were delivered immediately before the next programme session, but there was no clear provision for those unable to come in early due to work commitments.

B2.4 Timeliness

0

- Improvements had been made to scheduling of psychometric testing sessions, but timeliness gains were offset by the number of referrals made some way into the supervision period.
- Sampled case files showed no change in the overall proportion (31%) of offenders starting the programme within required time boundaries or delayed by necessary pre-programme work. Whilst start delays due to the low number were less of a problem, programme scheduling was not keeping pace with demand and waiting lists had developed.
- The East Division business improvement project aimed to develop processes to achieve speedy programme notifications and starts. Targets of referral within five days of supervision commencement and programme start within 28 days had been set.
- A centralised area database had now been established to track offender progress through the programme process, but data had not yet been aggregated to identify timeliness trends and there were no evident plans to do so on a regular basis. Timeliness information would in any event not be obtainable for licence cases as the supervision start date was not recorded.

B3.1 Staff selection

1

- All external applicants for PSO posts were now required to undertake and pass an assessment centre before appointment, but little verbal or written information about ETS and the tutor role had been given at this stage.
- Preparatory sessions had been delivered to 17 staff in June 2003 by treatment managers to inform them about the ETS model and delivery style, as part of an internal tutor recruitment drive. Feedback forms indicated these events were highly rated by participants.
- New tutors felt they had been well informed about the programme and the professional task, prior to signing up for training, but they had not been provided with sufficient information about associated HR and workload issues.
- The area had not produced a tutor selection and deselection policy and considered national management manual guidance on this issue to be adequate.

- A centrally maintained programmes staff database had been developed which logged assessment centre dates, but outcomes were not included. There were also evident gaps in information on some tutors.

B3.2 Staff roles and competencies

0

- Job descriptions for SPOs, senior practitioners and PSOs had been amended to include a requirement to undertake grade-relevant programme roles when necessary, in line with the applicable occupational standards and competencies set out in the national management manual.
- Only recently drafted job descriptions for new dedicated PSO grade treatment manager posts contained a full list of programme-related duties and responsibilities referenced to the relevant occupational standards.
- Revised job descriptions had been issued to PSO tutors, but those selected prior to recent recruitment reported that they had not received the tutor competencies.
- New programme managers said they had not seen relevant occupational standards, nor in one case the national management manual, or received an adequate induction for their new role in relation to ETS.
- The area had delegated resource deployment to local middle managers to foster flexibility. Staff interviews indicated some tasks were assigned or undertaken on the basis of personal competence, preference and/or relative work pressures, rather than designated roles.
- Some programme management tasks (e.g. maintenance of referral lists, session scheduling and group composition decisions) were partly delegated to, or duplicated by administrative staff or tutors. Both programme and treatment managers performed some referral scrutiny.
- Practice guidance designed to clarify programme-related responsibilities and role boundaries had not been produced as planned and was necessary to establish clear accountability, workload equity and consistent efficient performance. An ETS practice manual describing roles had not been updated or reissued and most practitioners disclaimed knowledge of it.

B3.3 Preparation and debriefing time for tutors

1

- PSO tutors reported and example session registers confirmed that they were assigned the prescribed amount of preparation and debriefing time and such work was now recorded and usually accomplished within working hours.
- Some efficiency savings had been achieved by tutors who had re-used previously prepared information. Lamination of some materials had been arranged for enhanced durability.
- Catch-up delivery and preparatory housekeeping tasks sometimes eroded allotted preparation time. Assignment of some duties to an ETS administrative support role had not been considered.
- There was no evidence that programme or treatment managers had regularly monitored preparation and debriefing time or taken action to investigate and condense lengthy post-session analysis.

B3.4 Staff continuity

2

Criterion fully met at original audit.

