



*Effective
Supervision
Inspection*

*of the
National Probation Service for
England and Wales*

Follow-up report on:
West Yorkshire Probation Area

2006

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

Home Office

FOREWORD

In January 2005 our original Effective Supervision Inspection raised a number of concerns about the standard of risk assessment, risk management and supervision planning and review within the West Yorkshire Probation Area. We also had concerns about some resource allocation decisions and their impact on the quality of supervision. We advised that a limited follow-up inspection would take place in January 2006, involving a smaller sample of offenders. It is to the area's credit that the inspection's findings were accepted and that there has been a very immediate and positive response with significant improvements achieved, all this too at a time of major structural and senior management change.

This report sets out the detail of where performance has improved and where changes are still required. To achieve the latter, the area must carry through its planned restructuring to ensure an equitable distribution of resources. However, given the progress to date in a relatively short period and in the context of local, regional and national demands, I am optimistic that West Yorkshire Probation Area will continue to develop positively.

Andrew Bridges
HM Chief Inspector of Probation

March 2006

ACKNOWLEDGEMENTS

We would like to express our thanks to the West Yorkshire Probation Board, its managers and staff for the 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
CRAMS	Case Record Administration and Management System
DCO	Deputy chief officer
DIDs	Drink Impaired Drivers
DRR	Drug Rehabilitation Requirement
DTTO	Drug treatment and testing order
ECP	Enhanced community punishment
ESI	Effective Supervision Inspection
HMI Probation	HM Inspectorate of Probation
ISP	Initial supervision plan
LSI-R	Level of Service Inventory-Revised
MAPPA	Multi-Agency Public Protection Arrangements
NOMIS	National Offender Management Information System
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
PSR	Pre-sentence report
SMART	Specific, Measurable, Achievable, Realistic and Time-bounded
SMT	Senior Management Team
SSR	Specific sentence report
UPW	Unpaid work

REASONS FOR UNDERTAKING THE FOLLOW-UP

- The West Yorkshire ESI report published in April 2005 concluded that the area was performing well against many of the criteria examined. There was a strong performance management culture supported by a well-resourced information unit. The area had a sound corporate approach to business and to internal communication. Attention to the diverse needs of staff, offenders and communities was embedded in planning and practice. However, a number of aspects of case management, assessment and management of risk of harm, and the resources invested to support these, did not meet the inspection standards.

- These concerns were addressed in the following recommendations:

The Probation Board should ensure that:

- 1. a costed staff training and development plan is drawn up linking individual and team development need with the achievement of business plan objectives*
- 2. an implementation plan for the new procedures for the assessment and management of risk of harm is developed*
- 3. the resources allocated to all types of case are commensurate with the risk of harm and likelihood of reoffending*
- 4. satisfactory risk of harm assessments are completed and regularly reviewed in all cases*
- 5. there are improvements in the quality and timing of supervision plans and reviews, including the use of SMART objectives, for all types of community order and licence*
- 6. offenders commence all accredited programmes within the national standard timescale*
- 7. offenders are stood down from CP only in exceptional circumstances and the number of hours credited is reduced*
- 8. victims' issues are addressed sufficiently in the assessment and supervision of all offenders.*

SUMMARY OF THE FINDINGS OF THE FOLLOW-UP

Key findings

- **Quality of Management:** A new CO had arrived in post in April 2005. There had been significant changes in the SMT since then, including restructuring the work of the area into separate offender management and interventions functions, involving several new appointments. All operational staff had been involved in briefings and training for implementation of new risk of harm management procedures and for OASys improvement. The developments in UPW were most impressive, with the area both dedicating the resources necessary to manage the number of orders made and also working creatively to develop the options for this significant area of practice. Resource allocation to districts was being reviewed as part of restructuring to implement the National Offender Management Model. There were still unallocated cases, but it was expected that this unsatisfactory situation would be resolved very shortly.
- **Quality of Assessment:** There were improvements in performance in almost all of the questions relating to risk of harm assessment and planning. The most positive improvement was the evidence that case managers now understood the relevance of an assessment tool and were better able to use OASys as a consequence. Where inspectors found a lack of training or understanding, there was also usually evidence of appropriate corrective intervention by a manager. There were also significant improvements in most aspects of initial supervision planning which again demonstrated the impact of the work undertaken in the area to develop the use of OASys by both practitioners and managers in the countersigning role. The area now needed to develop the consistency of quality of assessments and also the timeliness of risk management plans in high risk of harm cases.
- **Quality of Interventions:** Progress against objectives was reviewed appropriately and on time in almost all cases, and SMART objectives were significantly more likely to be found than in the original ESI. Whilst the number of high risk of harm cases was low, nearly all reviews integrated the MAPPA action plan or the plan from another risk management meeting or child protection conference. There had been an improvement in work being undertaken to raise offender awareness of victims' issues in general and also where there was a direct victim of an offence. Overall, the approach to offender supervision was positive and appropriate, with attention given to both criminogenic need and to challenging offending behaviour. As with assessment, the area now needed to ensure there was consistency in the quality of interventions with offenders and improve the timeliness of some of its work as part of this.

