



*Effective
Supervision
Inspection*

*of the
National Probation Service for
England and Wales*

Follow-up report on:
Staffordshire Probation Area

2005

The Home Office logo, consisting of a black curved line above the text 'Home Office' in a bold, sans-serif font.

Home Office

FOREWORD

The follow-up inspection was undertaken due to our concerns about the assessment and management of high risk of harm cases in the Staffordshire Probation Area. The results are encouraging and show that considerable progress has been made during the past 12 months.

The recommendations of the original report have been actively addressed by the Chief Officer, Chair and senior managers, with the support of other MAPPAs agencies. Local procedures for managing these cases have been updated, and monitoring and review processes are now more robust.

Although risk of harm assessments and risk management plans have improved, work still needs to be done to ensure that probation records integrate decisions made by the MAPPA.

Andrew Bridges
HM Chief Inspector of Probation

June 2005

ACKNOWLEDGEMENTS

We would like to express our thanks to the Staffordshire Probation Board, its managers and staff for the considerable assistance received in enabling the inspection to proceed smoothly. Without their help the work could not have been completed successfully.

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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
ESI	Effective Supervision Inspection
HMI Probation	HM Inspectorate of Probation
ISP	Initial supervision plan
ISU	Information services unit
LSI-R	Level of Service Inventory-Revised
MAPPA	Multi-Agency Public Protection Arrangements
MAPPP	Multi-agency Public Protection Panel
MDO	Mentally Disordered Offender
NOMS	National Offender Management Service
NPD	National Probation Directorate
NPS	National Probation Service
OASys/eOASys	Offender Assessment System/electronic OASys
OGRS2	Offender Group Reconviction Scale
PO	Probation officer
PPU	Public Protection Unit
PSO	Probation service officer
PSR	Pre-sentence report
SMART	Specific, Measurable, Achievable, Realistic and Time-bounded
SMB	Strategic Management Board
SPO	Senior probation officer
SSR	Specific sentence report
TPO	Trainee probation officer
ViSOR	Violent and Sex Offender Register
VLO	Victim liaison officer

REASONS FOR UNDERTAKING THE FOLLOW-UP

- The Staffordshire ESI report, published in June 2004, concluded that the area had performed well against many of the criteria examined, and was showing marked improvement on others. The Board and senior managers were paying close attention to strengthening the performance management culture. OASys was generally being used well to assess criminogenic factors and the likelihood of reoffending. However, some aspects of the assessment and management of risk of harm did not meet the inspection standards.
- These concerns were addressed in three of the report's recommendations:

The Probation Board should ensure that the area:

- 1. improves the quality of initial risk of harm assessments in all cases*
- 2. produces timely and good quality risk management plans for all high and very high risk of harm cases*
- 3. provides case managers with prompt and sufficient feedback from multi-agency discussions of all high and very high risk of harm cases*

SUMMARY OF THE FINDINGS OF THE FOLLOW-UP

Key findings

- ▣ **Quality of Management:** The area had responded positively to the recommendations of the original report by way of a detailed action plan, which had been regularly reviewed. Senior managers and the Board were committed to improving practice in the assessment and management of high risk of harm offenders. The key to this was seen as continuing to develop the performance management culture throughout the organisation. Middle managers were increasingly supporting the changes and welcomed the introduction of additional performance evidence to use in staff supervision. Considerable attention had been paid to clarifying and streamlining processes; a new risk policy and procedures had been launched through team training events. The MAPPA had continued to develop and there was evidence of strong working relationships between senior managers and effective liaison between practitioners.
- ▣ **Quality of Assessment:** OASys had been completed in the majority of cases and was well used to assess criminogenic factors and the likelihood of reoffending. There had been considerable improvement in the assessment of the risk of harm, although further work was needed to ensure that risk factors were reviewed following significant incidents, and that risk management plans were completed promptly at the start of supervision. Involvement of managers in the assessment of risk was not always evident.
- ▣ **Quality of Interventions:** The majority of cases met national standards for contact levels, and there was some impressive work by case managers in motivating offenders and reinforcing interventions undertaken by others. Attention was paid to diversity issues, but literacy and dyslexia needs were not always sufficiently well addressed. There was now a robust process for the prompt transmission of minutes from MAPPP meetings. However, although progress against the offender's supervision plan was generally reviewed, probation case records failed to integrate discussions from the multi-agency meetings.

