



*Effective  
Supervision  
Inspection*

*of the  
National Probation Service for  
England and Wales*

Follow-up report on:  
*South Wales Probation Area*

2005

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## FOREWORD

- In March 2004 our original Effective Supervision Inspection raised a number of concerns about standards of management and practice within the South Wales Probation Area. We advised that a follow-up inspection would take place in March 2005, involving a similar analysis of a comparable sample of offenders.
- However, we were conscious that some of the remedial actions undertaken by the area might not yet show through in our standard follow-up inspection case sample, which normally involves cases nine or ten months into supervision. Hence, for this inspection, we undertook an inspection of cases which had been supervised for five or six months which gave the area sufficient time to improve performance and allowed for at least one review in each case.
- The South Wales Chief Officer had only just taken up post at the time of the original inspection. This had followed an extremely unsettled 12 month period during which, due to decisions made by the National Probation Directorate, there had been three people who had acted as Chief Officer. It is an immense credit to the chief officer group, supported by the Board, that it was able to respond so quickly and positively to the findings of the inspection and to make the changes it had.
- Managers and staff in the area had been aware of certain deficits in their practice but had not anticipated that practice, leadership and planning would be assessed as poorly as it was. This was a blow to an area already suffering from poor staff morale. Despite this, it was clear that the need for improvement was embraced at all levels.
- An action plan had been drawn up and progress against this was mainly satisfactory. The area had also made good use of our offer to help disseminate understanding of the inspection criteria amongst middle managers who further cascaded this to case managers. There was still room for improvement in the initial assessment of cases but, by the time they were reviewed, progress could clearly be seen in the quality of case management.
- This report details where improvements are still required in elements of the assessment and management of high risk of harm cases, in particular in relation to MAPPA Level 2. However, it is clear that structures and arrangements are in place to achieve these. The challenge will be to maintain the momentum as another Chief Officer takes up post and during a time of legislative and nationally driven organisational change.

*Andrew Bridges*  
*HM Chief Inspector of Probation*

*April 2005*

## ACKNOWLEDGEMENTS

We would like to express our thanks to the South Wales Probation Board, its managers and staff for the considerable assistance received in enabling the inspection to proceed smoothly. Without their help, most especially in arranging a complicated programme of interviews with case managers, the work could not have been completed successfully.

The inspection also depended on the contribution made by local area assessors who assisted with the case manager interviews. Their participation and commitment was greatly appreciated.

*HM Assistant Chief Inspector: John Hutchings*

*HM Inspectors: Helen Boocock, Joy Neary*

*Inspection Officer: Jackie McAvoy*

*Practice Assessors: Penny Davies, Stephanie Mason*

*Information Manager: Kevin Ball*

*Inspection Admin Officer: Junior Rhone*

*Area Assessors: Fran Davies, Nicola Donahoe, Martin Mahoney, Nigel Rees*

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## GLOSSARY

ACE	Assessment, Case Recording and Evaluation System
ACO	Assistant chief officer
CO	Chief Officer
CP	Community punishment
CPO	Community punishment order
DTTO	Drug Treatment and Testing Order
ECP	Enhanced community punishment
ESI	Effective Supervision Inspection
HMI Probation	HM Inspectorate of Probation
HR	Human Resources
ISP	Initial supervision plan
LSI-R	Level of Service Inventory-Revised
MAPPA	Multi-Agency Public Protection Arrangements
MARAC	Multi Agency Risk Assessment Conference
NOMS	National Offender Management Service
NPD	National Probation Directorate
NPS	National Probation Service
NVQ	National Vocational Qualification
OASys	Offender Assessment System
OGRS2	Offender Group Reconviction Scale
PPDU	Policy and Practice Development Unit
PSO	Probation Service Officer
PSR	Pre-sentence report
SMART	Specific, Measurable, Achievable, Realistic and Time-bounded
SMT	Senior Management Team
SSR	Specific sentence report

## REASONS FOR UNDERTAKING THE FOLLOW-UP

- There were a number of concerns highlighted in the original ESI of 2004. These were summarised in 12 recommendations:

*The Probation Board should ensure that:*

- 1. an overall workforce planning strategy is developed*
- 2. a monitoring system is put in place to confirm that all staff receive consistent supervision and appraisal*
- 3. monitoring of the impact of race equality and wider diversity initiatives is fully addressed*
- 4. clear evaluation and outcome measures are developed for work with all partnership providers*
- 5. satisfactory risk of harm assessments are completed and regularly reviewed in all cases*
- 6. there are improvements in the quality of supervision plans and reviews, including the use of SMART objectives*
- 7. contact arranged with all offenders meets at least the minimum requirements of national standards*
- 8. action is taken to reduce the waiting time for offenders to start accredited programmes*
- 9. victim issues are addressed sufficiently in the assessment and supervision of all offenders*
- 10. proper management oversight takes place in relation to high risk of harm cases*
- 11. better use is made of outcome data at every level of the organisation*
- 12. the resources allocated to all cases are commensurate with their risk of harm and likelihood of reoffending.*