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.inspectorates.homeoffice.gov.uk/hmiprobation>

SCORING SUMMARY SHEET

Section A: Quality of management	Original Inspection	Follow-up Inspection
A1: Leadership and planning	Satisfactorily met	Not re-scored
A2: Resource allocation	Partly met	Not re-scored
A3: Management and supervision of staff	Well met	Not re-scored
Section B: Quality of assessment		
B1: Assessment of risk of harm	58%	79%
B2: Assessment of likelihood of reoffending	80%	88%
B3: Case management	54%	76%
B4: Documentation	85%	91%
Score for section B	67%	82%
Section C: Quality of interventions		
C1: Managing attendance and enforcement	83%	95%
C2: Delivering appropriate supervision	62%	88%
C3: Diversity needs	89%	92%
C4: Responsivity	80%	97%
C5: Management of risk of harm	69%	80%
Score for section C	76%	90%
OVERALL SCORE	73%	87%

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 West Yorkshire follow-up inspection was a limited exercise that took place one year on from the original inspection and further examined: the assessment and management of risk of harm, case management generally, and the use of resources to support these. It involved scrutiny of 30 case files and discussion with case managers. This enabled us to compare findings with the cases inspected in the original ESI. Offenders in this small sample had been supervised for approximately 18 weeks, which provided an opportunity to examine the quality of reviews. They had also commenced supervision or been released into the community after the implementation of the area's new assessment and management of risk of harm policy and procedures. The inspection afforded the opportunity of examining how well these were working.
- The report uses a similar framework to the original 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 by adjusting the original scores. However, the relevant criteria in the management section have not been re-scored because of the follow-up's narrower focus.

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 CO had taken up post in April 2005 at the time of the publication of the original ESI report, having previously worked as CO in another area and before that in West Yorkshire as DCO. This was not the only senior management change at the time as the current DCO had left, appointments were made to new posts of Directors of Offender Management and Interventions (one from outside the area) and of four new ACOs, and the Board Chair had resigned. Senior managers had also been heavily involved in regional developments and other managers had been ‘acting up’ to backfill vacancies. Anticipating restructuring in the rest of the organisation to meet the National Offender Management Model, the CO had given priority to bringing stability to the area and to getting her new SMT in place, these changes being completed in October 2005.
- In order to prepare for the eventual migration to NOMIS, CRAMS had been adopted as the area’s case record early in 2005. However, this had caused some disruption to the systems for tracking elements of performance due to lack of familiarity on the part of both managers and practitioners. As CRAMS would also not be in use for any great length of time, there was limited benefit to developing its reporting capacity.
- In the most recent NPS Performance Report (November 2005) covering the period April-September 2005, West Yorkshire was ranked 25th out of 45 areas (41 probation areas, plus London divided into four quadrants), compared with fifth position at the end of 2004/2005. Performance had dipped in relation to enforcement which the area attributed to the introduction of CRAMS and to recording errors, rather than to an actual reduction in performance. National targets were being achieved in relation to accredited programme completions, victim contact and basic skills starts and awards. Those not achieved included DTTO/DRR commencements, staff sickness absence and the new targets relating to high risk of harm cases.
- A Project Board had been established in April 2005, chaired by the Director of Offender Management, to steer the area through implementation of the National Offender Management Model. Planning had been thorough and there was evidence of a concerted effort to keep staff up to date with changes on many levels. At the time of the inspection, however, decisions about the implications for individuals were about to be announced so that an amount of anxiety was understandably being experienced.
- A new risk of harm policy and procedures were being drawn up at the time of the original ESI. These had been implemented in the summer of 2005, accompanied by briefing events to ensure that staff knew how to use them. Feedback had been taken from participants to test how successful the events had been and there had also been quality assurance events in

districts. The policy and procedures had been revised in October 2005 in the light of a review of implementation and also as a result of changes to national guidance. Discussions with managers and staff demonstrated an improved level of understanding of risk management procedures as a consequence. It was apparent during the inspection that managers and staff were now able to demonstrate an improved level of understanding of risk.