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 General 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>

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 Staffordshire follow-up inspection was a limited exercise that further examined the area's assessment and management of offenders' risk of harm, one year on from the original inspection. It involved scrutiny of a number of the area's files on high risk of harm offenders, comparing relevant results with high risk of harm cases inspected in the original ESI. The case sample was selected from two different time periods. The earlier period included cases that had been supervised for a minimum of 20 weeks; this provided the opportunity to examine the completion of reviews. Cases in the more recent sample had been supervised for a minimum of ten weeks, and had therefore commenced under the area's new procedures for the management of high risk of harm offenders. There was also examination of the area's improvement plans and how these had been implemented. Meetings were held with the Board Chair, CO, Regional Manager, senior and middle managers from the probation area, and representatives from the SMB of the MAPPAs.
- The report uses a similar framework to the ESI report in assessing the area's performance against the criteria that are relevant to the issues addressed in the follow-up. We have re-scored those assessment and interventions criteria where it has been possible to make a direct comparison. However, the management section has not been re-scored because of the follow-up's narrower focus to the original inspection.
- Except where stated, the results reported refer to the total sample examined in the follow-up inspection, while the ESI figures quoted relate to the high risk of harm cases looked at in that inspection.

SECTION A QUALITY OF MANAGEMENT

A1 Leadership and planning

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 senior management team is committed to the implementation of national and local targets and priorities, including What Works strategies, risk management and promoting diversity.

- The senior management team had given a clear priority to improving the area's performance on managing high risk of harm cases. A comprehensive action plan had been produced in response to the ESI report and a risk improvement group had been established to take forward key practice issues. A sub-group had focused on specific issues relating to MAPP. Progress was reported to the performance review subcommittee of the Board.
- The performance management framework of the area had been strengthened through the introduction of accountability meetings held by the CO with middle managers. These meetings included a focus on the management of high risk of harm, and were used to share best practice and discuss ways of tackling poor performance. The NPS Living Leadership Model had been adopted and managers had attended leadership workshops.
- New procedures for assessing and managing the risk of harm had been issued to staff. They were now being updated to incorporate new legislation. These had been launched through training events within teams. Training for PSOs and newly qualified POs included additional material on the principles of risk assessment. Team administration staff had also been briefed on procedural changes.
- Senior managers had taken an active role in regional developments, contributing to an OASys development group, the organisation of a MAPP conference and an event focusing on serious further offence reports.
- The area had established a process for analysing serious further offence reports; the findings had been presented to staff through briefings by an ACO.

A2 Resource allocation

Description:

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

- Prior to the ESI, a PPU had been established based in police premises. The police and the probation area jointly funded the manager and two administration officer posts. These appointments supported the focus on risk of harm work. The PPU had continued to develop; the performance objectives for the unit and for the individual staff members reflected the increased priority given to ensuring that action plans from MAPP meetings were sent promptly to case managers. Monitoring by the area showed that the prescribed timescales

were now being met in all cases at both Levels 2 and 3. MAPPA representatives welcomed this improvement.

- Administration staff at probation head office had been allocated specific responsibility for risk of harm work. They had established a system for tracking high risk of harm offenders, had briefed staff in field teams and continued to liaise closely with them. It was reported that this was helping to improve consistency in the application of new procedures. The ISU had run a workshop on OASys to ensure that data were accurately recorded.
- The area had invested time in developing and delivering training to case managers to support the introduction of the new risk of harm procedures. The responsible SPO had become a source of specialist advice to staff.
- Additional information reports had been made available to monitor progress against the improvement action plan, and to enable SPOs to track OASys completion by case managers. The ISU had provided training for managers in how to access these reports.
- Preparation for NOMS was ongoing and included identifying differential levels of supervision required by offenders. This process was refocusing resources on high risk of harm cases.
- A regional sex offender unit had recently been established. The area had put resources into this unit, recognising the benefits to the management and delivery of the sex offender programme.

