



HM Inspectorate of Probation

Shelter and Protection

An inspection of the
Langley House Trust
Fresh Start Projects

2001

Foreword

This inspection, the first ever undertaken by HM Inspectorate of Probation on the work of a voluntary agency, concerns the Langley House Trust's Fresh Start Projects. It covers the referral, assessment and characteristics of the offenders accommodated, the facilities, regimes and safeguards provided, staffing, liaison with probation areas and others, and much more.

There are currently 100 approved hostels (now known as approved premises) in England and Wales; 87 are managed by the National Probation Service and 13 by voluntary organisations. The Langley House Trust is a charitable trust which has for more than 40 years been one of the leading voluntary providers of accommodation for offenders. The Trust is unusual in that it receives a grant for so doing direct from the Home Office.

Hostels form part of what the Halliday review of the sentencing framework, *Making Punishments Work*, termed the 'intermediate estate' – the network of accommodation catering for offenders occupying a transitional or intermediate position between custody and freedom in the community. During this transitional phase offenders are subject to some degree of statutory supervision and/or their freedom is conditional. Approved premises therefore have a significant role to play as an alternative to custody, to facilitate interventions which address offending behaviour, aid resettlement and protect the public.

However, these are potential rather than actual functions. This is because approved premises may: be used for offenders who would never have been sent to prison; fail to provide (either in-house or in partnership) offence-focused programmes; silt up with difficult-to-house offenders for whom move-on options are not provided; fail to provide the level of supervision and surveillance which risk assessment suggests is necessary for some offenders.

It is apparent that the Langley House Trust Fresh Start Projects are a valuable resource that make an important contribution to the 'intermediate estate' and to a considerable extent do fulfil the 4 functions above. The inspection found that:

- the 5 Projects accommodate mostly sentenced offenders subject to community sentences or licence following imprisonment, noting that this includes a proportion rejected or evicted from approved premises
- residents are involved in a commendable range of treatment and care programmes provided through a variety of partnership arrangements
- constructive work is being undertaken with many residents, although staff do not always have the time and/or skills to undertake the required work with them
- there is an increasing focus on public protection, noting that a significant proportion of Langley House Trust residents have been convicted of offences in the 'serious' category and a number have been referred by the National Probation Directorate as being in need of intensive supervision. These residents are subject to special protocols and receive extra supervision, surveillance and security

- largely positive views are expressed by police and probation representatives about the Trust's work, although there is scope for increased liaison and collaboration
- residents are accommodated for sometimes lengthy periods (the average stay is 65 weeks) in an environment where, though they are encouraged to feel 'at home', emphasis is given to moving on and, where appropriate and desired, Project staff maintain contact beyond the licence period after offenders have moved on. This is an important ingredient in resettlement work, particularly with offenders who are relatively isolated socially and who have had multiple problems.

The comment of one resident reflected the response of many describing staff care:

"you are made to feel that you matter and to these staff, no matter how bad you have been, you really do matter. No one anywhere else has treated me like that".

Wider concerns are raised by the inspection findings which are also highlighted in the joint HM Inspectorates of Prisons and Probation recently published thematic review of resettlement, *Through the Prison Gate*, namely, the:

- absence of national or regional offender accommodation strategies which are needed to address both risk and resettlement needs and clarify the role of the voluntary sector
- lack of a national public protection policy, including standard procedures for assessing and managing offenders, which impact on the work of voluntary organisations.

It is to their credit that the Langley House Trustees asked for this independent inspection to be undertaken. The request reflects their commitment to providing high quality accommodation and services for offenders, which is in the public interest to be provided. The inspection also received the full support of the National Probation Directorate. Many commendable aspects of performance were found and the report highlights the direction for improvements to the Trust's work and for the National Probation Directorate to maximise the contribution of the voluntary sector. Both have work underway to address the report's findings and recommendations that should assist the achievement of effective resettlement and public protection.

Professor ROD MORGAN
HM Chief Inspector of Probation

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Acknowledgements

Inspection always makes significant demands on those managers and practitioners whose work is being scrutinised. This is particularly so for a relatively small organisation such as the Langley House Trust, in which Fresh Start Project staff were required to participate in several inspection events while carrying out their normal day-to-day duties.

Appreciation is expressed to those who provided invaluable advice and assistance to the planning and undertaking of this inspection, including the Trust's Chief Executive John Adams, and Felicity Hawksley, Mark Warren and John Russell from the National Probation Directorate.

Thanks are also expressed to staff from those probation areas with a Fresh Start Project in their locality for their willingness to engage with inspectors during the visits. A number commented on a welcomed change of role in this inspection from being directly examined themselves! Together with the police and representatives from other community organisations, useful evidence and examples of good practice were provided, much of which is quoted in this report.

Finally, appreciation must be recorded for the contributions made by all managers, staff and residents in the Fresh Start Projects who, amidst the demands and pressures of daily routines, engaged so willingly with inspectors on difficult but significant issues that impact on the quality and effectiveness of the work. Discussions were always open and challenging and particular recognition is given to the courteous manner in which inspectors were received.

PHILIP J LOCKETT
GED BATES
HM Inspectors of Probation

FRANCES FLAXINGTON
HM Acting Deputy Chief Inspector of Probation

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1. INTRODUCTION

- 1.1 Her Majesty's Chief Inspector of Probation (HMCIP) was requested by the Chief Executive of the Langley House Trust to undertake an inspection of the work of the Trust's Fresh Start Projects. The request was welcomed by the National Probation Directorate (NPD)¹ as it provided the first opportunity for an external examination of the Trust's provision of residential support for offenders.
- 1.2 This was HM Inspectorate of Probation's (HMIP's) first specific inspection of a voluntary organisation, although its inspections of probation areas had sometimes included the contribution of voluntary organisations. The inspection was formally commissioned by the NPD, who with the Langley House Trust, contributed to formulating the aim and objectives, which were:

'AIM:

To undertake an inspection of the Fresh Start Projects provided by the Langley House Trust to assess the effectiveness of the arrangements for:

- *protecting the public*
- *the resettlement and rehabilitation of offenders into the community*
- *contributing to the wider debate to promote and develop the access by offenders to residential provision at local, regional and national levels.*

OBJECTIVES:

- (a) *To examine the effectiveness of the Project's arrangements for protecting the public by:*
 - (i) *operating according to clearly defined policies, procedures and practices;*
 - (ii) *implementing a referral system which properly determines suitability in line with the Trust's objectives;*
 - (iii) *following procedures that effectively assess and manage actual and potential risks posed by residents;*
 - (iv) *ensuring appropriate and proactive liaison and communication systems are used, especially with the probation service, prison service, the police and other statutory/voluntary organisations, to coordinate their respective work with residents;*
 - (v) *contributing to multi-agency risk management procedures and meetings.*
- (b) *To examine the effectiveness of the Project's contribution to the resettlement and rehabilitation of offenders into the community by:*
 - (i) *ensuring residents have access to statutory/community services and facilities, such as those available for drug/alcohol misuse, mental health, provision,*

¹ Prior to the establishment of the National Probation Service (NPS) in April 2001, policy for hostel and offender accommodation was the responsibility of the Probation Unit. Throughout this report, the term NPD is used for clarity.

