



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:
South Wales Probation Area –
Reasoning and Rehabilitation*

October 2003

Acknowledgements:

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

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Glossary

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|-------|----------------------------------------|
| ACO | Assistant chief officer |
| CO | Chief officer |
| CRO | Community rehabilitation order |
| DCO | Deputy chief officer |
| D'TTO | Drug Testing Treatment Order |
| IAPS | Interim Accredited Programmes Software |
| IQR | Implementation Quality Rating |
| N/A | Criteria not assessed |
| NPD | National Probation Directorate |
| OGRS | Offender Group Reconviction Scale |
| PO | Probation officer |
| PSO | Probation service officer |
| PSR | Pre-sentence report |
| R&R | Reasoning and Rehabilitation |
| SSR | Specific sentence report |

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Scoring Approach:

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

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

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

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

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

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

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

Overview:

- The original audit of the South Wales R&R programme took place in July 2002.
- The follow-up comprised: an assessment of advanced information; video monitoring of 14 R&R sessions and a four day site visit during which 35 case files were read. Delivery facilities at Bridgend, Cardiff and Merthyr Tydfil were visited and interviews were conducted with staff and 22 offenders.
- Progress in relation to NPD recommendations in the original report has been discussed with the Directorate's Head of Offending Behaviour Programmes.
- Only those criteria not fully met at the original audit have been reassessed and new marks awarded. The bullet points under these criteria refer to the progress made since the original audit.

Findings:

South Wales progress in addressing the recommendations made in the original audit had been mixed; four were fully met, 10 either largely or partly met and one was not met.

During the period between the first audit and follow-up visit, the previous CO had left. After his departure there had been a degree of disruption and the focus on accredited programmes generally, and R&R in particular, was adversely affected. Following the arrival of an interim CO, however, structural changes were introduced to deliver accredited programmes better. Roles and responsibilities in the senior management group were redefined and priorities reviewed. These had yet to have a full impact on the area.

An overarching What Works strategy was still to be implemented. The low number of programme starts and completions continued to raise concerns, as did the high attrition rates, and the interim CO had instituted an enquiry into why offenders who had been sentenced to a community order with an accredited programme condition had not been given a start date. Some improvement with regard to referrals was evidenced from routine monitoring at district level and targets were set especially for DTTOs and licence cases. Efforts were underway to improve communications with sentencers. The NPD Performance Report 9 gave further evidence of a marked improvement for achievement of accredited programme completers for the quarter April to June 2003, where 89% of the target completion figure was reached; this however remained slightly below the national average.

There was some progress with aspects of programme management not least the recruitment of two programme managers. Group facilities were better and a measure of progress had been made in utilising the monitoring and evaluation systems.

Managing attendance and timeliness of commencement were still problematic and the integration of programmes and case management was an ongoing issue for the area. More work was required on supervision planning and review, setting SMART objectives, reinforcing learning and community reintegration.

The quality of programme delivery continued to be a strength, with a skilled and knowledgeable group of dedicated tutors and treatment management staff.

Next Steps

South Wales Probation Area achieved a revised IQR of **55%**.

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:

- *implements a What Works strategy which builds accredited programme capacity and quality so as to demonstrate proactive leadership and maximise programme completions (A1.1);*
- *prioritises adequate programme and treatment management provision to maintain and enhance delivery quality (A1.2);*
- *designs a programme of context setting events for all staff with senior management participation in learning and delivery to model commitment to accredited programmes and foster full organisational ownership (A1.1, A1.3);*
- *implements a strategy for ongoing liaison with sentencers to bring about closer alignment between sentencing practice and area objectives and to maximise suitable programme orders and completions (A1.4).*

- ▶▶ **Not met:** The area What Works strategy was awaiting implementation.
- ▶▶ **Fully met:** Programme and treatment management posts had been established.
- ▶▶ **Largely met:** Context setting events had been rolled out to case management and assessment staff during June and July 2003, with inputs from senior managers as well as programmes staff.
- ▶▶ **Fully met:** A protocol between the South Wales Board and magistrates' courts had been agreed and implemented in January 2003. Meetings of sentencers from magistrates' and Crown Courts had been used to deliver briefings on accredited programmes, including R&R. An area focus group was convened to tackle sentencer issues generally.