## SUMMARY OF FINDINGS

### Key findings

- ❑ **Quality of Management:** The current CO had taken up post in March 2004 and was the area's fourth in 12 months. She had quickly instituted a full review of the area's management structure, found that it did not support effective management and established four operational districts and a PPDU. A more detailed workforce plan had been completed, with a new staffing establishment to support the move to offender management. A full review of the role of the equality and diversity advisor had also been undertaken, with the postholder becoming a member of the SMT. The area had commissioned a review of its high risk of harm work and had recently developed an action plan to implement change. MAPPA were working well at the strategic board and at Level 3, although at Level 2 they still needed improvement. A framework for performance reporting had been introduced and the quality of performance monitoring improved. The area was now performing satisfactorily at or just below most of the national targets. There was a clear link between the allocation of resources and offenders' assessed level of risk of harm. The average number of days sickness absence per employee per year was still above the national target but was improving in most districts. The CO had made a priority of involvement in the South Wales Overarching Leadership Group and had re-established the probation service as a serious partner in community safety and other social inclusion forums. Attention had also been given to improving the strategic focus of formal contractual partnership work.
- ❑ **Quality of Assessment:** The original ESI had found serious shortcomings in assessment and planning and, in particular, with the assessment and management of high risk of harm cases. There was no doubt that improvements had been made. Whilst there had been some in the early stages of the orders sampled, they were more likely to be found later in supervision as will be seen in Section C; this suggested a positive impact from the measures outlined in Section A and the training in the use of OASys and case management generally. Further progress was however required. Timeliness of assessments remained an issue. More attention also needed to be paid to ensuring that risk of harm plans were integrated into supervision plans.
- ❑ **Quality of Interventions:** The quality of supervision plan reviews had improved. However, insufficient appointments were often made to ensure adherence to national standards requirements and the approach to home visiting was inconsistent across the area. There remained room for improvement in challenging the offender to accept responsibility for their offending. Work on victims' issues generally was poor and raising awareness of the impact of offending on specific victims was particularly disappointing.
- ❑ **Quality of Outcomes:** Scores in this section had improved, e.g. progress against the main factors linked to offending. There was substantial evidence of information being used at all levels of management, and by the Board, to ensure that performance generally was improved, and a new performance management framework enabled examples of good practice to be disseminated. The PPDU had been set up in such a way that area managers were able to monitor, review and evaluate the implementation of new procedures, e.g. the case management model, with a view to improving practice consistently across the area.

### **Next steps**

- ▣ This report has been submitted to the Secretary of State and copies provided to the Chief Executive of NOMS, the National Offender Manager, the Director of the NPS, the Probation Board and CO. It is also available on the website of HMI Probation at:

**<http://www.homeoffice.gov.uk/justice/probation/inspprob/index.html>**

## SCORING SUMMARY SHEET

Section A: Quality of management	Original Inspection	Follow-up Inspection
A1: Leadership and planning	Partly met	Well met
A2: Resource allocation	Partly met	Well met
A3: Management and supervision of staff	Partly met	Satisfactorily met
A4: Partnership/contracting out	Partly met	Well met
A5: Effective communication with sentencers	Partly met	Not followed up
Section B: Quality of assessment		
B1: Assessment of risk of harm	43%	69%
B2: Assessment of likelihood of reoffending	40%	82%
B3: Case management	43%	56%
B4: Documentation	56%	86%
<b>Score for section B</b>	<b>44%</b>	<b>71%</b>
Section C: Quality of interventions		
C1: Managing attendance and enforcement	75%	85%
C2: Delivering appropriate supervision	52%	73%
C3: Diversity needs	62%	91%
C4: Responsivity	59%	93%
C5: Management of risk of harm	58%	75%
<b>Score for section C</b>	<b>62%</b>	<b>83%</b>
Section D: Quality of initial outcomes		
D1: Interventions are delivered with the desired outcomes	55%	57%
D2: Improvements are sustainable	50%	71%
D3: Outcomes of interventions are assessed and reviewed using available data	Partly met	Satisfactorily met
D4: Interventions demonstrate value for money	67%	91%
<b>Score for section D</b>	<b>60%</b>	<b>73%</b>
<b>OVERALL SCORE FOR SECTIONS B-D (excluding D3)</b>	<b>56%</b>	<b>76%</b>