A3 Management and supervision of staff

Description:

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

- The use of OASys appeared to be embedded into assessment practice. A few case managers, however, apparently lacked confidence in using the electronic version. It was not clear whether this indicated the need for further training in the use of eOASys, or for improved keyboard competence. The area planned to undertake an audit of skills in order to address this problem.
- Middle managers welcomed the move from paper to electronic OASys, as it facilitated their involvement in the assessment process. They reported a more robust approach to countersigning OASys documents and felt that the task provided valuable evidence to use in staff supervision.
- This approach underpinned the increased emphasis on performance management. The area needed to ensure that middle managers tackling poor performance were clear about the organisation's expectations and felt supported by appropriate procedures.
- All high risk of harm cases were reviewed every four months by an ACO and SPO with responsibility for risk. Recent figures demonstrated that 100% of reviews had been completed within the required time period. Feedback on each case was available for the team manager to use in staff supervision. The review process was a significant development in providing appropriate management oversight of high risk of harm cases. However, the inspection findings would indicate the need to ensure that the links between OASys and MAPPA documents received particular attention. Information from the reviews had not been aggregated; analysis could provide an indication of general areas for improvement and

training needs. It would also enable managers to identify whether there were any diversity issues in relation to the satisfactory management of the risk of harm.

- The ACO with responsibility for public protection reviewed very high risk of harm cases and countersigned the relevant OASys documents. Examples were cited of ACOs working very closely with other agencies to manage specific situations.
- Where high risk of harm cases were managed within the CP unit, the CP manager maintained oversight of the supervision.
- The area had identified the training needs of newly qualified POs in the assessment and management of risk of harm, and was currently setting up a programme for those due to qualify this year. It had been agreed that TPOs could attend MAPPP meetings to ensure that they gained experience of high risk of harm work.
- Training in clinical risk management was also available to probation staff through an initiative established by the local health trusts, in partnership with other agencies.

A4

Partnership/ contracting out

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.*

- We found evidence of strong working relationships between senior managers within the MAPPA. Recent developments, such as the appointment of lay advisors, had been managed jointly by the probation area, police and prison service. A new framework for MAPPP meetings had been introduced across the area. As part of a review of the changes, the PPU manager had audited cases managed at Level 2. This had shown that in most cases the MAPPP assessment was appropriate to the needs of the case and that the agreed actions were generally completed.
- Level 2 meetings were now chaired by police divisional Chief Inspectors, one of whom sat on the SMB as a representative. This helped to ensure that difficulties encountered in the management of an offender could be taken up at strategic level with the relevant agency.
- The PPU manager and the two administration staff had been trained in the use of the police database, ViSOR. The PPU was located within the Community Safety division of the police, which also covered domestic abuse and hate crime. A business development plan for the PPU had been drafted; the next stage was to consider how the shared objectives could be translated into action plans within the separate organisations.
- The MAPPA had developed a case review process that would be used in the event of a serious incident involving a high risk of harm offender; it was planned to test this out on cases that would not otherwise have required such a review.
- At a regional level, an Effective Practice Forum and an Offender Mental Health Forum were well established; each involved significant contributions from both the probation and prison services.
- At practitioner level, we saw good examples of case managers working closely with police officers, even in cases managed at MAPPA Level 1, where formal multi-agency meetings were not required.
- Case managers now routinely attended MAPPP meetings, together with the local team SPO. Representatives from the SMB reported that supervising officers' contributions were

welcomed by other agencies. Local child protection managers also expressed their satisfaction in the area's involvement in conferences.

- Probation staff were equally positive about the MAPPA, feeling that the multi-agency management of high risk of harm offenders was supportive and ensured better decision-making. They felt accountable to the MAPPP meetings.
- The Staffordshire Intensive Floating Support Scheme delivered an enhanced level of support and surveillance to high risk of harm offenders who had been assessed as requiring additional assistance with resettlement and housing. The case sample inspected did not include any examples of the use of this scheme, but it was well regarded by probation staff.

GOOD PRACTICE EXAMPLE

POs were seconded to two multi-disciplinary teams dedicated to working with MDOs. These teams provided court-based assessment of mental health needs, advising sentencers and the prison service where necessary. A member of the MDO team attended MAPPP meetings to offer specialist input. Consultant psychiatrists were members of both teams and sat on the SMB of the MAPPA.

A5 Effective communication with sentencers

Description:

There is high quality, proactive communication by the area, supported by the NPD, with local sentencers and clerks to the justices about the supervision of offenders and the provision of reports.

- The area had recently contributed to training for magistrates about the Criminal Justice Act 2003. This had provided an opportunity to reinforce the area's role in the management of risk of harm.