A1.1 Committed leadership

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- The draft What Works strategy had been accepted by the Board. An action plan for achieving completion targets for 2003/2004 had been prepared and was to be implemented once an initiative and separate consultation process, related to performance improvement, was concluded. An effective practice group, that included Board members as well as senior managers, was to be a means by which the What Works agenda was to be steered.
- Since the original audit the area had undergone a change of CO. The new interim CO had instigated a revision of management responsibilities to create a more integrated management structure to deliver accredited programmes. It was too early to judge the effectiveness of those new arrangements at the time of the follow-up audit.
- Senior managers recognised the implications of increasing the suite of accredited programmes with regard to the provision of staff and facilities and were building anticipated requirements into future planning.
- Evidence from monitoring and evaluation data indicated that between April and December 2002 a significant number of offenders (one in three) who had been sentenced to a community order with a requirement to attend an accredited programme had not been given a start date. This failure adversely impacted on South Wales meeting its completion targets. Shortly after taking up his post in April 2003, the interim CO commissioned an investigation into programme commencements. It identified that there was no whole-service approach to the planning and delivery of accredited programmes at senior management level, with different complex systems

and processes being used throughout the area. The findings of the investigation and its recommendations were due to be considered by the Board in July 2003.

A1.2 Management structures

1

- Two programme managers were established and shared area-wide responsibilities as well as providing a lead role in their respective districts. A restructuring of ACO and area managers was undertaken in order to extend organisational and functional accredited programmes roles and foster wider ownership in the senior management group.
- Links into and between assessment, case management and programme delivery functions were still to be standardised and consolidated. Of particular concern was the lack of integration of case management and programme delivery.

A1.3 Staff ownership of the accredited programme

1

- Referrals were monitored in regular district meetings attended by senior/programme managers and staff from other grades and functions. There continued to be differential referral patterns across and within geographical areas which senior staff sought to redress by, amongst other means, setting unit/team and individual targets.
- The data from NPD Performance Report 9 showed a welcome increase in the quarter April to June 2003 in the area's completion rate for accredited programmes, although overall attrition rates remained high.
- DTTO and licence cases were under-represented in the case file sample. Targets regarding the former and guidance about the latter had been issued to all staff.
- Case managers' evaluation of the context setting events was positive. Some staff members still expressed a need for more input on supporting offenders before, during and after the programme. Case management attendance at three-way reviews continued to be inconsistent.

A1.4 Effective communication with sentencers

2

- The protocol between the area and sentencers clarified that SSRs would be used only for CROs without additional requirements and that PSRs would be requested when consideration was being given to making orders with a programme condition.
- Briefings on accredited programmes, incorporating an input on R&R, had been delivered by middle managers to meetings of judges, recorders and magistrates in November 2002 and January, April, June and July 2003. Senior managers and either the CO or DCO had attended the more recent events. Participant evaluation feedback from the briefings was generally positive.
- A sentencer handbook was being revised and updated to take account of new programmes and to provide performance related information.
- A series of area focus group meetings was held between January and May 2003 in order to re-establish and promote relations with sentencers, identify key issues and keep track of improvement actions.
- Feedback on concordance rates and updates on interventions were included in the list of standing agenda items for business committee meetings between magistrates and probation managers.