## INSPECTION ARRANGEMENTS

- The ESI programme started in June 2003. All 42 probation areas comprising the National Probation Service for England and Wales are being inspected over a three year cycle, with areas of similar characteristics (in terms of size and population density) visited in the same year to facilitate comparisons in performance. This enables us to identify and promote effective work with offenders and disseminate information about good practice.
- Probation areas are being assessed on how well they have met defined inspection criteria focusing on the:
  - overall management of the area
  - quality of the assessments carried out on offenders
  - quality of the interventions carried out with offenders
  - initial results of the interventions, both in relation to criminogenic factors such as employment, accommodation and substance misuse, and also whether there has been any reduction in the risk of harm and the risk of reoffending.
- The inspection takes account of the regular NPS performance data. These are produced by the NPD who are responsible for their collection and quality assurance.
- The South Wales follow-up inspection took place in one week. It comprised inspection of approximately 60 case files (40% of them high risk of harm cases), interviews with the case managers of these offenders, and interviews with other workers significantly involved in the cases. Interviews were also undertaken with the CO, Board members, Directors, ACOs, area managers, middle managers, partnership agencies and MAPPA partners.
- A full ESI assessment was applied to all cases. Each of them had been sentenced or released from custody approximately five to six months prior to the inspection. This was to allow the area as much time as possible since the original inspection to make improvements and sufficient time for at least one review of the supervision plan.
- A two-day workshop was also held for 14 middle managers to clarify and reinforce the ESI requirements. This approach was then cascaded by them to groups of case managers. Four of the middle managers took part in a further one-day workshop and then participated in the inspection as area assessors.

## SCORING APPROACH

- Assessment of the Quality of Management criteria is based on written evidence and discussions with Board members, managers and other organisations that work with the probation service in the supervision of offenders. A descriptive score is assigned to each of these criteria. Scoring of the Assessment, Interventions and most of the Initial Outcomes criteria is based on the inspection of work with the offenders in the case sample. A numerical score is calculated for each of these criteria.

### Quality of Management criteria

- A score is derived from assessment of performance on each of the individual evidence items within the criterion (excluding those relating to the NPD). Scores are defined as:
  - Very well met:** very strong performance on each item
  - Well met:** strong performance on each item
  - Satisfactorily met:** strong performance on the majority of items and at least satisfactory performance on the others
  - Partly met:** good performance on some of the items and at least satisfactory performance on the others
  - Not met:** at best only satisfactory performance on some of the items
  - Poor:** otherwise.
- For Leadership and Planning some additional weighting is given to performance on NPD and other Government targets. These are currently enforcement, compliance, accredited programme completions, ECP completions, DTTO commencements and completions, basic skills starts and awards, sickness absence, victim contact and PSR timeliness.
- There is some discretion for lead inspectors for scores to be adjusted if this seems appropriate from other findings or contextual information.
- The same approach is adopted for the Quality of Initial Outcomes criterion D3 'Outcomes of interventions are assessed and reviewed using available data'.

### Quality of Assessment, Interventions and Initial Outcomes criteria

- A score is calculated for each criterion based on the reading of case files, interviews with case managers, contact with others significantly involved in the supervision and, if possible, conversations with the offenders themselves.
- Scores for each of the criteria are weighted as set out below, with the critical criteria being weighted as twice the important criteria.

Quality of Assessment		
B1	Assessment of risk of harm	Critical
B2	Assessment of likelihood of reoffending	Critical
B3	Case management	Critical
B4	Documentation	Important

Quality of Interventions		
C1	Managing attendance and enforcement	Critical
C2	Delivering appropriate supervision	Critical
C3	Diversity needs	Critical
C4	Responsivity	Important
C5	Management of risk of harm	Critical

Quality of Initial Outcomes		
D1	Interventions are delivered with the desired outcomes	Critical
D2	Improvements are sustainable	Important
D4	Interventions demonstrate value for money	Critical

- An overall performance rating for the area is then calculated, weighted as follows:
  - Quality of Assessment 30%
  - Quality of Interventions 40%
  - Quality of Initial Outcomes 30%
  
- The scoring sheet shows the assessment or score recorded for each criterion, plus the overall scores for Sections B, C and D. The assessment and scores are also recorded alongside the relevant criterion in the text.

## SECTION A QUALITY OF MANAGEMENT

A1	Leadership and planning	Original inspection	Partly met
		Follow-up inspection	Well met

### Description:

*The Board and CO lead the area in the achievement of national targets and implementation of national policies through the production of local policies and procedures which are regularly monitored and reviewed. Areas are enabled to work efficiently and effectively by the NPD who develop national targets and policies in line with Ministerial priorities and provides guidance and resources. The SMT is committed to the implementation of national and local targets and priorities, including What Works strategies, risk management and promoting diversity.*