- education, training and employment schemes, as well as recreational leisure and other facilities designed to promote the positive use of time;*
- (ii) *proper attention being given to staff recruitment and development to ensure competence in practice;*
 - (iii) *providing a positive regime that assists residents to address their offending behaviour and other related needs;*
 - (iv) *effective liaison with local authority, private and voluntary housing providers to ensure the 'move on' accommodation needs of residents are assessed and, where possible, met;*
 - (v) *the use of effective administrative arrangements, particularly an information system which facilitates the recording and easy extraction of individual and collated information about residents;*
 - (vi) *monitoring and evaluating the progress made by offenders during their period of residence.*
- (c) *To examine the effectiveness of the Trust's contribution to the wider debate to promote the access by offenders to residential provision at local, regional and national levels by:*
- (i) *producing reports at least annually that evaluate the work of the Fresh Start Projects against clearly stated objectives;*
 - (ii) *participating in initiatives designed to improve and coordinate statutory and voluntary accommodation provision for offenders;*
 - (iii) *developing networks at local, regional and national levels to increase the awareness of housing providers to the accommodation needs of offenders.'*
- 1.3 The inspection would give consideration throughout to how the Trust sought to meet the particular needs of minority ethnic offenders.

Inspection process

- 1.4 The inspection was aided by the valuable contribution of an advisory group, whose membership included John Adams the Trust's Chief Executive, and Felicity Hawksley, Mark Warren and John Russell from the NPD. The group contributed to the development of the inspection methodology, assisted on visits to the Projects and commented on the draft report.
- 1.5 Standards and criteria were established to inform the basis for the inspection and a comprehensive schedule was devised. Prior to the fieldwork, the Chief Executive provided a range of information about the Trust and the Fresh Start Projects. Information was also obtained from a monitoring exercise initiated by HMIP, which began on 1 January 2001 and ran until 31 March. This identified offenders referred to the Projects, by whom, and the outcome, how long offenders remained in residence and the circumstances surrounding their departure.
- 1.6 During the fieldwork, meetings were held with:
- the Trustees, Chief Executive and the 3 Operations Directors responsible for the work of the Projects

- the Project Manager and Deputy, Project Workers and other staff
- residents
- local police and probation area representatives; a local psychiatrist with links with one of the Projects was also interviewed.

1.7 Each visit also included:

- direct observation of work with offenders, especially as it related to protecting the public
- an appraisal of the quality of key working and use of resources designed to enable residents to make constructive use of their time at the Project
- an examination of current residents' case files
- a limited assessment of the standards of the buildings, including their location, structure, layout, décor, state of repair; the attention being given to health and safety requirements was also observed.

1.8 Following the inspection visits, a copy of the completed schedule, together with findings of the case records scrutiny and observations, was sent to the Chief Executive and Trustees.

2. SUMMARY AND RECOMMENDATIONS

- 2.1 This was the first inspection of a voluntary organisation undertaken by HMIP. It was invited by the Langley House Trustees and supported by the NPD. Trust managers with their staff in the Fresh Start Projects engaged positively with the inspection process.
- 2.2 During its 43-year history, the Trust had emerged as a leading national provider of accommodation for offenders. The work of the 5 Fresh Start Projects was informed by the organisation's overarching commitment to helping offenders reduce their offending and develop skills to play a constructive role in the community. Managers and staff were keen to demonstrate their important contribution to protecting the public by providing good quality, cost-effective services, based on the Trust's Christian values and ethos.
- 2.3 The 5 Fresh Start Projects received referrals on a wide range of offenders, including those rejected or evicted by an approved hostel (now known as 'approved premises'). Although every Langley House Trust Project was a national resource, some probation areas used their local facility more actively than others.
- 2.4 The lower than expected number of referrals on minority ethnic offenders was highlighted by this inspection. However, those ethnic minority residents interviewed indicated that the Trust ensured proper attention was given to their needs and felt they were treated fairly by all staff.
- 2.5 There was clear evidence of the Trust caring for a wide range of male offenders, including those who were emotionally damaged, difficult to place and those with low motivation to remaining offence free. Staff impressed with their commitment and dedication to 'stick with' residents, balancing the challenge to help them to resolve personal difficulties and stop offending, whilst giving proper attention to public safety and protection.
- 2.6 A particular strength was the ability of staff to provide longer-term care and support to residents than was possible by their colleagues in the approved sector. This included continuing to work with offenders well beyond the end of their licence or court order. However, the valuable work of the Projects was not always recognised by probation areas. This would be improved by the introduction of a revised policy for the Fresh Start Projects together with guidance on referrals to include specific suitability criteria and reference to work that would be undertaken with residents, particularly following the end of statutory supervision.
- 2.7 Staff were giving increasing attention to the assessment and management of potential risks of harm and reoffending posed by residents. The Projects were hindered in this by the absence of a national standard assessment tool and procedures for probation areas, whose differing approaches often determined the practice of Project staff.
- 2.8 Constructive work was underway with many offenders to assist their rehabilitation by addressing offending behaviour and personal needs. This often involved working in partnership with the probation area and taking advantage of available community-based resources and facilities which was necessary if the likelihood of reoffending was to be reduced. Sometimes, however, staff struggled to find adequate time, or were not equipped

with the skills, to undertake fully the necessary work with individual residents. This included the extent to which the care plan for each resident was completed or implemented. There was also insufficient clarification about the role of Project staff in supporting and complementing the work by the probation area to address offending behaviour and related needs.

- 2.9 There were good examples of Project staff working constructively with supervising probation officers (POs) on addressing offence related needs. However, Project and probation staff planning tended to be undertaken in isolation and needed to be improved. Planning would be aided by probation supervision plans routinely being shared with Project staff and joint reviews undertaken of offender progress in achieving the goals set in the respective planning documents.
- 2.10 Inspectors were impressed with the positive atmosphere and regimes developed in many of the Fresh Start Projects. Residents indicated that they were treated firmly but fairly by staff who set out to create 'a homely' atmosphere for them, based on 'real care'. On occasions residents were appropriately subjected to strict controls during their stay. These included demanding curfews and tight restrictions on their movements, both inside the Project and outside in the local neighbourhood. On the relatively few occasions when these restrictions were broken by a resident, staff took appropriate and prompt action to deal with the consequences. This had included the issue of a formal warning, eviction or the resident being returned to court by the supervising officer.
- 2.11 Representatives from different levels of the police and probation areas generally spoke very positively about the work of the Fresh Start Projects. This included commending the staff for their active involvement in public protection procedures, including attendance at meetings. Where this was not happening, probation area managers needed to ensure the Trust's inclusion in all appropriate cases.
- 2.12 Staffing levels needed to be reviewed to ensure sufficient resources were available to undertake effectively planned work with residents. Important strides had been taken in more recent years to recruit staff from minority ethnic groups and those seen spoke positively about the Trust's commitment to implementing its equal opportunity for staff policy. More work was required to ensure that all staff were properly trained, supervised, supported and developed to become competent in undertaking the wide range of tasks expected of them. This particularly applied to ensuring all staff had the skills necessary to undertake assessments and manage risk effectively.
- 2.13 Managers and operational staff believed the Fresh Start Projects provided the NPS with value-for-money services. This would be better evidenced by the introduction of a clearer service delivery specification and agreed criteria, targets and benchmarks against which the impact and value for money of the Trust's work could be assessed and, where appropriate, compared with the performance of other providers.
- 2.14 The absence of a national accommodation strategy made it difficult for the Trust to be clear about how the work of the Fresh Start Projects should support and complement that of the approved and other voluntary sector providers. This needed to be linked to a wider public protection strategy that specified the role of voluntary accommodation providers such as the Trust in the reintegration of offenders into the community and protecting the public. The important role of the voluntary sector in accommodating offenders in the community in the longer term, once their statutory supervision had ended, also required clarification.