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 R&R delivery sites, paying particular attention to room size, ventilation and the provision of 'break out' rooms (B1.1);*
- *reviews its R&R information leaflets with a view to making them more comprehensive and available to offenders prior to sentence (B1.2);*
- *urgently implements a strategy to enhance programme attendance and addresses attrition levels, incorporating the monitoring of the timeliness of programme commencements (B2.1, B2.4);*
- *standardises the oral and written information given to potential tutor candidates, records details of assessment centre outcomes, and puts in place a tutor deselection policy (B3.1);*
- *clarifies the grade and role of treatment managers and draws up a competency-based job description to aid clarity (B3.2);*
- *reviews its targeting practice, implementing a clear policy with appropriate checks and filters in place so as to guarantee that exclusion criteria are being appropriately applied (B6.1);*
- *clarifies its practice in relation to the placement of female and minority ethnic offenders on R&R so as to reduce staff confusion and enhance the accessibility of the programme (B6.4);*
- *implements a clear monitoring and evaluation policy for programmes, drawing together the work of both the programmes and information units, in order to facilitate regular feedback to the Board, managers and practitioners and enhance practice (B7.1, B7.2).*

The NPD should ensure that:

- *treatment manager training in relation to R&R is made available in South Wales (B4.6);*
- *an urgent 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).*

- ▶▶ **Fully met:** The programme was being delivered from five sites. Buildings at Bridgend and Merthyr Tydfil had been refurbished. Two additional group rooms had been made available in Cardiff. The facility at Swansea had relocated to premises providing an extra group room. New premises for Pontypridd would be available towards the end of the year, incorporating three group rooms.
- ▶▶ **Partly met:** A revision of information leaflets was underway to take account of new programmes coming on stream. The sentencer leaflet had been redesigned.
- ▶▶ **Partly met:** An area-wide strategy on attendance and attrition was still to be implemented. A short-term strategy for maximising completions in 2002/2003 had been developed alongside an action plan for 2003/2004. A focus group had been set up to look at attrition issues and an investigation had been carried out into programme commencements.
- ▶▶ **Largely met:** Information for potential candidates had been prepared, as had a procedure on deselection and a basic record of assessment centre activity.
- ▶▶ **Fully met:** Treatment monitor posts had been created at PO and PSO grades. A treatment supervisor, appointed at senior practitioner level, was responsible for their supervision and carried out other treatment management functions. He also assisted the programme manager to

whom he was accountable. Competency-based job descriptions had been developed for these roles.

- ▶▶ **Largely met:** Although an overarching targeting policy had yet to be put in place, meetings were regularly convened by programmes staff to monitor eligibility/suitability of referrals and grounds for exclusions. Guidance and directives had been issued about including DTTOs and licence cases on programmes.
- ▶▶ **Partly met:** Practice guidelines on accessibility of group work programmes were only implemented on the 1 July 2003.
- ▶▶ **Partly met:** With the information and programmes units working more collaboratively progress had been made in data collection, collation and dissemination of information to key stakeholders. An integrated, strategic policy led approach to information systems and processes had yet to be fully developed and implemented.

B1.1 Resources and facilities

2

- Two portable air conditioning units had been installed at Cardiff. The rooms at Bridgend and Merthyr Tydfil were assessed as being well ventilated.
- Cardiff had four group rooms, two of which were of sufficient size to accommodate 12 offenders, as did both of the rooms at Bridgend and one of the two rooms at Merthyr Tydfil.
- At Bridgend the rooms were big enough to accommodate pairs and sub-groups. At the other locations smaller group rooms provided 'break out' facilities.

B1.2 Provision of information leaflets about the programme

1

- Leaflets for sentencers and PSR writers included references to the programme's theoretical base.
- The offender information referred to the need to complete tests, but made no reference to the video recording of sessions.. There was a separately produced leaflet outlining the area's complaints procedure but this was not referred to in the written information given to offenders.
- There was no specific leaflet aimed at case management staff.

B2.1 Managing attendance

0

- Completion rates were still very low. Figures for 2002/2003 showed 104 accredited programmes completions against a target figure of 342 (30%). For the months of April and May 2003 there were 54 completions against an annual target of 439 (12%).
- A short-term strategy for maximising completions between October 2002 and March 2003 set monthly targets for units/sites and assessment/case management staff.
- The 2003/2004 action plan owned by senior managers was to be disseminated to all staff once the area business plan was agreed by the NPD. A practice direction to encourage and enforce offender attendance at accredited programmes was issued in June 2003.
- Causes of attrition and possible solutions had been explored by a focus group comprising Board members and staff from various grades, but it was not clear to what extent any conclusions reached or recommendations made had been followed through.