B4.1	Training arrangements for new staff	2
	<ul style="list-style-type: none"> • Initial and accreditation training dates and outcomes were now logged on a programmes staff database, although some outcome data were missing for those trained before the database was developed. • Additional mentoring and support had been provided by treatment managers and experienced tutors to the latest training cohort both before and during the training programme. • Newly trained staff were very satisfied with the quality of training and support they received. 	
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	0
	<ul style="list-style-type: none"> • Levels of knowledge remained low about the evidence and theory base of ETS amongst tutors, case managers and new programme managers. • Whilst the programme theory manual had now been distributed to experienced tutors they reported that they had not had the time to read it. Manuals had not been issued to new tutors and programme managers. • The area had not provided details of recent research findings to enable staff to understand and apply effectiveness principles and to promote the programme to sentencers and offenders. Programme managers said that they did not have time to keep abreast of research evidence or to discuss such issues with staff. • There was no evidence that tutor group meetings had been used to assist staff to make the links between theory, evidence and their practice experience, and these meetings had now lapsed following the introduction of new programme management arrangements. 	
B4.6	Supporting skills necessary to run programmes	2
	<ul style="list-style-type: none"> • In the East Division, a cross-grade staff group had recently been trained in business improvement techniques, including process design, in order to improve attrition. • The area portfolio of supporting skills training provision continued to be sufficient for perceived staff needs and the annual training plan gave priority to programmes staff and What Works related events. • Under the new localised ETS management arrangements, treatment managers were now responsible for the line management supervision of PSO tutors and prepared their appraisals. Evidence confirmed identified training needs were recorded in a performance planning 	

document, copied to the training coordinator, who collated a training needs analysis incorporated into the annual training plan.

- Tutors said they would appreciate opportunities as a group to practice delivery of problematic material.

B5.1 Staff supervision and quality of practice

2

Criterion fully met at original audit.

B5.2 Staff appraisal

2

- All aspects of tutor performance were now supervised and appraised by treatment managers. Managers of tutors based in resettlement teams now received copies of tutor supervision notes.
- Evidence confirmed tutors and case managers now had specific programme-related objectives in their performance planning documents, which formed the main basis for their appraisal.

B6.1 Offender selection and assessment

1

- OGRS2 scores were now calculated by clerical staff before PSR allocation and were available on file in 97% of sampled cases.
- OASys assessments had been introduced in the area in October 2002 and were now routinely completed and available electronically to programmes staff.
- Area policy now required automatic referral by case managers of all new supervision cases with OGRS2 scores of 31+. A clear business map detailed the referral process and a centrally administered tracking database monitored the referral status of all relevant commencements.
- 66% of programme cases sampled fell within the 31-74 OGRS2 target range and a further 9% with high scores had additional structured work planned. This represented a 34% targeting improvement on the previous audit. No low-risk offenders were contained in the sample.
- Application of other key exclusion criteria risked being subordinate to the drive to maximise referrals. Treatment managers were expected to scrutinise suitability post-referral in consultation with case managers, but this procedure was not systematically followed. In many cases unqualified referral coordinators acted as gatekeepers and, in other cases, suitability was only reviewed at the initiative of the case manager.
- There were no systems in place to routinely monitor appropriate application of exclusion criteria or adherence to expected area practice. Discussions with programme and treatment managers indicated that different degrees of rigour were applied in assessing the suitability of particular referrals brought to their attention. It was of concern that only one treatment manager appeared to specifically check whether thinking deficit scores fell within the programme's target range.
- Current area referral guidance did not include an expectation that ETS should be combined with additional structured intervention for high-risk offenders and programme/treatment managers did not generally check at referral if such work had been planned. 70% of relevant referrals lacked an appropriate plan.

B6.2 Offender knowledge and understanding of the programme requirements

1

- Only 22% of sampled case records showed communication of programme requirements to offenders on at least two occasions, both verbally and in writing, and a further 22% contained no such record. This represented a marginal improvement since the previous audit.
- Signed copies of offender contracts continued to be missing from files in more than a third of cases and some case managers did not consider it was their responsibility to arrange for offenders to sign them.