Recommendations

2.15 This inspection found many commendable examples of good standards of performance across all areas of work inspected. The Fresh Start Projects were providing a valuable resource that contributed to the resettlement of offenders and to public protection. The recommendations are designed to encourage the Trust to develop further its own good practice and to promote improvements in the quality and effectiveness of its work in the future. Some of the recommendations highlight for the NPD where additional or wider action is required if the impact of the Projects is to be maximised.

The Trust, following consultation with the NPD, should:

1. *Issue a Policy and Practice Guidance for the Fresh Start Projects that includes:*
 - (a) *specific offender suitability criteria for each Project;*
 - (b) *clear outcomes for periods of residency;*
 - (c) *how the Trust can specifically support and complement the work of statutory supervision and community care;*
 - (d) *procedures for monitoring and evaluating progress;*
 - (e) *examine the reasons for the current low referral rates of minority ethnic offenders and agree an action plan with targets to achieve improvements.*
2. *Establish specific standards for the supervision and care of offenders resident in the Fresh Start Projects.*
3. *Introduce revised operational and value-for-money benchmarks, set targets for improvements and monitor performance.*
4. *Review staffing levels and arrangements at the Fresh Start Projects, ensuring that:*
 - (a) *adequate attention is given to staff safety, support and management;*
 - (b) *staff have the necessary time to undertake the required work with residents;*
 - (c) *those Fresh Start Projects accommodating offenders in the high serious categories are provided with double staff cover as a minimum at all times.*

The Trust should:

5. *Introduce practice guidance to:*
 - (a) *clarify the required format, content and review of care plans, ensuring greater clarity of the purpose and desired outcomes of residency;*
 - (b) *ensure plans and reviews are regularly monitored for their quality and effective implementation.*
6. *Ensure, where possible and with the support of probation area managers, Trust Project staff and probation cases managers work collaboratively to prepare and review their supervision and care plans in order that each informs the work of the other.*
7. *Clarify the role of the key worker and how it relates to statutory supervision, planning and practice.*
8. *Ensure that:*
 - (a) *proper attention is given to the recording and monitoring of referrals of minority ethnic offenders;*
 - (b) *practice guidance is issued to enable staff to give proper attention to the needs of minority ethnic residents.*

9. Agree with the NPD and probation area managers how risk assessment and management practice can be improved, given the development of the Offender Assessment System (OASys) and ensure decisions about the nature and levels of all resident supervision are made on the basis of risk assessments.
10. Issue guidance to improve the recording of work with residents including:
 - (a) the consistent use of case recording systems;
 - (b) managers undertaking routine checks to be satisfied that risk assessment and management practice is properly recorded.
11. Update its training strategy, ensuring that:
 - (a) priorities are directly link to Trust policy and plans for the Fresh Start Projects, clarifying core standard training expectations for each grade of staff;
 - (b) training in risk assessment and management is prioritised;
 - (c) managers consistently address staff training needs through supervision and personal development plans linked to individual appraisals;
 - (d) all staff are provided with training to enable the Trust's policy on 'equal opportunities' to be consistently implemented.

The NPD should:

12. Ensure that its future service level agreement with the Trust is specific about the services to be provided by the Fresh Start Projects and the outcomes to be achieved.
13. Define the required liaison standards for probation areas working with the Fresh Start Projects to ensure effective collaborative management of offenders subject to statutory supervision during their period of residency.
14. Ensure that probation staff making a referral provide a timely copy of the risk assessment to inform the Project's decision about suitability.
15. Include the Fresh Start Projects in the roll-out programme for OASys and consider inclusion for other relevant voluntary organisations.
16. Review the requirements of Probation Circular 78/2000 and issue instructions to probation areas to ensure the prompt commencement and participation of Trust residents in identified programmes.
17. Require probation areas to include the Fresh Start Projects in multi-agency public protection protocols, including attendance at relevant meetings.
18. Implement HMIP's recommendation in its 1998 Approved Probation and Bail Hostels Thematic Report and devise a strategy for offender accommodation linked to a wider public protection strategy. In particular, the accommodation strategy should:
 - (a) clarify what form of offender accommodation is required, depending on risk and need assessment, how it should be provided and by whom;
 - (b) determine how best use can be made of the voluntary sector;
 - (c) require regional action plans to be agreed to enable probation area, statutory and voluntary sector managers to implement the requirements of the strategy consistently;
 - (d) ensure that probation areas with a Fresh Start Project integrate the use of the facility into local offender accommodation strategies, advise on and monitor referrals and be satisfied that appropriate use is being made of the Project;
 - (e) indicate how the results of implementing the strategy will be monitored and evaluated.

3. BACKGROUND AND CONTEXT

- 3.1 The important contribution that voluntary organisations make to the effective supervision of offenders in the community was highlighted in 1996 by HMIP's Partnership Thematic Report.² The Government's expectations for formalising the collaborative approach to supervising offenders in the community had been set out in Probation Circular 17/1993. This required each probation area to submit a local partnership plan for the following 3-year period and established funding targets.
- 3.2 The development of formal partnerships with the voluntary sector included contracts which specified the services to be provided, the level of financial support available and monitoring and evaluation arrangements. The Langley House Trust differs in that it is one of a number of voluntary organisations that receives financial support for its work directly from the Home Office. However, at a local level, collaboration between the Trust, the probation area and police remained essential to maximise the Fresh Start Project's contribution to offender resettlement and public protection.
- 3.3 In 1997, HMIP undertook an inspection of the work of the Approved Probation and Bail Hostel sector, reporting its findings in 1998.³ This current inspection of the work of the Langley House Trust's Fresh Start Projects was informed by the 1997 inspection, particularly in establishing the standards and criteria for the event as well as exploring key findings relevant to the voluntary sector.
- 3.4 The Langley House inspection corresponded with the completion of a Joint Thematic Review by the Prisons and Probation Inspectorates into the effectiveness of the current arrangements for the resettlement of offenders subject to custodial sentences.⁴ A number of key common issues emerged regarding the accommodation of offenders following their release from custody. Consequently, the findings of both inspections will need to inform how prison establishments and probation areas seek to work more effectively with the voluntary sector to enable offenders to resettle into the community more successfully.
- 3.5 Any inspection is a snap shot of an organisation at a particular point in time. This was true of the Langley House inspection. Inspectors were aware of the considerable strides taken by the Trust to improve and develop its services, especially in recent years. The pace of change had been rapid and during the editing of the inspection report, Trustees and managers were committed to acting upon the findings.