- The current CO had taken up post during the second week of the original ESI in March 2004 and had been the fourth CO in South Wales in 12 months. She had quickly instituted a full review of the area's management structure and found that it did not support effective management. Lines of accountability were unclear and there was no ownership of the operational separation of the area into two divisions, as it did not have any local authority or geographical connection.
- Four operational districts each headed by an ACO, plus the PPDU, had been established in August 2004. These changes reintroduced links to the seven local authorities and gave senior managers sole responsibility for performance in their district. Existing area manager posts were taken out of line management arrangements into the PPDU to add quality and consistency to practice development. An increase in the number of middle managers had also been achieved. Resources and structures now supported accountability.
- Further senior management changes had recently been approved by the Board that would create the clear operational division required by the NPD between interventions and offender management.
- A more detailed workforce plan had been completed by May 2004 and proposed a new staffing establishment to support the recommendations in the ESI and the move to offender management. It aimed to create an equitable distribution of resources and a model for predicting and addressing the need for change. Central to this had been the development of the role of PSOs as case managers and an increase in the number of middle managers to rectify what had been an excessive span of control for most of them.
- A full review of the role of the equality and diversity advisor had been undertaken, with the postholder becoming a member of the SMT. A comprehensive diversity strategy set out the area's approach both to legislative requirements and the dissemination of good practice. Whilst the plan of work was by no means complete, the structures in place were found to be satisfactory. The Director of HR and diversity manager had also led on the development of an all-Wales probation service diversity strategy that was currently under consideration by the other three Boards.
- The Board had supported the proposed changes and increased expenditure: this had been funded in part by the achievement of an Improver's Bonus from the NPD for performance in 2003/2004, but mainly by a thorough review of the area's budget. The South Wales area had

been created by amalgamating three previous probation services in 2001 and it had taken literally three years to amalgamate HR and finance systems.

- In relation to national objectives, the area was performing satisfactorily at or just below most of the targets. It had embedded a successful referral system for basic skills provision that should create the necessary improvement in awards achieved. There was little doubt amongst managers and inspection staff that there had been significant improvements in performance and that these could be attributed to a great extent to the changes and investment in management structures and case management.
- The PPDU bridged the gap between policy development and implementation. Area managers had been appointed to this small unit, with responsibility for translating new procedures into local action plans and for working with middle managers and staff to monitor and review outcomes. This was a very positive approach that had seen success in implementation of the new case management model including referral for basic skills interventions.
- The area had commissioned a review of its high risk of harm work and had recently developed an action plan for the whole of 2005 to implement change. This was being led by an area manager from the PPDU. As part of the changes referred to above and not yet implemented, there was a plan to increase the management resource available for this important work. To date the area manager had produced a policy and procedures directions manual amalgamating national and local guidelines. It was acknowledged that a gap in available documentation for case managers and middle managers was a simple reference set of procedures around how to manage high risk of harm cases within these procedures.
- The area was appropriately represented at the MAPPA strategic board. The departure of the MAPPA coordinator in 2004 had been seen as an opportunity to review procedures at all levels of MAPPA. There was evidence that arrangements were working well at the strategic board and at Level 3 panels. It was acknowledged, however, that arrangements at Level 2 lacked consistency and that the quality of minutes and action plans could be poor. The high risk of harm work action plan identified that the new coordinator and the area manager for risk work would address this.
- A framework for performance reporting had been introduced that included monthly reports and quarterly district reviews, which were attended by the CO, the three Directors, the local ACO, ACO performance and inspection and middle managers. Results were reported regularly to the Board. Managers were held accountable for performance; overall a problem-solving approach was taken with an emphasis on sharing good practice with a view to districts learning from one another. During the inspection various groups of managers and staff suggested that a healthy note of competition had been introduced into the area.
- The quality of performance monitoring had been improved over the year and was now in a simple format that used a traffic light system to identify district as well as area performance. There was evidence that this was used at all levels. Middle managers had easy access to more detailed performance monitoring in relation to team, district and individuals. In addition, a small number of centrally-managed support staff had been appointed to districts to monitor and address the accuracy and timeliness of recording and to provide advice and information locally.
- Internal communication generally had improved with a six-weekly newsletter to staff, including a column written by the CO. The intranet document library had also been reviewed and found to be unwieldy and was about to be replaced by an electronic staff handbook.

**Conclusion:** *We assessed the area as demonstrating improved performance in relation to the criterion. Further work was underway to improve MAPPA Level 2.*

A2	Resource allocation	Original inspection	Partly met
		Follow-up inspection	Well met

Description:

*The area demonstrates a strategic approach in allocating resources to deliver effective performance and shows positive results in relation to value for money.*

- There was now a clear link between the allocation of resources and the assessed level of risk of harm posed by offenders. This had been formalised using the offender management banding matrix. Fifteen extra PSO posts had also been established. They had responsibility for all low risk of harm offenders and a proportion of the medium risk caseload, all of whom were being managed largely through a report centre structure with use of partnership agencies to add value to this. The PPDU had a role in overseeing this development and had undertaken a review which, whilst it identified areas for improvement, demonstrated a whole-service approach to this significant area of work that was consistent with NPD guidance.
- By investing the diversity manager's time in each district in turn, it was intended that his presence would assist managers and staff to understand how attention to the diverse needs of offenders could improve practice. There had been some take-up of his services, but this was limited and it was acknowledged that the exercise would need to be repeated.