B6.3 Group size

2

*Criterion fully met at original audit.***B6.4 Accessibility of group work programmes**

1

- The area had begun discussions with the NPD to explore the feasibility of delivering some ETS programmes in Welsh to enable better engagement and accessibility for 1st language speakers. Interviews with offenders confirmed that some participants struggled with English.
- A recently introduced diversity policy committed the area to providing practice guidelines and services to meet the needs of minority group members attending programmes. An implementation/action plan had yet to be developed.
- Treatment managers and tutors continued to demonstrate appropriate awareness of, and attention to diversity related support needs and commensurate tutor allocation.
- No additional provision had been made for mentoring or other formalised support since the previous audit and written policy on singleton placements remained unavailable.
- Evidence indicated appropriate liaison and sound programme selection decisions (ETS vs. Priestley 1:1) which took account of the needs and experiences of minority offenders.
- In the five sampled cases, where the offender was female or an identified member of an minority ethnic group, there was no evidence that singleton placements had been discussed, or appropriate support arrangements considered by the case manager. This staff group indicated variable practice and uncertainty about their responsibility for ascertaining offender consent to potential singleton placements.
- Only 12% of relevant sampled case files fully demonstrated appropriate assessment, identification and responsiveness to diversity issues by the case manager.
- The area's new referral database contained information about race, ethnicity and gender, but no analysis had been undertaken to compare referral rates for different groups. The absence of race and ethnicity information in 38% of cases entered made meaningful analysis difficult.

B7.1 Implementation of monitoring and evaluation design

1

- A programmes referral database had been developed since the previous audit when the latest IAPS release did not deliver expected improvements. Offender profile information was recorded, along with key dates in the referral to completion process, and the system was capable of generating comparative performance analysis on significant criteria.
- Enhanced performance reports using aggregated data from the new information system had not yet been produced and there were no formulated plans for regular collation and dissemination.

- Basic information on referral, starts and completions broken down by team was now produced and circulated to area staff in a pictorial format which enabled easy discernment of trends. All staff interviewed had a broad awareness of North Wales's performance.
- The area had not yet developed written policy guidelines outlining monitoring and evaluation arrangements for ETS and associated staff responsibilities.
- Programme managers did not consider that they had the time available to conduct the range of monitoring and evaluation duties ascribed to their role in the national management manual.

B7.2 Practice is informed by monitoring and evaluation evidence

1

- Early attrition information (missed referrals and starts) had been used to generate the focus for a business improvement project based in the East Division, where evidence showed most need and scope for positive change. The area hoped to cascade learning from the project in due course.
- Information about start delays, post-start drop-out points and associated reasons was not being consistently recorded on the area database to enable development of informed attrition reduction plans, and its design did not specifically prompt for this information.
- Community team performance plans had set objectives concerning delivery of pre-programme work, but there were no systems in place to monitor and evaluate the quality, quantity and impact of work done.
- Systematic evaluation of the experience of women or other minority group members referred to ETS had yet to take place to inform supervision planning and programme delivery practice.
- NPD performance reports had been made available to staff, but information had not been obtained about practice initiatives in other areas so as to learn from and apply other's 'What Works' experience. Staff said they would appreciate such information.
- Whilst area plans for an Effective Practice Forum aimed to sponsor good practice, programme managers considered current localised structures and responsibilities did not facilitate overarching initiatives to improve delivery quality using internal and external information.

SECTION C: QUALITY OF PROGRAMME DELIVERY

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

The CO should ensure that the area:

- *develops a more comprehensive range of strategies for dealing with race equality and wider diversity issues in order to develop staff awareness in programme delivery (C1.4).*

The NPD should ensure that:

- *a revised end of programme report template is issued, covering risk assessment and relapse scenarios (C1.6).*

- ▶▶ **Not met:** Area diversity policy aspired to meet race equality and diversity needs of offenders attending programmes but relevant action plans and resources, including practice guidance and development activity for delivery staff, had not yet been put in place.
- ▶▶ **Not met:** Post-programme report templates had not been revised.

C1.1 Adherence to programme manual

2

- Average scores on assessed tapes were now above the satisfactory mark for each of the programme adherence criteria and a strong overall performance in the previous audit had been sustained.
- Notable (20%+) improvements were evident in running exercises to time which had previously been identified as the practice feature most needing positive movement.
- Tutor checks on group learning were satisfactory in nine out of ten assessed sessions.
- Session aims and objectives were now more fully and consistently achieved.