² HM Inspectorate of Probation *Probation Services Working in Partnership: Increasing Impact and Value for Money* Report of a Thematic Inspection (1996).

³ HM Inspectorate of Probation *Delivering an Enhanced Level of Community Supervision* Report of a Thematic Inspection on the Work of Approved Probation and Bail Hostels (1998).

⁴ HM Inspectorates of Prisons and Probation *Through the Prison Gate A Joint Thematic Review* (2001).

The Langley House Trust

- 3.6 The Langley House Trust is a registered charity and Registered Social Landlord, specialising in providing residential rehabilitative care for offenders. The Trust has its roots in the 1950s through the concerns of a group of Christian lawyers and business people about a range of social problems, including the need for the reform and rehabilitation of the discharged prisoner. Residential accommodation was assessed as being the paramount requirement to respond to this need, together with employment.
- 3.7 The first 'Langley Home' opened in June 1959. The success of its work led to a second home being opened in 1961, followed by the development of 6 more residential projects during the 1960s. A steady expansion of the Trust's estate has continued ever since. More recently, the development of closer links with the Home Office was brought about by the Trust's planned response to developments within the criminal justice system as they related to the resettlement of offenders.
- 3.8 Under the guidance of the Trustees and Chief Executive, a clear commitment had emerged to adopting high professional standards across the Trust including the Fresh Start Projects. This had been evidenced in the Trust's reorganisation and the decision to move from the notion of 'house parenting' to 'project managing' and 'project working', with an increased emphasis of its role in public protection.
- 3.9 In 1999 the Trustees adopted a revised set of aims and objectives namely:

'Our aim is to help men and women who have offended to reduce further offending and so to protect the public. We will achieve this by providing high quality effective services based on Christian beliefs and values.'

Our objectives are to:

1. *Provide for those with the most acute needs and those who present significant risk to the community.*
2. *Contribute to public protection and community safety.*
3. *Maintain and manage residential communities and other housing and related services, which promote best practice in care, support and quality of life.*
4. *Deliver training for services users through innovative programmes which will reduce offending behaviour and improve quality of life leading to opportunities for greater independence.*
5. *Work in partnership with others to improve effectiveness and to deliver best value.*
6. *Recruit, develop, train and invest in high quality staff.*
7. *Ensure financial stability for the Trust.'*

- 3.10 At the time of the inspection, the restructuring had resulted in the clustering of the Trust's estate into specific key service areas. These were the Fresh Start Projects, Drug Rehabilitation Centres, Registered Care Homes, Residential Training Centres, Resettlement Projects and Move on Accommodation.

- 3.11 Other notable developments in the last 2 years included the Trust's efforts to become a Registered Social Landlord, a status it achieved in February 2000. The benefit of registration, amongst other things, would provide access to statutory funds to enable the Trust to improve the quality of its accommodation and increase the emphasis on equal opportunity issues and resident participation in the work.
- 3.12 Under the leadership of the current Chief Executive, the Trust has affirmed its commitment to the promotion, recruitment and retention of a competent work force, to ensure staff skill and competence levels are appropriate, especially for working with potentially difficult and dangerous offenders. Consequently, staff at Project Worker level are increasingly being encouraged to study for the National Vocational Qualification (NVQ) Level 3 in Community Justice and Special Needs Housing, with other opportunities available to management grades. At the time of the inspection, 2 Deputy Managers were in the process of completing the Diploma in Social Work (DipSW).
- 3.13 During its 43-year history, the Trust had emerged as a leading national voluntary provider of accommodation for offenders. Trustees believed the effectiveness and value of the work rested in the organisation's ability to hold in balance the need for proper risk management procedures and practices, its responsibility as a housing provider, the values of a qualified and competent work force and the Christian value base that justified and informed all of its activities.

The Fresh Start Projects

- 3.14 Originally described as 'homes' and managed by 'house parents', the 5 Fresh Start Projects formerly operated as halfway houses for those discharged male prisoners who needed the care of a supportive environment as an important stage in their resettlement and rehabilitation into the community. Longer serving Trust staff described the former regime as being 'caring, but paternalistic', run by staff who were unclear about their role and who worked to the 'loosest' of job descriptions.
- 3.15 The emergence of the Fresh Start Projects from the former 'halfway homes' can be traced to the implementation of the Trust's revised aims and objectives relating to male offenders who were 'hard to place'. From 1998 standards began to be adopted from those used in other housing, care and criminal justice sectors. At the same time, investment was made to improve the buildings and fabric, staffing levels and competence, as well as more attention being given to the development of move on arrangements.
- 3.16 The current Fresh Start Project regime was designed to receive men from prison, on community orders and from hospital settings who, typically, would be homeless and ill-equipped to cope in the community without support to enhance their social reintegration.

Operational and funding arrangements

- 3.17 The work of the Trust was overseen by 9 Trustees, serviced by a chairman and vice-chairman. Their role was to ensure the implementation of the Trust deed, the aims and objectives of the Trust, its policies and procedures, as well as setting strategic direction.

- 3.18 The senior management team was headed by the Chief Executive who was responsible for the day-to-day management of the Trust and represented it at national level. In addition to the Chief Executive, the senior management team consisted of:
- the Finance Director, who was responsible for the Trust's accounts, budgets, personnel, information technology, building and maintenance matters
 - the Fund Raising Manager who promoted charitable giving to the Trust from individuals, as well as corporate and charitable sponsors
 - 3 Operations Directors who were responsible for the line management of the Projects, as well as the promotion and development of the work within each region.
- 3.19 The Trust's head office was located in Oxfordshire and operated via a regional structure (North, East and West regions), managed by one of the Operations Directors. Within the 3 regions, each Project had a manager who was responsible for a devolved budget and represented the Trust at local level. Each Project had been allocated provision for a Deputy Manager and a number of Project Workers whose duties included the direct provision of care, key working and the support and supervision of residents. A Project administrator assisted the manager with financial and administrative duties.
- 3.20 Some Projects had additional staff, including cooks, cleaners and housekeepers, whilst others had incorporated these roles into other staffing or resident duties. Each Project had a list of 'bank' staff who were used in times of staff shortages. Volunteers had also been recruited to supplement the work of the permanent staff. In November 2000, the Trust provided 212 bed spaces for offenders and employed in excess of 170 staff.
- 3.21 In addition to the Home Office grant, the Fresh Start Projects funding included charitable donations and sponsorships made to the Trust as well as the contributions by each resident, either in the form of rent or housing benefit. The Trust was mindful that its change of status in becoming a Registered Social Landlord and the national changes under the 'Supporting People' initiative could have significant implications for the way the Fresh Start Projects were financed in the future.