**Conclusion:** *We assessed the area as demonstrating improved performance in relation to the criterion. Further work was underway to improve the district approach to the diverse needs of offenders and communities.*

A3	Management and supervision of staff	Original inspection	Partly met
		Follow-up inspection	Satisfactorily met

Description:

*The Board and CO have HR planning strategies that ensure delivery of effective supervision to offenders.*

- A staff care project group had been established to coordinate the work necessary to address a number of issues that had had a negative effect on staff and performance over the last few years. This was led by the HR Director and involved a detailed and practical approach to managing stress at work, a staff counselling scheme, the staff survey and a consistent approach to staff supervision.
- The annual staff survey was seen as an important element in gauging the 'health' and morale of the organisation. There had been a high rate of returns in 2004 that showed some improvement in staff morale which had been low in the previous year. The survey had been undertaken before the higher staffing and management levels had been fully achieved showing potential for further improvement in 2005. It was a mark of the chief officer group's confidence in the impact of changes that a decision had been made to re-apply for the Investors in People Award.

- A great deal of planning and effort had been invested in reducing sickness absence. Measures taken had included the availability of data on a district basis, the opportunity to participate in alternative therapies in some districts and, most recently, the appointment of a part-time in-house occupational nurse who was already having an impact.
- The most recent figures showed that the area's average number of days sickness absence per employee per year was 12.2. This was still some way above the nine days target, but it was very close to the national average and had improved over most months from the high of 16.6 days in April 2004. However, whilst monitoring showed that the target was being achieved in some parts of the area, one district in particular still had significant problems with a year-to-date figure of 16.9 days.
- Sickness absence had been greatest in the two largest districts. A focus-group approach to improving conditions at work had been taken in one where levels of absence had since fallen. This was being replicated in the worst affected district. A new stress management policy was also about to be introduced in response to this being identified as a major factor in sickness absence there. There were concerns about the consistency of implementation by middle managers of the managing absence policy; these were being addressed.
- At the time of the ESI in 2004 the span of control for most middle managers was too great to be effective. This had been reducing and was about to drop to an average of 13 operational supervisees to one manager. There was evidence that the area supervision template was being used more consistently and that the Director of Operations held ACOs to account for ensuring that supervision and team meetings were held regularly according to policy.
- In support of its work to improve performance around the assessment and management of offenders, and of high risk of harm cases in particular, the area had revisited OASys. This had involved training for all staff and managers with an emphasis on quality. There had been area-wide briefings in relation to risk management procedures and new staff had had training in relation to this. Plans were now in hand to roll this out to all operational staff.
- PSOs had been supported in their new roles by suitable training and the NVQ in Community Justice Level III was available to them and was being achieved.
- There was still insufficient evidence in the outline training programmes seen to demonstrate that staff had been equipped to deal with victims' issues with offenders.

**Conclusion:** *We assessed the area as demonstrating improved performance in relation to the criterion, although further attention to reducing sickness levels and improving training in relation to victims' issues was required.*

A4	Partnership/contracting out	Original inspection	Partly met
		Follow-up inspection	Well met

**Description:**

*The Board and CO have strategies and procedures in place to ensure that the area's partnerships with both voluntary and statutory agencies support service delivery and are value for money.*

- One of the effects of the previous management structure had been to make meaningful community links at senior management level impossible. Rectifying this had been a priority for the new CO who had led the way through involvement in the South Wales Overarching Leadership Group. This had re-established the probation service as a serious partner in community safety and other social inclusion forums. She had chaired the Local Criminal Justice Board since June 2004 and had played a key role in establishing a steering group to coordinate persistent and other priority offender schemes across South Wales.
- Within districts ACOs had taken their place in MAPPA, Race Equality Council and other meetings to maximise the benefits of partnership working.
- Attention had been given to improving the strategic focus of formal contractual partnership work. A recently convened Internal Partnerships Panel, combining the responsibilities of the Directors of Operations and Corporate Services (Finance), ensured there was a clear focus on partnerships adding value to key areas of business.
- All financial partnership contracts had been due to end in the summer of 2005. Acknowledging a need to improve procedures, most had been extended to the autumn to give senior managers the opportunity of improving their contracting arrangements. A more focused and prescriptive approach to contracting had also been taken in letting the DTTO contract. This had been successful and the methods were due to be replicated with the others. Partners interviewed during the inspection were aware that the area's information needs around service take-up and outcomes would feature in the new specifications.
- There was evidence of partnership agencies being well used at local level and of their work being integrated into the case management model. However, it was acknowledged that provision for women and minority ethnic offenders was still underdeveloped. The diversity manager now had a role to provide advice to districts, and in one CP unit work was already underway to identify suitable placements for minority ethnic offenders.