C1.2 Adherence to treatment style

1

- Some improvement (13%) was evident in challenging anti-social views, but there were still instances where such comments were not picked up on.
- There were positive examples of effective use of open questions to encourage discussion, learning and reflection in most assessed sessions and overall scores had now reached a satisfactory level.
- Some tutors were still not adequately eliciting self-motivating statements from participants and there was room for improvement in summarising key learning points; overall scores were slightly lower than in the previous audit for both these criteria.

C1.3 Group work skills

1

- All group work skills assessed had attained an overall satisfactory or good standard. Evident strengths in consistent, positive involvement of all group members had been maintained.
- Moderate overall improvements were evident in a range of group work skills, including those previously identified as in need of attention (use of praise and exercise introductions), suggesting increased tutor confidence and practised co-working. There were some good examples of warm rapport being developed with the group, strengthened by regular encouragement and an upbeat style.

- Otherwise good or satisfactory standards of group management were not attained in a couple of sessions where there were examples of lack of control (e.g. an offender leaving the room to answer his phone) or ineffective anti-social methods used (e.g. talking over group members or telling them to hush).

C1.4 Programme delivered addressing race equality and diversity issues

1

- Treatment manager supervision notes continued to demonstrate attention to diversity issues relevant for group members and tutors had sustained their attention to the needs of 1st language Welsh speakers.
- Tutors described how they integrated challenges to negative stereotyping with programme material.
- All offenders interviewed felt that they had been treated fairly by programmes staff and said diversity issues had been well addressed. Particular praise was given for the way in which religious needs were checked out.
- A recently introduced area diversity policy provided an overall framework for future development, but practice guidance to enable diversity promotion on programmes was yet to be produced. The What Works ACO hoped that the inception of an Effective Practice Forum would address these issues.
- Programmes staff had received general training on working with racially motivated offenders during the past year, but there had been no follow-up activity to address learning application to ETS delivery.
- ETS staff had not had any group opportunities to improve their practice by sharing and developing proactive strategies for ensuring inclusivity and tackling racist and other discriminatory behaviour. Area-wide tutor group meetings had lapsed since new programme management arrangements were introduced.
- Programmes staff had not made use of the NPD's programmes diversity report to make permissible adaptations to material to ensure cultural and social relevance. The report had been circulated to tutors but not discussed, and most said they had not had time to read it.

C1.5 Programme integrity checklist

2

Criterion fully met at original audit.

C1.6 End of programme summary reports

1

- Timely post-programme report production had been maintained and case managers found them helpful and user-friendly assessments of offenders' thinking skills and progress made.
- The area had not made adaptations to the NPD report template and hence reports did not contain comment on risk factors and relapse triggers/scenarios. Otherwise, they were comprehensive and succinct.
- There was no evidence of activity by treatment managers to improve the quality of objectives set in post-programme reports which were not expressed in a SMART form.

SECTION D: CASE MANAGEMENT RESPONSIBILITIES

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

The CO should ensure that the area:

- *improves the quality of supervision planning and review, especially the integration of programme work within the supervision process and the writing of SMART objectives (D1.1, D1.7);*
- *sets out expectations of case managers and undertakes training to address the critical role they play in the preparation and motivation of offenders and in reinforcing the learning of ETS during and after the end of the programme (D1.2, D1.3, D1.4);*
- *clarifies the respective roles of case managers and tutors in enforcing ETS orders (D1.5).*

- ▶▶ **Partly met:** The area had provided training events in the setting of SMART supervision plan objectives and OASys completion. Senior managers had attended the latter events to model their commitment to the success of the enterprise. These initiatives had contributed to a significant improvement in the quality of initial supervision plans, although there was scope for more progress to be made. Performance development was less evident in relation to supervision plan reviews, which largely failed to plan appropriately for post-programme work and were not consistently completed.
- ▶▶ **Partly met:** Structured pre-programme session material had been distributed to case managers and most team plans set its completion as an objective. Area expectations of case manager support and reinforcement for programme learning had not however been expressed in written policy, practice guidance or associated case manager training, although a practice manual was planned for later in the year. Team plans, process charts and offender leaflets now advocated or promised early discharge or a transition to a reporting centre on programme completion, which was not consistent with ensuring maximum impact on offending reduction for ETS.
- ▶▶ **Partly met:** Interviews with tutors and case managers indicated clear, consistent understandings of their respective enforcement responsibilities, but these were not expressed in written practice guidelines or process maps which addressed required practice in programme cases.