4. POLICY AND PRACTICE GUIDANCE

- 4.1 This chapter reports on the policy and development of the Fresh Start Projects. It examines the Projects' referral, admission and induction systems and the use of practice guidance to assist staff in these tasks.

Policy and practice guidance

- 4.2 In its Annual Review for 1999/2000, the Trust set out its primary goal as being to help offenders to reduce further offending and to develop the necessary skills to play a constructive role in the community. In doing so, the Trust made explicit its important role in contributing to the protection of the public. This goal would be achieved via its commitment to providing high quality, cost-effective services based on Christian beliefs and values.
- 4.3 The Review indicated that the Fresh Start Projects encouraged residents to learn new skills for independent living, especially in helping them to find employment, move on to their own accommodation and to integrate with others in society. Continued support could be made available to offenders, even after moving on from a Fresh Start Project.
- 4.4 Beyond this statement the Trustees had not adopted a specific policy for the Fresh Start Projects. Neither had the Trust set specific priorities nor targets to underpin its work. Discretion and flexibility had been devolved to each manager, evidenced by the variety in approaches being adopted. Staff, however, clearly indicated that the Trust's primary expectations related to accommodating and working with the most needy offenders, including those who had been refused accommodation elsewhere, or evicted from other hostels. In this, the majority of staff shared enthusiastically the Trust's commitment to accepting all who were prepared to cooperate with what the Project had to offer.
- 4.5 The Trust's main avenue for communicating its expectations was the Handbook. This contained a range of overarching policy statements that sometimes lacked the necessary detail to provide clarity. Some Project staff were confused or uncertain about how the Trust's expectations were to be taken forward in practice. Staff described 'agreed team practices', the format and content of which was rarely recorded. They also emphasised the value of 'the family', in which all staff knew what was expected of them with mutual accountability, joint responsibility and inter-dependence of roles and tasks being crucial. This approach was undoubtedly a major strength, although the absence of practice guidance contributed to inconsistencies.
- 4.6 To supplement the Handbook, occasional circulars were issued to Project Managers, some of which would contain guidance on practice issues. The Trust expected that the content of the circulars would be shared with staff and considered at team meetings. It was not clear how far the contents of circulars were being disseminated satisfactorily to all staff.

4.7 There was evidence that some local probation staff lacked awareness of the Projects and the Trust needed to make clearer internally and externally the specific purpose of its Fresh Start Projects through a specific policy. The introduction of associated practice guidance would be particularly beneficial to newly arrived members of staff by identifying or clarifying the Trust's systems, procedures and practices for delivering its services to residents.

Referrals, admissions and induction

- 4.8 In the absence of specific eligibility criteria, referral practice had evolved in line with the Trust's commitment to target the most vulnerable and needy offenders. Custom and practice had developed across the 5 Projects based on the belief that no prospective resident should be refused access on the grounds of:
- the nature of the offence alone
 - having been refused entry to an approved probation and bail hostel, or evicted from one.
- 4.9 In practice, the dominant criteria adopted by managers related to:
- the offender's willingness to cooperate with what the Project would require of them
 - maintaining a balance of offender and offence types within each Project
 - the ability of Project staff to manage risks, including those posed by serious offenders.
- 4.10 The Trust's standard application form was being consistently used which provided a range of information about the prospective resident. Before a decision to offer a place was made, additional information was required from the referring agency. This included a copy of the pre-sentence report (PSR), risk assessment, pre-convictions and, where appropriate, medical reports. Staff indicated that this information was normally routinely provided and that without it Project Managers would not offer an offender a place. Issues relating to direct referrals by the NPD are considered later in this report.
- 4.11 The referral monitoring exercise showed that 161 referrals to the 5 Fresh Start Projects had been made between 1 January 2001 and 31 March 2001, including some made to more than one Project. This figure included those offenders who had been referred prior to 1 January and were resident when the exercise commenced. The main findings relating to referral practice were:
- 59% of referrals were made on men aged between 25-39; 26% were aged 40-59; and, 9% aged over 60. Approximately 6% of referrals were on young male offenders aged under 20
 - 95% of those referred were recorded as white; only 5% of referrals were made on minority ethnic offenders
 - only 3% of referrals were made on bailees; 29% were on offenders subject to a community sentence; and, 44% were licence cases. Only 17% of referrals were

made on men not subject to any form of statutory supervision. Amongst the 7% 'other' were a number of non-offenders subject to mental health supervision

- 50% of referrals included offences in the high serious categories
- 24% of all referrals were known to be on a probation area's high risk of harm register; although 44% were not, the position was not clear in the remaining 32% of cases
- 64% of referrals were made by probation staff; 4% by social services; 11% by prison staff; 4% by other voluntary hostels; 4% by self; and, 13% by others including psychiatric services
- 65% of referrals were made on offenders still in custody
- a copy of the PSR/specific sentence report (SSR) and previous convictions were available in 77% and 73% of referrals respectively; however, in only 29% of cases was a risk of harm assessment by the referring agency made available; of the 46 referrals without such an assessment, 30 were accepted by the Project
- in 86% of cases a risk assessment was completed by Project staff in line with the Trust's expectations before the decision to accept/refuse was taken; however, there were variations across the Projects in that 94% were completed in one Project whilst the proportion completed at a second was 64%.

4.12 The implications of the absence of a risk assessment by the referring agency was a matter of concern. However, the monitoring exercise suggested that generally sufficient information was available at the time of referral for Project staff to undertake an initial risk assessment. It remained important for risk assessments undertaken by referring agencies to be made available in all cases at the point of referral in order that:

- Project staff could adequately assess the potential impact of the referral on the residency profile of the Project and determine suitability
- any potential risk to the community could be highlighted at the earliest stage and plans introduced to manage it.

4.13 It was also imperative for Project Managers to undertake an informed risk assessment on all referrals prior to a decision to accept an offender was made.

4.14 The low number of referrals received on minority ethnic offenders was of concern and needed attention by Project staff and the referring agencies. Most Project and probation staff could not provide an explanation, although a few staff thought some referrers might be deterred because of the Trust's Christian ethos. Inspectors, however, found no evidence of staff seeking to proselytise residents. On the contrary, staff were clearly motivated to working with residents from various cultures and with different belief systems. The level of sensitivity and respect demonstrated by staff towards residents was commendable.

4.15 Of the 6 minority ethnic offenders who had been referred, 3 were accepted and the decision on one other was still pending. The 2 unsuccessful referrals resulted from the assessed risks of the offenders causing harm to others being too high.

4.16 The monitoring results also highlighted variations across the Projects in terms of who made referrals and from where. As a national voluntary organisation, the Trust made its services widely available. However, the extent to which the local probation area made use of its

Project varied. It was surprising, for example, that only 2 of the 11 residents in one Project had been referred by staff from the relevant probation area, compared with 8 out of 14 in another.