SECTION B QUALITY OF ASSESSMENT

B1	Assessment of risk of harm	Original inspection	46%
		Follow-up inspection	71%

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 quality of the risk of harm assessment was of a sufficient standard at the start of supervision in 79% of cases, and at the four month review in 63%. This demonstrated a significant improvement from the original ESI findings of 38% and 26% respectively. However, in four of the six cases where significant incidents had occurred with offenders that might give cause for concern, a review of the level of risk had not been done.
- The ESI found that only 18% of high risk of harm cases had a satisfactory risk management plan prepared within five working days of the start of supervision. This had increased to 58% in the follow-up sample, but it was still unacceptable that eight cases did not meet the relevant criteria. However, the cases in the more recent time period demonstrated a substantial improvement.
- There had been appropriate management involvement in the assessment of risk in 84% of cases, compared with 55% in the ESI. Given the area's increased emphasis on the role of middle managers, it was disappointing to find that two of the more recent cases in the follow-up sample had insufficient evidence of management oversight. However, case managers confirmed that not all supervision discussion had been recorded in the case file. This was an area for improvement.
- In two cases we assessed the initial level of risk as medium and not high, as recorded by the area; in a further two cases it was felt that the level could be reduced to medium in view of the progress that had been made.
- There was a close fit between the interventions planned and the assessed risk of harm in 89% of cases – an improvement on 64% reported in the ESI.
- The area had started to update assessments on serving prisoners, some of whom had originally been assessed using ACE. It was now an expectation that an OASys would be prepared on prisoners eight months before release. Some case managers expressed concern that at times they had to complete the assessment from case records alone, due to restrictions on visiting prisons.

Conclusion: *We assessed the area as demonstrating improved performance in relation to the assessment of the risk of harm. However, attention was still needed to ensure that assessments were updated every four months and following significant incidents. Where appropriate, the risk status of the case should be amended. Insufficient progress had been made in relation to the quality and timeliness of risk management plans.*

B2	Assessment of likelihood of reoffending	Original inspection	75%
		Follow-up inspection	91%

Description:

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

- 89% of cases were assessed at the start of supervision using both OGRS2 and OASys. The ESI found that OASys had been applied in 68% of the total sample; other cases had predated the local implementation of OASys.

Conclusion: *OASys was now embedded in assessment practice. We found that it was being used well to assess criminogenic factors and the likelihood of reoffending.*

B3	Case management	Original inspection	53%
		Follow-up inspection	76%

Description:

The case is managed effectively and interventions coordinated to enable criminogenic factors to be addressed and any risk of harm managed. The initial supervision plan 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.

- In the ESI ISPs were assessed as meeting content and timeliness requirements in 42% of high risk of harm cases. This figure had increased to 68%. SMART objectives were used in 74% of cases in the follow-up sample. Case managers welcomed the introduction of a menu of objectives from which they could make an appropriate selection. Most felt confident to adapt these to meet individual requirements.
- The area had recently instructed staff to prepare ISPs on all cases within five working days, instead of the national standard of 15. This was to facilitate the streamlining of risk management plans and ISPs.
- ISPs specified liaison arrangements in 68% of cases. This was a substantial improvement on the ESI, when it was found that there was often good communication with others involved in supervision, but it was adequately defined within the plan in only 29% of high risk of harm cases.
- Plans were sensitive to diversity issues in 88% of cases.

Conclusion: *Overall there had been improvement in all aspects of supervision planning. Some further work was required to ensure that all cases reached a satisfactory standard.*

B4	Documentation	Original inspection	58%
		Follow-up inspection	84%

Description:

All relevant documentation is available and has been satisfactorily completed.

- Case files were generally well organised and complete. The recording of information had improved and was sufficient in all but one case.

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	68%
		Follow-up inspection	87%

Description:

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

- ▣ Frequency of contact arranged met national standards in 95% of cases. Monitoring of attendance by the case manager had improved from 67% to 95%. Appropriate judgements were made about the acceptability of absences in 90% of cases, in comparison with 71% in the ESI.
- ▣ Breach action had been required in three cases and was carried out promptly in two of them.
- ▣ Staffordshire was one of two pilot areas involved in a national project aimed at speeding up enforcement processes. The results showed that, where the offender was assessed as posing a high risk of harm or a high likelihood of reoffending, the application to the court for a warrant was listed within five working days of the breach in all cases. Additionally, 74% of all warrants issued had been executed within ten working days.