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

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.

- The issue of resource allocation needing to be commensurate with the risk of harm and likelihood of reoffending had been addressed through planning for restructuring to implement the National Offender Management Model. Whilst this approach avoided piecemeal changes to arrangements in districts for offender management in general, it also meant that some of the inequalities observed in January 2005 had still not been satisfactorily addressed in January 2006 with over 300 cases remaining effectively unallocated across the area. However, there would soon be sufficient case manager staff in post to manage the workload once newly qualified POs were working to full capacity. There were concrete plans drawn up to move posts and staff to where they were needed. Most cases would be allocated by the end of March 2006 and the rest by the end of May.
- There had clearly been investment in getting the necessary restructuring right and communicating it appropriately. In addition to the Project Board a lead middle manager had been identified to ensure consistency around tiering cases and district offender management implementation teams had been established to oversee the appropriate local allocation of resources.
- The OASys improvement plan had had high priority and attention from managers at all levels. It was included in the 'Keynotes' bulletins from the CO and in the electronic staff handbook. Eighty middle managers had undertaken a one day training event 'Making eOASys work for you' in July/August 2005 addressing its use as a quality tool with this learning then being cascaded to teams. Audits after a four month interval showed significant improvements that were borne out in the inspection case file reading. Evidence was also seen of work to improve the in-house training for staff, with managers required to include OASys improvement objectives in annual appraisals.
- A review of the delivery of accredited programmes had been completed in October 2005. Earlier, the CO had taken the decision to close the sex offender programme to new orders for several months to give the area time to catch-up with the backlog and to plan how to manage this resource in future. The review was critical of the way that programme delivery overall was organised and established that the area did not routinely collect data about waiting times for programme starts. A trawl of cases revealed that, with the exception of DIDs, the majority of offenders did not commence their programme in a timely manner, even though the area was on course to achieve the national completions target. Other problems emerged

around inappropriate targeting, high attrition rates and disparity in waiting times between districts. No improvements had therefore yet been made in relation to this recommendation, but there was now a comprehensive plan to rationalise the management of programmes to address the identified problems.

- ▣ Improvements in the management and resourcing of UPW, however, were impressive. The area had had a significant number of stand downs in 2005 due to inadequate resourcing of what was then its ECP scheme. Against the national trend it had since been successful in recruiting to all its supervisor vacancies and had also created a sessional supervisor pool. Since November it had had the capacity to manage all orders to the national standard's requirements. There had been no need to notify any offenders that they were not required to work and stand downs on the day had been reduced to a tiny number, for example only six in the whole of December.
- ▣ An ACO had been given direct responsibility for UPW, this providing the strategic impetus for improvements to be made across the whole of the area. Investment had also been made in independent sector organisations supervising offenders and in expanding the range of projects available at weekends. Offenders were encouraged to undertake basic skills and other qualifications with a significant number taking up the opportunity, contributing up to half of the area's starts target, and reducing demand on supervisor time. The Community Payback and Visible Unpaid Work launches in November 2005 and January 2006, and the accompanying publicity material including the website, were well planned and had received positive feedback from the NPD.
- ▣ The number of hours credited to offenders who were stood down had been reduced to two which included any travelling time. It was intended to reduce this to one hour plus any actual travelling time to meet the national standard requirements.

Conclusion: *We assessed the area as demonstrating improved performance in relation to some elements of the criterion and recognised that concrete plans were in hand to address the others.*

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 current costed training plan spelled out the links between individual and team development and the achievement of business plan objectives. It also gave appropriate priority to risk of harm assessment and to sentence planning generally.

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

SECTION B QUALITY OF ASSESSMENT

B1	Assessment of risk of harm	Original inspection	58%
		Follow-up inspection	79%

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.

- Whilst some aspects of risk of harm assessment and planning need further development, there were improvements in performance in all the questions relating to the criterion. There was evidence that case managers now understood the relevance of an assessment tool and that they were better able to use OASys as a consequence. Where inspectors found a lack of training or understanding there was also usually evidence of appropriate corrective intervention by a manager. Encouragingly, we saw no evidence of overriding the need for a full analysis in inappropriate cases.
- The overall quality of the risk assessment was satisfactory in two-thirds of the cases. In a further three cases (together accounting for 77% of the sample), the content was satisfactory although the initial assessment had been late. This improved by the time of the review where 87% of the assessments were satisfactory. In one case there had been no assessment at the start of supervision.
- In all cases it was found that the risk of harm classification was correct.
- There were only high risk of harm cases in the sample. In three of these the risk management plan was not completed within the required five days.