4.17 In total, 94 of the 161 referrals had been accepted and offered a place. The main reasons for rejecting 67 referrals included:

- the risk of reoffending was too high in 10 (15%) cases
- the risk of harm to others was too high in a further 10 (15%) cases
- 21 (31%) were recorded as ‘unsuitable’.

The remaining 26 referrals were rejected for miscellaneous reasons, including ‘no vacancy’, the offender not reporting for the referral interview and, in one case, the local probation area being unwilling to sanction acceptance.

4.18 Not all the Projects were resourced to the same staffing levels. This would partly explain the different approaches to offering an applicant a place, especially as one in 10 of unsuitable applicants to a Project were considered suitable for another. The extension of funding by NPD under which 3 beds in each of 2 of the Fresh Start Projects were designated for difficult to place offenders, had resulted in these being able to provide double staff cover for 24 hours every day, together with additional supervisory and security measures.

4.19 Probation staff were not always clear about their own area’s policy and expectations about referrals to a Fresh Start Project. A number of probation managers indicated that, in the first instance, they would expect use to be made of their own managed accommodation. There was also evidence that some POs were more likely to make use of their local Fresh Start Project than their colleagues. Although the reasons for this were not clear, it was important for probation managers to explore this further with their Fresh Start Project staff colleagues.

4.20 The fact that the referral monitoring exercise showed that 9 accepted Fresh Start referrals had been refused a place in an approved hostel or had been evicted from one raised a number of serious issues that needed to be addressed. The apparent absence in some areas of clear guidance and instructions to probation staff may have prevented appropriate referrals being made to the Trust’s Projects. Probation areas needed to clarify with their local Fresh Start managers how each Project could be better integrated into probation area planning for offender accommodation. Alongside this, clarification was needed nationally in terms of how the use of the Fresh Start provision should best fit into the range of accommodation available to offenders.

4.21 Inspectors found evidence of frequent pre-placement meetings being held between Project staff and prospective residents, including visits to offenders in custody. Staff clearly used these meetings to clarify expectations about behaviour, especially with those offenders assessed as posing a risk of harm.

4.22 The pre-placement meetings were also used as part of the resident’s formal induction process to reinforce commitments and agreements. Although staff talked about the need to keep the rules to a minimum, they also emphasised the importance of creating a ‘home environment’ from the outset. This required staff to treat all residents firmly but with respect, a balance that a number of residents confirmed had been achieved.

- 4.23 During the induction period, residents were allocated a key worker, protocols, licences and house rules emphasised and the resident's care plan, a 'voluntary agreement' that would underpin much of the work, developed.
- 4.24 All staff saw the resident's induction period as a crucial phase in laying the foundations for a positive period of residence. This was illustrated by one Project Worker's view that "if we can get the first couple of weeks right for a resident, we have every chance of helping him to use his time with us constructively and to make a big difference to the way he thinks and acts".

5. WORKING WITH RESIDENTS

- 5.1 This chapter reports on the work undertaken with residents on their offending behaviour and offence related needs to contribute to their resettlement and rehabilitation. It includes an assessment of the use made of partnerships and arrangements for moving residents on to independent accommodation. Attention is also given to responding to the needs of minority ethnic residents.

Regime

- 5.2 Most of the Projects had clearly developed a positive regime, which encouraged residents to take responsibility for their own decision making, tackling offending behaviour and other related needs. Many residents spoke of the Fresh Start Project as being ‘different’ from other hostels, although they found it difficult to articulate the reasons for this. Although the physical standards of most of the Projects would not meet the requirements set for approved hostels, inspectors were impressed with what residents described as the ‘homely’ atmosphere that the Projects had been able to create. Residents spoke unanimously about the positive attitudes taken to them by staff; they felt respected and fairly treated.
- 5.3 Even where staffing arrangements made it difficult to undertake the range of tasks effectively, it was satisfying to find examples of high staff morale with a commitment to working together as a cohesive unit. There were exceptions to these findings. In 2 Projects, inspectors were concerned about the impact of staff vacancies where rotas had been covered by temporary, less experienced staff. This adversely effected the achievement of the positive regime found elsewhere.

Work planning arrangements

- 5.4 The planned work with residents was detailed in a number of residents’ documents. How information was recorded appeared to be a matter of individual staff member choice as no clear guidance had been issued. The resident’s licence, a specific Langley House document, contained the details of the conditions of the residency and general expectations of behaviour, etc. This should not to be confused with the statutory licence for offenders released from prison. In addition, a protocol was in place for those residents referred by the NPD. The protocols contained specific reference to the levels of oversight to be applied, restrictions, security checks and other supervisory measures designed to safely contain the resident.

Care plans

- 5.5 The main planning document for residential care was the care plan. The Handbook set out expectations for care plans, their purpose and usage as being:

'to record the long and short-term aims and objectives to be achieved during a resident's admission. Goals set should be specific and achievable so that residents can monitor their own progress and contribute to a sense of achievement and self-esteem. Care plans should be reviewed regularly by the key worker and resident to ensure they remain relevant and achievable'.

- 5.6 Variations were found in the extent to which plans were drawn up at all and, when they were, their content and focus. In some of the Projects, plans would not be produced for those residents subject to a protocol. The reason for this was unclear, as the content of the protocol did not contain care plan requirements.
- 5.7 A care plan had been written within 4 weeks of the resident's arrival in 31 (58%) case files examined.⁵ In a further 11 cases (21%) a plan had been subsequently prepared but in 11 cases there was no evidence of any plan. Some staff saw it as the resident's own personal plan and as a consequence, if the resident did not see the point of doing so, did not prepare one.
- 5.8 The quality of the plans also varied. Table 1 summarises the extent to which those care plans examined satisfactorily addressed the work to be undertaken during the period of residence. It indicates that offending related needs and circumstances such as employment, addictions and, accommodation were being dealt with generally well. There was, however, room for improving the content across other identified work areas.

TABLE 1: Content of residents' care plans

	Clearly sufficient	Limited but sufficient	Limited and insufficient	Not at all	Not clear from the record
a) Causes and patterns of the offending behaviour, including assessment of the likelihood of reoffending	3%	32%	21%	37%	8%
b) Work to ensure the resident is made aware of the effect of offence on victims and others	3%	24%	8%	57%	8%
c) Challenging the resident to accept responsibility for his offending and consequences	5%	24%	13%	47%	10%
d) How the likelihood of further offending is to be reduced	8%	24%	24%	32%	11%
e) Offending related needs and circumstances (e.g. employment, addictions, accommodation, etc)	21%	34%	40%	35%	35%
f) Public protection issues (if any)	15%	30%	7%	37%	8%
g) The resident's experience of racism and/or other forms of discrimination (if any)	0%	0%	0%	50%	50%
h) Racially motivated offending/racist attitudes (if any)	0%	0%	0%	0%	100%
i) The resident's motivation to achieve the purposes of the order/licence	14%	26%	20%	29%	11%
j) The use of probation area programmes	10%	17%	17%	43%	13%
k) The use of partnerships	19%	19%	29%	23%	10%

⁵ A total of 59 resident files were examined during the inspection; however, time constraints only allowed full information to be extracted from 43.