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

1

- 38% of sampled cases demonstrated full integration of ETS within the supervision plan and a further 31% largely achieved this aim (an overall 22% improvement).
- In contrast to the previous audit when no examples of wholly SMART programme-related objectives were seen, 34% of cases in the current sample met this criterion and an additional 22% contained largely SMART objectives.
- There was some evidence that plans were based on OASys or LSI-R and OGRS2 assessments of criminogenic need and risk of reoffending in 78% of cases (a 28% improvement). Attention was needed however to ensuring additional interventions were planned for high-risk offenders referred to ETS.
- Supervision plan reviews were missing or not done within required timescales in 63% of cases.

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

1

- Good two-way liaison between case managers and tutors was demonstrated in 34% of cases with some liaison, mainly by tutors, in a further 56% of the sample.
- Tutors made session-by-session entries on the CRAMS case record or sent regular e-mails summarising session content and offender performance to keep case managers informed of progress and account for work undertaken.
- Records showed case managers had attended three-way end of programme meetings in only 47% of cases (16% less than in the previous audit).

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

0

- Since the original audit there were no evident overall improvements in the quality of programme-related support provided to offenders before and during the ETS.
- Case managers had now received structured pre-programme work material but said they did not always have time to complete it with offenders. There was no evidence that senior managers had issued clear instructions requiring this work to be undertaken. Sampled case files showed little indication of its use.
- All necessary pre-programme preparation of offenders had been undertaken in only 16% of cases, with some preparation evident in a further 41% of the sample.
- Offenders were no longer attending a legacy programme at Wrexham prior to starting ETS. Instead staff there were experimenting with pre-programme work, conducted on a group basis, in order to enhance offender motivation by enabling familiarity and ease with this method.
- Area expectations of case manager/offender contact levels during the programme had still not been made clear and only 24% of cases showed a regular pattern of proactive contact. Case managers reported a wide variety of practice, but the majority only saw offenders whilst ETS was running if they requested it.
- The area's business process map for accredited programmes made no reference to pre- or post-programme work.
- 69% of cases showed little or no evidence of learning reinforcement by the case manager between ETS sessions.

D1.4 Understanding and knowledge of programme methods

0

- Case managers had a broad understanding of the objectives and learning targets of ETS, but lacked detailed knowledge of programme content and methods used. They considered that they needed such information to carry out the ETS case manager role effectively.
- There had been no ETS training events for case managers during the past year. No audit had been carried out to assess whether staff had the skills and knowledge to conduct ETS reinforcement and follow-up work.
- There had been no briefing event to accompany the introduction of pre-programme material.
- The area ETS practice manual had not been updated or relaunched and most case managers interviewed were unaware of it.
- Some resettlement staff had obtained a prison service document summarising the aims and content of each ETS session to inform themselves. Similar area documentation was unavailable.

D1.5 Monitoring of attendance and enforcement

1

- Programme attendance enforcement was undertaken within national standards timescales in 75% of relevant cases.
- Systematic CRAMS recording of attendance (including catch-up sessions) by tutors was evident from sampled files.
- Case managers gave clear accounts of the enforcement process and related staff roles in ETS cases, but they held different views about whether a missed catch-up or psychometric testing session should be regarded as an unacceptable absence for enforcement purposes.
- Written documentation detailing area expectations and the respective responsibilities of tutors and case managers for attendance management and enforcement was not yet available.

D1.6 Documentation

0

- Only 23% of sampled files contained all required documentation. In the great majority of cases the missing documents were programme contracts (47%) and supervision plan reviews (44%).

D1.7 End of programme review

0

- There was no overall improvement in the disappointing quality of post-programme supervision planning evident in the previous audit.
- Some attention was paid to community reintegration issues in 66% of relevant sampled records.
- The post-programme report had not fully influenced subsequent supervision planning in any of the cases, and there was some evidence of this in only two out of 12 relevant cases where associated objectives were only partially SMART.

D1.8 Reinforcement and relapse prevention work

N/A

Criterion not assessed at original audit.