**Conclusion:** *We assessed the area as demonstrating improved performance in relation to the criterion. Further work was underway to ensure that contracts included output and outcome measures.*

## SECTION B QUALITY OF ASSESSMENT

B1	Assessment of risk of harm	Original inspection	43%
		Follow-up inspection	69%

**Description:**

*Risk of harm is satisfactorily assessed using an approved instrument (OASys where available), specialist assessment tools, where relevant, and draws on MAPPA, other agencies' and previous probation service assessments.*

- ▣ The content of the risk of harm assessment was satisfactory in 86% of cases but, in almost half, the assessment had been completed beyond the 15 days national standard timescale.
- ▣ In 67% of the 23 high risk of harm cases a satisfactory risk management plan was not completed within the required five working days.
- ▣ The assessment of risk of harm was appropriate in 93% of cases and there was a close fit between this assessment and the interventions planned in 91%.
- ▣ There was evidence of appropriate management involvement in the assessment in only 71% of the high risk of harm cases. Improvements in arrangements for management oversight of these cases had been seen but had yet to be evidenced in all case files.

**Conclusion:** *We assessed the area as demonstrating improved performance in relation to the criterion, although further work needed to be done to address the timeliness of assessments and recording of management oversight of cases.*

B2	Assessment of likelihood of reoffending	Original inspection	40%
		Follow-up inspection	82%

**Description:**

*The likelihood of reoffending and criminogenic factors are satisfactorily identified and assessed using an approved instrument (OASys, OGRS2, LSI-R, ACE).*

- ▣ In 91% of cases the assessment of the likelihood of reoffending was correctly assessed using the appropriate tools, but in 32% of cases the assessment was late.

**Conclusion:** *We assessed the area as demonstrating improved performance in relation to the criterion, although further work needed to be done in relation to timeliness.*

B3	Case management	Original inspection	43%
		Follow-up inspection	56%

**Description:**

*The case is managed effectively and interventions coordinated to enable criminogenic factors to be addressed and any risk of harm managed. The ISP or CPO assessment takes account of the PSR, SSR or sentence plan in licence cases, and describes an overall plan of work for each offender, in line with the assessments of risk of harm and need and the likelihood of reoffending.*

- The original ESI had found serious shortcomings in assessment and planning and, in particular, with the assessment and management of high risk of harm cases. There was no doubt that some improvements had been made and these were particularly marked in the later stages of supervision of the cases examined. This will be further commented on in Section C. It suggested that action taken by management and training in the use of OASys and in case management were beginning to have a positive impact.
- 81% of all cases and 78% of high risk of harm cases were still found to have an unsatisfactory ISP. Whilst the content (as opposed to timeliness) was deemed appropriate in 61% of cases, this was still unacceptably low. SMART objectives were also not found in most plans.
- Appropriate interventions were identified in 73% of cases and, in almost all cases, steps had been taken to ensure that the offender understood what was required of them.
- Only 51% of all plans and 41% of plans in high risk of harm cases were sensitive to race and other diversity issues.
- There was evidence in only 61% of cases that the offender was actively involved in the planning process; this improved to 74% for high risk of harm cases.
- In only 50% of the high risk of harm cases were risk management plans integrated into the supervision plan. Similarly, only 59% of these cases clearly defined liaison responsibilities with others involved in the supervision.

**Conclusion:** *We assessed the area as demonstrating some improved performance in relation to the criterion. However, a considerable amount of further work was still required to bring supervision planning to a satisfactory standard in all cases.*

B4	Documentation	Original inspection	56%
		Follow-up inspection	86%

**Description:**

*All relevant documentation is available and has been satisfactorily completed.*

- Case records were well organised and complete in the majority of cases and recording was clear and sufficient.

**Conclusion:** *We assessed the area as demonstrating improved performance in relation to the criterion.*

## SECTION C QUALITY OF INTERVENTIONS

C1	Managing attendance and enforcement	Original inspection	75%
		Follow-up inspection	85%

### Description:

*Contact with the offender and enforcement of the order or licence is planned and implemented to meet the requirements of national standards.*

- The frequency of appointments offered, including a home visit, did not conform to national standards requirements in 57% of high risk of harm cases and 67% of the sample as a whole. The approach to home visiting across the area differed from district to district with some visiting licence cases only, regardless of the level of risk. Only 17% of high risk of harm cases had had a home visit within the required timescale.
- Attendance was monitored satisfactorily in the majority of cases, with appropriate judgements being made about the acceptability of absences.
- Where breach proceedings were required, this had taken place within the national standard timescale in only 75% of the cases.

**Conclusion:** *We assessed the area as demonstrating improved performance in relation to the criterion, although further work was required to ensure national standards were complied with in all cases.*

C2	Delivering appropriate supervision	Original inspection	52%
		Follow-up inspection	73%

### Description:

*Interventions are delivered to achieve the objectives identified in the ISP and recorded according to the requirements of national standards. Supervision is prioritised according to an ongoing assessment of risk and need and takes account of previous reviews and work already undertaken by the area and other agencies. Case managers oversee and coordinate the work of other staff and partner organisations and all staff play an active part in motivating and supporting offenders throughout their supervision.*

- Progress against objectives set in the ISP was satisfactorily reviewed in relation to content and timeliness in 64% of all cases and in 68% of high risk of harm cases. The content itself was satisfactory in 71% of all cases and 86% of high-risk cases.
- Reviews were more likely than ISPs to incorporate risk management plans, but this was still not at a satisfactory level (only 45% of relevant high risk of harm cases).
- SMART objectives were also more likely to be found compared with the ISPs, particularly in the high risk of harm sample (68% of cases).
- Appropriate interventions had been carried out in 78% of the high risk of harm cases, although accredited programmes did not commence within required timescales in 39% of relevant cases. In the whole sample the level of appropriate interventions reduced to 70%.