- 5.9 Fifteen (37%) of the files contained a care plan that set specific and measurable objectives as required by the Trust. In a further 24 (58%), some objectives had been set but were not Specific, Measurable, Achievable, Realistic and Timed (SMART), and in 2 plans (5%) no objectives for the work had been set at all.
- 5.10 The Handbook suggested that involving the referring agency in drawing up the care plan might be appropriate to ensure, for example, it accorded with the probation area's supervision plan. It was surprising that in only 11 out of 38 (29%) appropriate cases, a copy of the probation area's supervision plan was on file. In the remaining 27 files (71%) there was no reference to a supervision plan or to its content having been shared with Project staff.
- 5.11 Overall, attention needed to be given to all the planning documents. Most were being used as stand alone entities in their own right and rarely related to or cross-referenced other key documents. A few were found to duplicate information recorded elsewhere. Consideration should be given to streamlining resident documentation, combining it where this was possible, and ensuring revised documents were consistently used to a defined standard that highlighted risk management, liaison and collaborative effort.
- 5.12 It was important for Project staff to be informed by probation staff of the content of their own supervision planning. It was disappointing to find that, on the evidence of residents' case files, probation and Project staff had not worked well together in formulating both the care and supervision plans. Project staff in 3 of the Projects were routinely forwarding copies of their own care plans to the PO. In 11 out of the 38 relevant cases (29%), where this had been reciprocated by the PO, 8 had come from the same probation area.
- 5.13 Although in none of the cases had all the planned tasks identified in the care plans been successfully completed:
- in 10 cases (26%), the identified work had been completed, was currently underway, or had been definitely arranged
 - in a further 10, most but not all of the planned actions had satisfactorily been arranged
 - in the remaining 48% of cases, few or none of the planned actions had been acted upon, or there was little evidence of any clear planning having been recorded at all
 - in 16 out of a possible 36 cases (44%) was there evidence that the work with residents was being formally reviewed and the results recorded on at least a quarterly basis
 - in the remaining 20 cases (56%) there was no evidence of the care plans or other work being reviewed at all.
- 5.14 These findings were further supported by the fact that in only 49% of cases was it clear that opportunities had been provided to residents to enable them to appropriately occupy themselves during their stay. This was of concern. The issue was illustrated by one liaison police officer who, although very positive about the staff, noted that on his visits to the Project, residents were 'too frequently sitting around watching television all day apparently with little else to do'.

- 5.15 The reason for the lack of satisfactory action to implement the care plans was partly attributed to staffing difficulties affecting 2 of the Projects. In spite of making valiant efforts, it was evident that staff were unable to give the required time to working consistently with individual residents because of the pressures involved in ‘keeping the ship afloat’. Too many residents expressed disappointment at “things having to be cancelled” or “not having enough to do to keep us occupied”.
- 5.16 An additional factor was the absence of clear work priorities across all the Projects. The Handbook did indicate that work should be prioritised on the basis of risk. With the exception of the NPD referred cases, there was no clear recorded evidence that work with residents was being prioritised according to risk or any other clearly defined criteria. The role of managers was crucial in assisting staff to prioritise their work and develop a clearer ‘case management approach’ with residents, based on risk assessments. This had implications for the role of the Operations Directors. Currently, there was variation in the oversight provided to the Project Managers, including the setting of expectations for Projects in their regions as well as in their own supervisory practice.

Treatment and care facilities

- 5.17 Residents’ records revealed a commendable range of treatment and care facilities identified for use by residents, especially those using partnership provision. Some of these were being delivered in the Project itself. The range of facilities available is summarised in table 2.

TABLE 2: Treatment facilities/care provision arranged by project

	Arranged by Langley House	Delivered in Project	Delivered outside Project
Drug/substance misuse	3	1	2
Employment	10	3	7
Alcohol	5	4	1
Education/training/literacy/numeracy	11	6	5
Leisure/sport/hobbies	11	9	2
Offending behaviour	8	7	1
Sex offending	4	3	1
Social/living skills; relationships, etc	15	14	1
Key worker sessions	27	25	2
Anger/conflict management	4	4	0
Accommodation	15	8	7
Cognitive behaviour/development	7	6	1
Motor/property offences	0	0	0
Domestic violence	0	0	0
Income/budget management	7	7	0
Health	21	9	12
Referrals to clinics/psychiatric nurse/counselling	9	3	6
Community work	5	3	2
Other	1	0	1

- 5.18 There was some inconsistency across the Projects in the extent to which these facilities were available to residents. Some staff were also unclear about what they were expected to provide, for whom and at what cost.
- 5.19 The assessment of treatment facilities and care provision also highlighted differences in approach taken by the Trust and probation areas. Attendance at the facilities arranged by the Trust was almost universally on a voluntary basis although, in isolated cases, inspectors found a ‘strong expectation’ that the resident would attend. Attendance at none was included as a condition of the order or licence. This was in contrast to attendance at facilities and partnership programmes organised by the PO, which often included a clear requirement on the offender to attend. The implications of the different approaches justified further examination.
- 5.20 In some of the Projects, greater use was made of partnerships to deliver services, especially where staff were not trained or properly equipped to undertake this work. This particularly related to sex offending behaviour where, in one Project, the National Society for the Protection of Cruelty to Children (NSPCC) provided resident access to its programmes. However, the extent to which such access was arranged jointly by probation and Project staff, was not always clear.
- 5.21 In the absence of national guidance, this issue brought into sharp focus the lack of clarity about the respective roles of probation and Project staff in working with residents on their offending behaviour. This was further highlighted by those residents who were no longer subject to statutory supervision but remained potentially dangerous and therefore posed risks. Project staff faced particular difficulties in ensuring these risks were properly managed without the support that statutory supervision afforded them.
- 5.22 The Trust’s contractual arrangements continued to focus on the number of beds to be provided across the Projects without detailing the services that Project staff were required to deliver. Neither did the arrangements set out the standards of supervision nor levels of care and control to be exercised. Incorporating these into contractual requirements in the future would assist the Trust in negotiating with probation areas respective individual and collective responsibilities.

Enforcement

- 5.23 In 18 of the 21 case files where there was evidence that the resident had engaged in activities prohibited by the house rules, a written or verbal warning had been issued by Project staff. In the remaining 3 cases, no such warning appeared to have been given, although the seriousness of the respective infringements was not clear.
- 5.24 There were 37 residents (64%) who had been subject to a curfew for some or all of the time of their residence. In only 5 cases did the resident fail to abide by the curfew. In 4 of these cases the resident’s explanation for failure was clearly recorded; in the other case, no record had been made; in all 5 cases, however, either a written or oral warning had been issued to the resident.
- 5.25 The records did suggest that Project staff could have been more proactive in sharing this information with the PO, in that in 10 of the relevant cases (43%), it appeared that the PO

had not been reliably informed. However, in only 17 of 38 cases (45%) had Project staff been informed by the PO of unacceptable failures by the residents to comply with statutory supervision. In a further 21 cases (55%) the position was not clear.