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| B2.2 | Avoidance of cancellation or disruption to sessions <i>Criterion fully met at original audit.</i> | 2 |
| B2.3 | Catch-up sessions/Attendance <i>Criterion fully met at original audit.</i> | 2 |
| B2.4 | Timeliness | 0 |
| | <ul style="list-style-type: none"> • There was still no written policy on securing timely programme starts. Staff were aware of, and worked to the schedules but there was further scope for monitoring commencements and waiting times. • Out of 35 case files sampled 19 (54%) were scheduled to start the programme within a month of sentence. In only three of the remaining 16 cases were delayed starts due to offender related needs – other delays were assessed as being for organisational reasons. | |
| B3.1 | Staff selection | 1 |
| | <ul style="list-style-type: none"> • Information for potential tutors had been prepared and forwarded to human resources for inclusion in recruitment packs and provided general details of accredited programmes. • Procedures for staff deselection from programmes had been drawn up. • Lists of assessment centre candidates were provided but outcomes were not clearly specified. | |
| B3.2 | Staff roles and competencies | 2 |
| | <ul style="list-style-type: none"> • An organisational chart tracked line management arrangements for tutors and treatment management staff. Personnel interviewed overall were clear about who they were supervised by and accountable to. | |
| B3.3 | Preparation and debriefing time for tutors <i>Criterion fully met at original audit.</i> | 2 |
| B3.4 | Staff continuity <i>Criterion fully met at original audit.</i> | 2 |
| B4.1 | Training arrangements for new staff | 2 |
| | <ul style="list-style-type: none"> • Records of which staff had attended R&R context setting events were provided. Basic information about assessment centre arrangements was also recorded. | |
| B4.2 | New staff paired with an experienced colleague when running their first programme <i>Criterion fully met at original audit.</i> | 2 |
| B4.3 | Training arrangements for experienced staff <i>Criterion fully met at original audit.</i> | 2 |

| | | |
|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| B4.4 | Staff knowledge of the concepts and methods used in the programme <i>Criterion fully met at original audit.</i> | 2 |
| B4.5 | Staff knowledge of the theoretical and evidential basis of the programme <ul style="list-style-type: none">Programmes staff were well versed in R&R's theoretical and evidential base and some case managers demonstrated a measure of knowledge and understanding. Others were less confident. PSR writers in particular felt they could carry out their role more effectively if they had more detailed up-to-date knowledge. | 1 |
| B4.6 | Supporting skills necessary to run programmes <ul style="list-style-type: none">The draft training plan for 2003/2004 identified a range of supporting skills training and prioritised those that built upon the What Works agenda.Staff reported that they had not received any recent training but did refer to core induction for new staff. Some tutors had attended race awareness events. A small number of treatment management staff had attended courses on general management and supervision. | 1 |
| B5.1 | Staff supervision and quality of practice <i>Criterion fully met at original audit.</i> | 2 |
| B5.2 | Staff appraisal <i>Criterion fully met at original audit.</i> | 2 |
| B6.1 | Offender selection and assessment <ul style="list-style-type: none">Thirty-three of 35 cases (94%) fell within the correct OGRS2 target band.Programme managers convened weekly or fortnightly meetings to monitor the number and suitability of offenders referred to R&R.No licences were represented in the case file sample and only one DTTO case was featured. In February 2003 a new area-wide target for DTTOs was set which required assessment officers to refer four per month. An earlier directive had been disseminated throughout the organisation requiring that offenders on licence for more than six or seven months be considered eligible for referral. It was not clear to what extent those targets had been met.The protocol between the Board and South Wales Magistrates' Courts agreed that orders with an R&R requirement would be made only after the preparation of a full report rather than an SSR. Furthermore, orders would contain a general programme condition. Assessment staff were required to stipulate which programme was most appropriate from the suite available. | 2 |
| B6.2 | Offender knowledge and understanding of the programme requirements <i>Criterion fully met at original audit.</i> | 2 |

B6.3 Group size

2

Criterion fully met at original audit.