Conclusion: *Performance in relation to the criterion was generally satisfactory, although it was important, particularly with high risk of harm offenders, to ensure that required enforcement action was taken promptly in all cases.*

C2	Delivering appropriate supervision	Original inspection	67%
		Follow-up inspection	82%

Description:

Interventions are delivered to achieve the objectives identified in the initial supervision plan 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 the supervision plan was reviewed adequately in 75% of cases and in 87% SMART objectives were set. This showed considerable improvement.
- ▣ The ESI found that reviews integrated multi-agency risk discussions in only 23% of high risk of harm cases. In the follow-up sample this figure had not increased sufficiently; in six of the nine relevant cases the standard had not been met.
- ▣ Almost half of the offenders in the sample were identified by case managers as perpetrators of domestic violence. It was therefore disappointing to find that, due to a delay in the availability of training places, the relevant accredited programme had not yet been implemented.

- VLOs attended MAPPP meetings or sent reports. Issues relating to individual victims were properly addressed in 72% of cases. Work to make the offender more aware of the consequences of the offence for the victim had increased from 59% to 76%. This included sessions undertaken as part of an accredited programme and individual work by the case manager.

GOOD PRACTICE EXAMPLE

John was released from prison on licence with a condition that prohibited him from entering a specified area. This meant that he had to take a longer route to work. He asked for the condition to be amended. The case manager liaised with the VLO, who discussed the matter with the victim. She was unhappy about the request and, with her permission, her views were shared with John. He was able to accept her point of view, and abandoned his request.

- The case manager liaised sufficiently with colleagues and partnership staff providing interventions in 94% of cases. In a similar number, the case manager actively reinforced the work undertaken by others. Feedback from programme work was provided through entries made directly onto the offender’s case record.

GOOD PRACTICE EXAMPLE

David was undertaking the Community Sex Offender Programme. The case manager made creative use of the feedback from programme tutors, encouraging him to apply his learning from the programme to real life situations he encountered. By doing this, David was actively involved in assessing and managing the risk he could pose to children.

Conclusion: *Appropriate supervision was delivered to a satisfactory standard in most cases.*

C3	Diversity needs	Original inspection	75%
		Follow-up inspection	85%

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.

- Sensitivity to a range of diversity issues in the delivery of interventions remained a strength of the area. We saw some good examples of case managers responding appropriately to health needs and learning difficulties.
- Literacy and dyslexia issues were not dealt with sufficiently in a third of cases in the ESI. The findings of the follow-up were similar, so this remained an area for improvement.

Conclusion: *Various diversity needs of offenders were taken into account in many cases. Further work was needed to ensure an appropriate response to literacy and dyslexia needs.*

C4	Responsivity	Original inspection	73%
		Follow-up inspection	92%

Description:

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

- Sufficient consideration had been given to the most effective methods of work in all the cases we inspected.
- In 83% of prison licence cases the level of pre-release work was sufficient in relation to the assessment of the offender. This was an improvement in relation to high risk of harm offenders but, given the nature of the sample inspected, adequate preparation for release should be made in all cases. The area had recently disbanded a specialist pre-release team, and the work had been integrated into generic caseloads. It was important for the new arrangements to be monitored to ensure that sufficient attention was given to these cases.

Conclusion: *We assess the area as demonstrating improved performance in relation to this criterion. Vigilance was needed to ensure that these cases continued to receive appropriate attention.*

C5	Management of risk of harm	Original inspection	53%
		Follow-up inspection	79%

Description:

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

- The ESI identified that only 67% of high risk of harm offenders had received interventions appropriate to their assessed level of risk and needs. This had increased to 95%.
- Where a multi-agency risk management plan was produced, this was generally executed and reviewed appropriately. The strengthened MAPPA had led, in most cases, to focused and relevant action plans. However, it was important that these were integrated, where appropriate, into other case records. Comments in Section C2 highlight the need to ensure that OASys reviews reflect multi-agency discussion and decisions.

Conclusion: *Strong multi-agency arrangements were in place and appeared to be working effectively. The area had addressed the concern about the prompt transmission of minutes from MAPPA meetings. However, the case inspection showed insufficient links between the multi-agency action plans and the area's case records.*

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:

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