Conclusion: *We assessed the area as demonstrating improved performance in relation to the criterion, although further work needed to be done to improve the consistency of quality of assessments and also the timeliness of risk management plans in high risk of harm cases.*

B2	Assessment of likelihood of reoffending	Original inspection	80%
		Follow-up inspection	88%

Description:

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

- There was a clear likelihood of reoffending score in all cases. However, 24% of the assessments were completed 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	54%
		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 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.

- ▣ There were significant improvements in most aspects of initial supervision planning which again demonstrated the impact of the work undertaken in the area to develop the use of OASys.
- ▣ In 71% of cases the quality and timeliness of ISPs was sufficient, with a further two cases being late but of sufficient quality (79% in total). One case had not had an ISP completed.
- ▣ SMART objectives in ISPs were more likely to be found than previously (64% of cases) and appropriate interventions were planned in 83%. However, liaison responsibilities tended not to be sufficiently well defined (59% of cases satisfactory).
- ▣ Plans were sensitive to the diverse needs of offenders in only 67% of cases, a slight improvement over the original score.

Conclusion: *We assessed the area as demonstrating improved performance in relation to the criterion, although further work needed to be done to develop the consistency of quality of planning to meet the needs of individual offenders and in relation to timeliness.*

B4	Documentation	Original inspection	85%
		Follow-up inspection	91%

Description:

All relevant documentation is available and has been satisfactorily completed.

- ▣ Case records were well organised and recorded in almost all cases.

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	83%
		Follow-up inspection	95%

Description:

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

- ▣ Appointments were offered to meet national standards in all but two cases (93%). Attendance was monitored, with appropriate action taken to ensure compliance in all the cases. Judgements about the acceptability of absences were equally well made.
- ▣ Where breach action was required (seven cases), it was carried out on time in all but one case.
- ▣ It was noted that three cases had been required to ‘sign in’ at reception without seeing a case manager or duty officer at some point in the order or licence.

Conclusion: *We assessed the area as demonstrating improved performance in relation to the criterion, although further work needed to be done to ensure that offenders were always interviewed by an appropriate member of staff.*

C2	Delivering appropriate supervision	Original inspection	62%
		Follow-up inspection	88%

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.

- ▣ The quality and timeliness of supervision plan reviews were satisfactory in 90% of cases. They were also now significantly more likely to contain SMART objectives (72%). In the high risk of harm cases all but one of the reviews integrated the MAPPA action plan or the action plan from another risk management meeting or child protection conference.
- ▣ There had been an improvement in the likelihood of work being undertaken to raise offender awareness of victims’ issues in general (86% of cases). In cases where there was a direct victim, 81% showed that work been carried out to raise offender awareness of the impact of the offence on the victim, again an improvement on the original ESI.
- ▣ In all four cases where there was a requirement to attend an accredited programme, this had started within the required timescale. Similarly, additional requirements had been implemented satisfactorily in all relevant cases.
- ▣ Almost all cases showed evidence of the case manager motivating the offender by reinforcing the work undertaken by others and engaging with the offender to prevent

reoffending. There was similar strong evidence of work being carried out to address community reintegration issues and challenging offenders to accept responsibility for their offending and its consequences.

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

C3	Diversity needs	Original inspection	89%
		Follow-up inspection	92%

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.

- This had been a strength in the original ESI and continued to be so despite the relatively poor approach identified in ISPs.

Conclusion: *We assessed the area as demonstrating consistently good performance in relation to this criterion.*

C4	Responsivity	Original inspection	80%
		Follow-up inspection	97%

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 individual offenders in all but two cases.
- The quality of pre-release work undertaken with all nine of the licence cases was satisfactory, with the work in two being assessed as excellent.

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

C5	Management of risk of harm	Original inspection	69%
		Follow-up inspection	80%

Description:

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

- In all but two cases the interventions and their level were assessed as consistent with the level of risk of harm posed.
- There was evidence of appropriate management oversight in all the high risk of harm cases. All these offenders had also received a home visit.
- Changes in the level of risk of harm had been identified in six cases and had been appropriately dealt with in five of them.

- All five relevant cases in the high risk of harm sample had had a good quality risk management plan produced under the MAPPA or other inter-agency arrangement. However, we considered that the plan had been satisfactorily carried out in only two of these.

Conclusion: *We assessed the area as demonstrating improved performance in relation to the criterion, although further work needed to be done to ensure a consistent approach to all aspects of the management of risk of harm.*

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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