B6.4 Accessibility of group work programmes

1

- The number of women accessing R&R remained low and the area still lacked a policy on wider accessibility issues such as what provision, for example, there was for offenders with basic skills needs, childcare commitments or disabilities.
- Some offenders said their consent to being a singleton placement was either not sought or only addressed shortly after orders were made. They did feel, however, that they were well supported during the programme particularly by tutors.

B7.1 Implementation of monitoring and evaluation design

1

- Combined meetings of staff from the programmes and information units continued to take place regularly with the involvement of senior managers.
- From January 2003, due to the development of a unified database, monthly area-wide figures on programme referrals, orders made, starts, attrition rates and completions were collated and fed back to senior and middle managers. Some information was broken down – for example referrals by teams – but there was still some way to go in refining systems for monitoring targets.
- Using collated figures from the database the information unit produced two compendiums reporting performance in 2002/2003.
- There was a mixed response from staff regarding the dissemination of information. Senior, programme managers and tutors confirmed receiving feedback, whilst assessment and case management staff demonstrated little knowledge of area or team targets.

B7.2 Practice is informed by monitoring and evaluation evidence

0

- Programme managers described using data to inform scheduling. In staff interviews, references were made to the setting up of a focus group to look at attrition. An example was also quoted of one PSO being used to make contact with offenders who showed signs of dropping out. Overall, however, systematic and routine feedback of area information was lacking.

SECTION C: QUALITY OF PROGRAMME DELIVERY

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

The NPD should ensure that:

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

C1.1 Adherence to programme manual

2

- Inappropriate extras were not being added and tutors were checking out learning related to session aims and objectives.
- Material was being covered in the right order and, in the main, exercises were properly explained.
- More attention needed to be paid to setting up exercises correctly and ensuring that they ran to time.

C1.2 Adherence to treatment style

1

- Good use was made of open questions and tutors were listening to and allowing for answers. Group members were being encouraged to make links between exercises and sessions.
- There were examples of tutors summarising and reflecting back points made by offenders but there was more scope for encouraging participants to make self-motivating statements and to validate their ideas.
- Opportunities to challenge offence-supporting views were not always taken.

C1.3 Group work skills

2

- Tutors were clearly spoken, used appropriate language and made effective use of praise.
- Groups were generally well managed and offenders fully involved in the programme.
- In some sessions greater clarity about introducing and ending exercises was required.

C1.4 Programme delivered addressing race equality and diversity issues

1

- Managers described using referral meetings to discuss race and diversity issues generally and the placement of potential singleton offenders. Supervision appraisal sessions and team meetings were also means by which race and diversity matters were addressed. A diversity questionnaire had been developed to be completed by offenders who either finished or were excluded from groups, so problems impacting on attendance and participation could be identified and resolved.
- Some tutors had attended race awareness events. They gave a number of examples of the range of support they extended to offenders. These included adapting material, making provision for disabled group members, holding three-way meetings, challenging inappropriate or negative behaviour, comments or attitudes and demonstrating pro-social modelling.
- There were examples given by tutors of black/minority ethnic offenders not being fully informed about the group prior to starting the programme.

C1.5 Programme integrity checklist

2

Criterion fully met at original audit.

C1.6 End of programme summary reports

2

- The report format prompted risk assessments and likely relapse scenarios for offenders.
- Although reports contained programme-specific language, objectives for future supervision and recommendations for reinforcing skills covered in the programme were clearly stated.