- There was evidence of a positive approach to the supervision of offenders in almost all cases in terms of work to address community integration issues. Case managers actively liaised with others providing interventions (89% of cases) and engaged with the offender to prevent reoffending (80%).
- There remained room for improvement in challenging the offender to accept responsibility for their offending (58% generally and 67% of the high risk of harm sample). Work on victims' issues generally was poor and raising awareness of the impact of offending on specific victims was particularly disappointing; this was done satisfactorily in only 52% of the high risk of harm cases and 44% of all cases. Although recent training was said to have addressed victims' issues, it seemed that this had yet to have sufficient impact.

#### GOOD PRACTICE EXAMPLE

*T was made subject to an order with a group work condition in the same week that the programme was due to start, one that would not run again for some months. In order to capitalise on T's motivation, his case manager had him enrolled on the programme and undertook the pre-programme work with him the same afternoon, i.e. only hours before the group was due to commence, to ensure that he would not lose his place. The case manager continued this support and by the time of the inspection had reassessed OASys to demonstrate a reduced likelihood of reoffending.*

**Conclusion:** *We assessed the area as demonstrating improved performance in relation to the criterion. However, there was still a particular need for improvement in relation to victims' issues.*

C3	Diversity needs	Original inspection	65%
		Follow-up inspection	91%

#### Description:

*There is a full range of interventions to meet diverse needs. There is evidence of appropriate support arrangements for women, minority ethnic and disabled offenders.*

- Interventions were more likely than assessments to have taken account of race and wider diversity issues. These had been satisfactorily addressed in 96% of the whole sample and in all of the high risk of harm sample.

**Conclusion:** *We assessed the area as demonstrating improved performance in relation to the criterion.*

C4	Responsivity	Original inspection	59%
		Follow-up inspection	93%

Description:

*Offenders' learning style, motivation and capacity to change are taken into account in the assessment and intervention plan.*

- Consideration had been given to the methods most likely to be effective with the offender in almost all of the high risk of harm sample and in 86% of the whole sample.

#### GOOD PRACTICE EXAMPLE

*S had a long history of offending and of unsuccessful periods of supervision that had often ended in terms of imprisonment for breach or further offences. This time, however, he was more ready to consider his own responsibility for his situation and his case manager realised that discussion alone would not assist him to take this further. There was no programme condition so she adapted general offending behaviour programme material to suit his needs and pace. Five months into the order there were several examples of how S was using what he had learned in supervision to understand the impact of previous choices and to make better decisions now about courses of action.*

**Conclusion:** *We assessed the area as demonstrating improved performance in relation to the criterion.*

C5	Management of risk of harm	Original inspection	58%
		Follow-up inspection	75%

Description:

*Risk of harm is actively managed in consultation with other agencies.*

- Interventions and their level were appropriate to the assessment of risk of harm in 93% of cases. Changes in the level of risk of harm were dealt with satisfactorily in 96% of cases.
- Where cases involved inter-agency risk management work, most likely MAPPAs, the quality of planning and execution were not satisfactory in approximately half. This was most likely due to the accepted need for improvement in MAPPAs Level 2 work (referred to as MARACs in South Wales). The quality of notes and plans from MARACs on files seen during the inspection was inadequate and they could not be described as risk management plans.
- Of the 23 high risk of harm cases, only five had received a home visit at some stage during supervision.

### GOOD PRACTICE EXAMPLE

*Y had been convicted of an offence of violence but was in denial about the level of risk he posed to his partner. The case was being well managed in conjunction with MAPPA. When he threatened his case manager prompt action was taken in relation to his supervision and in support of the member of staff. Whilst she was understandably shaken she undertook a review of the case and level of harm posed and, with her SPO's support, put in place new arrangements, including breach which ensured that Y understood that his behaviour would not be tolerated and that he could be supervised with maximum protection for staff.*

**Conclusion:** *We assessed the area as demonstrating improved performance in relation to the criterion, although further work was required to improve the operation of MAPPA Level 2.*

## SECTION D QUALITY OF INITIAL OUTCOMES

D1	Interventions are delivered with the desired outcomes	Original inspection	55%
		Follow-up inspection	57%

**Description:**

*Planned objectives are achieved and the risk of harm/likelihood of reoffending is demonstrably reduced.*

- ▣ Approximately 50% of the sample were found to have made progress on the main factors linked to their offending, e.g. thinking skills and alcohol misuse.
- ▣ 79% of the offenders had not been convicted of a further offence that had been committed since the start of the order or licence.
- ▣ The level of risk of harm had been reduced in 39% of the high risk of harm cases, and had been satisfactorily contained in virtually all of the remainder.
- ▣ In 65% of cases offenders had attended all or nearly all the planned appointments. Whilst the figure for high risk of harm cases was slightly better at 70%, this should have been higher in order to manage the risk they presented.

**Conclusion:** *We assessed the area as demonstrating slightly improved performance in relation to the criterion, although further work was required to enhance the level of compliance in high risk of harm cases.*

D2	Improvements are sustainable	Original inspection	50%
		Follow-up inspection	71%

**Description:**

*Results are capable of being sustained beyond the end of supervision.*

- ▣ Attention had been given to the long-term community reintegration of the offender in 80% of high risk of harm cases and 71% of the full sample.
- ▣ An appropriate level of attention had been given to ensuring that the offender maintained contact with mainstream organisations to address criminogenic need in 65% of all cases and 75% of high risk of harm cases.

**Conclusion:** *We assessed the area as demonstrating improved performance in relation to the criterion.*

D3	Outcomes of interventions are assessed and reviewed using available data	Original inspection	Partly met
		Follow-up inspection	Satisfactorily met

Description:

*All available data are used to assess the effectiveness of interventions.*

- ▣ There was substantial evidence of information being used at all levels of management and by the Board to ensure that performance generally was improved. To this end, as outlined in Section A, the content and format of reports had been made user-friendly and relevant to different levels of staff, and a new performance management framework ensured that examples of good practice were disseminated.
- ▣ The PPDU had been set up in such a way that area managers were able to monitor, review and evaluate the implementation of new procedures, e.g. the case management model, with a view to improving practice consistently across the area.
- ▣ The area had begun to consider how to use more sophisticated outcome measures, e.g. in CP. A decision had also recently been taken to appoint a research officer.

**Conclusion:** *We assessed the area as demonstrating improved performance in relation to the criterion, with some potential to make further progress.*

D4	Interventions demonstrate value for money	Original inspection	67%
		Follow-up inspection	91%

Description:

*Interventions are delivered with efficient and appropriate use of resources.*

- ▣ Resources used were consistent with the level of risk of harm and of reoffending in almost all cases.
- ▣ Generally it was considered that resources were used efficiently. This applied to 82% of the whole sample and rose to 97% of the high risk of harm cases.

**Conclusion:** *We assessed the area as demonstrating improved performance in relation to the criterion.*

## THE ROLE OF HMI PROBATION

HMI Probation is an independent Inspectorate, originally established in 1936 and given statutory authority in the Criminal Justice Act 1991. The Criminal Justice and Court Services Act 2000 renamed HMI Probation 'Her Majesty's Inspectorate of the National Probation Service for England and Wales. HMI Probation is funded by the Home Office and reports directly to the Home Secretary.

### Home Office Objectives

HMI Probation contributes primarily to the achievement of Home Office Objective II:

- more offenders are caught, punished and stop offending, and victims are better supported
- and to the requirement to ensure that custodial and community sentences are more effective at stopping offending. We also contribute to the achievement of Objective III through scrutiny of work to address drugs and other substance misuse, and to other relevant criminal justice system and children's services objectives.

### Role

- Report to the Home Secretary on the work and performance of the National Probation Service and Youth Offending Teams, particularly on the effectiveness of work with individual offenders, children and young people aimed at reducing reoffending and protecting the public
- In this connection, and in association with HM Inspectorate of Prisons, to report on the effectiveness of offender management under the auspices of the National Offender Management Service as it develops
- Contribute to improved performance in the National Probation Service, the National Offender Management Service and Youth Offending Teams
- Contribute to sound policy and effective service delivery by providing advice and disseminating good practice, based on inspection findings, to Ministers, Home Office staff, the Youth Justice Board, probation boards/areas and Youth Offending Teams
- Promote actively race equality and wider diversity issues in the National Probation Service, the National Offender Management Service and Youth Offending Teams
- Contribute to the overall effectiveness of the criminal justice system, particularly through joint work with other criminal justice and Government inspectorates.

### Code of Practice

HMI Probation aims to achieve its purpose by:

- undertaking its work with integrity in a professional, impartial and courteous manner
- consulting stakeholders in planning and running inspections and regarding reports
- forming independent inspection judgements based on evidence
- the timely reporting and publishing of inspection findings and recommendations for improvement
- promoting race equality and wider diversity issues in all aspects of its work, including within its own employment practices and organisational processes
- developing joint approaches with other Inspectorate and Audit bodies to ensure a coordinated approach to the criminal justice system

The Inspectorate is a public body. Anyone who wishes to comment on an inspection, a report or any other matter falling within its remit should write to:

*HM Chief Inspector of Probation  
2nd Floor, Ashley House  
2 Monck Street  
London SW1P 2BQ*