SECTION D: CASE MANAGEMENT RESPONSIBILITIES

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

The CO should ensure that the area:

- *improves supervision planning and review, focusing on SMART objectives and full integration of programme work so that offenders experience continuity of supervision and are able to maximise their programme learning (D1.1, D1.7);*
- *urgently accesses R&R training for all case managers and implements a system of proactive and structured case manager input to support offenders through every stage of the programme (D1.2, D1.3, D1.4);*
- *implements an enforcement policy which addresses issues of programme attendance and compliance in order to promote a clear and consistent approach to the enforcement of R&R orders (D1.5).*

- ▶▶ **Partly met:** There had been some improvement in the integration of the R&R programme in the overall plan of work for each offender. In other areas of supervision planning and review, particularly the setting of SMART objectives and maximising learning, there had been limited or no improvement.
- ▶▶ **Partly met:** Two briefings for case managers had taken place in November 2002 delivered by treatment management staff, addressing every stage of the R&R programme. A professional development day had been piloted in May 2003 and senior managers planned to hold two per year involving staff of varying grades across functions and geographical divisions. Context setting events for case management and assessment staff had been rolled out during June 2003 and more were scheduled in July. To supplement those events, the area's programme information handbook was being revised and updated. The draft training plan 2003/2004 identified supporting skills provision such as motivational interviewing and pro-social modelling.
- ▶▶ **Partly met:** A 'directive' was issued to staff in June 2003, its purpose being to encourage and enforce offender attendance on accredited programmes. Staff were aware of senior managers' expectations and requirements with regard to national standards, but an area-wide specific enforcement and compliance policy had yet to be implemented.

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

0

- Of the 35 cases sampled 20 (57%) either fully or partly integrated programme-related interventions in the overall plan of supervision.
- Objectives were assessed as being SMART in only eight of 35 cases (23%).
- Supervision plans were reviewed in 16 of 35 cases (46%) and contained little or no evidence of programme-related objectives.

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| D1.2 | Effective liaison arrangements between the case manager and programme staff | 0 |
| | <ul style="list-style-type: none"> • In 51% of the case files read there was evidence of liaison between the case manager and tutors by way of e-mails, telephone and occasional three-way meetings. Staff provided other examples of informal contact. • The case manager attended at the post-programme review in only five of 23 relevant cases (22%). | |
| D1.3 | Supporting the offender through all phases of the programme | 0 |
| | <ul style="list-style-type: none"> • In 52% of applicable cases there was evidence of some involvement by case managers when tutors alerted them to issues about offender attendance or motivation. • In 18% of the files sampled there was limited evidence that appropriate work had been undertaken with offenders to reinforce their learning. • A theme in interviews with case management and tutor staff was that once an offender started a group contact with supervisory staff would be minimal. | |
| D1.4 | Understanding and knowledge of programme methods | 0 |
| | <ul style="list-style-type: none"> • Although five of the 14 case managers and PSR writers interviewed had attended the area context setting events, overall staff did not express sufficient confidence in delivering motivational or reinforcement and relapse prevention work. • A significant number of staff were unable to give a thorough account of the programme model, methods, aims and objectives. • Supervision and appraisal sessions were used to identify programme-related training needs. A specific skills audit had not been undertaken. | |
| D1.5 | Monitoring of attendance and enforcement | 1 |
| | <ul style="list-style-type: none"> • Programmes and case management staff were clear about their respective roles with regard to compliance and enforcement activities. Lines of communication were clarified in the area's programmes 'directive'. • In the majority of case files read (77%) attendance was being monitored against other attendance in a consistent and integrated way. • Appropriate enforcement action was taken in 68% of cases. • There was a need for greater clarity in recording whether absences were acceptable or unacceptable. Furthermore, in a minority of cases the number of acceptable absences exceeded the required limit. • Enforcement of programme cases was not being consistently and routinely monitored. | |
| D1.6 | Documentation | 1 |
| | <ul style="list-style-type: none"> • Ten files (29%) contained all relevant documentation. • The remaining cases (71%) contained some records. Documentation frequently missing were supervision plans/reviews and letters of understanding. | |

D1.7 End of programme review

0

- Six of 17 applicable cases (35%) demonstrated that post-programme reports had informed supervision plan reviews.
- There were no examples of SMART objectives being set in 15 of 18 (83%) applicable cases.
- The case manager had not given sufficient attention to community reintegration issues in 57% of relevant cases.

D1.8 Reinforcement and relapse prevention work

N/A

Criterion not assessed at original audit