- 5.26 Staff were generally taking a responsible attitude to ensuring an appropriate balance between enforcing the Project's house rules and licence requirements, whilst maintaining an atmosphere of care within the Project. There were 2 exceptions, and Operations Directors needed to be satisfied that a consistent approach was always being adopted. In addition, liaison arrangements with probation staff needed to be improved across most of the Projects to ensure proper compliance with all statutory order and licence requirements.

Quality of work

- 5.27 In terms of the overall assessment of the effectiveness of the work being undertaken by Project staff, in 13 out of the relevant 44 cases (30%), staff appeared to have satisfactorily identified residents' offence related problems and for these to be addressed by the Project, the probation area or through a partner organisation. In a further 4 cases (9%), Project staff were assessed as having achieved this 'to a reasonable extent' and in 8 cases (18%) 'to a limited extent only'. In the remaining cases, there was insufficient information recorded to form a judgement. Further, it was noted that in 10 cases (23%) staff did not appear to have taken opportunities to identify and act upon any offence related problems, although in an additional 6 residents' case files, there was insufficient information on which to form a judgement.
- 5.28 In 23 of the 41 cases (56%), an appropriate level of oversight and care was being provided to each resident but in 15 cases (37%) there was no recorded evidence that this was being provided. In the remaining 3 cases the file contained insufficient information to form a judgement. These findings were further evidenced in the overall ratings of the quality of work being undertaken by Project staff. In 56% of case files the quality of work was assessed as 'at least satisfactory' but 'unsatisfactory' or 'very poor' in 19 (44%).
- 5.29 As with other findings, there were variations between the Projects in terms of the overall quality rating. It was particularly pleasing that 2 had achieved 'at least satisfactory' ratings across all their case files, but one Project attracted either 'not satisfactory' or 'very poor' ratings across all its cases. The reasons for this wide variation needed attention by managers and targets set to raise the weaker performing Projects to the performance levels of the best.

Key working

- 5.30 All 5 Projects had adopted a key worker system in which each resident was allocated a named Project Worker, normally at the time of induction. In 3 Projects, the manager as well as the deputy had been regularly undertaking key worker roles, in some cases because of staff shortages.
- 5.31 Four of the 11 key worker sessions observed demonstrated excellent practice. In these sessions, the work undertaken with the resident or being planned was focused and

purposeful. Key workers appropriately reviewed with the resident progress made and confirmed where further effort or attention was required. These staff could take much credit for their work in helping residents to address their offending behaviour and other problems.

- 5.32 The standard of key working, however, was not consistent and clearly depended on the skills and experience of the key worker. Although 4 of the 11 observed interviews were assessed as 'very good' and a further 4 as 'satisfactory', 3 were assessed as 'unsatisfactory'.
- 5.33 It was evident that less experienced staff were unclear about the purpose of key working and their individual roles within it. Some indicated that in the absence of a care plan or the unwillingness of a resident to engage in purposeful work, key worker sessions 'seemed pointless' and would not be arranged. Other staff saw themselves as responsible for delivering all the planned work with residents, whilst a number saw the role primarily as facilitating and coordinating the total effort of work on behalf of the resident.
- 5.34 Key worker sessions were also being recorded in a variety of ways, including entries on contact logs (part C's), separate key worker notes as well as entries in different sections of the resident's file. What was recorded sometimes suggested that key working practice was disjointed in that it failed to integrate the implications of risk assessment and management action plans, the requirements of the protocols and licences or failed to relate specifically to the aims of the care plans.

Responding to the needs of minority ethnic residents

- 5.35 The Trustees were committed to treating all residents and potential residents fairly, and thereby to satisfy the requirements of relevant legislation. Paragraph 3 of the Trust's *Equal Opportunities for Residents Policy* indicated that:

'for disadvantaged groups, the Trustees will adopt measures beyond encouraging and maintaining equal opportunities. The intention of these measures is to redress patterns of inequality, which have developed over time. These may include special training, counselling and the establishing of close relationships with representatives of disadvantaged minority groups, together with other remedial actions provided for in the relevant codes of practice produced by the Equal Opportunities Commission and the Commission for Racial Equality'.
- 5.36 The Trustees required the Chief Executive to monitor the results of the policy on equal opportunities and to ensure that all staff were aware of policy requirements, receiving training to support them in its operation.
- 5.37 Only 5 of the 59 cases examined contained a full race and ethnicity code, although on most of the other case files some information on race/ethnicity was available. Based on this data, 49 of the cases were recorded as 'White', 4 as 'African/African Caribbean' or 'other' and one was 'Asian'. The referral monitoring exercise indicated that very few of the 161 application forms contained full race/ethnicity information and no information was available at all in 25 (16%) cases.
- 5.38 It was evident that attention was being given to ensure that the needs of minority ethnic residents were being addressed in relation to dietary needs, religious observation practices

and cultural requirements. Those minority ethnic members of staff interviewed welcomed their advice having been sought to promote the delivery of sensitive and receptive services to minority ethnic residents. This view was supported by the 2 minority ethnic residents seen who indicated that they had been fairly and appropriately treated during their stay.

- 5.39 Project staff provided a number of examples of dealing effectively with racist language and behaviour when this had arisen, although there were no written procedures to ensure that the Trust's commitment to anti-discriminatory practice was consistently implemented.

Partnerships, programmes and community resources

- 5.40 Staff were highly committed across most of the Projects to working collaboratively with statutory and other voluntary organisations to maximise their work with residents. Table 2 highlighted the range of treatment and care facilities available to residents. Excluding the key worker sessions, there were 136 identified instances across the 59 case files where links had been established with partnership services or community resources. Of these, in 87 instances the facility was provided within the Project itself. Examples were cited of employment and basic skills workers, drug treatment councillors, health workers and partners providing specific social skills, numeracy/literacy opportunities, often visiting the Project to run sessions.
- 5.41 In 49 instances, facilities were accessed outside of the Project. Whilst Project staff encouraged residents to make such external links, they highlighted the lack of confidence and motivation in residents which sometimes resulted in the in-house arrangements initially being more successful in achieving resident participation.
- 5.42 The attention to working in partnership with others was not consistent across the Projects. In the more active ones, considerable time and effort was placed on networking with statutory and voluntary providers and, in some instances, to great effect. This was particularly the case with other accommodation providers. In some of the Projects, the expectation of probation areas and Trust staff was that residents would access drug services and employment and basic skills provision through New Deal or probation initiatives and not through pro-active work by Langley staff. This further reflected the confusion previously identified in the respective roles of the Trust and probation areas in how the needs of residents would be met through the provision of such services.

Liaison arrangements

- 5.43 There was evidence in 3 Projects of good liaison between Trust staff, supervising POs and the police to ensure residents were managed properly and safely during their stay in a Fresh Start Project. This was instanced by the regular visits by POs to interview residents subject to statutory supervision and the use of 3-way meetings. Probation staff and police often spoke positively of both the level and quality of the liaison between themselves and Project staff, especially in terms of the management of risk. Improved liaison had produced increased police confidence in the Projects concerned, enabling police officers to visit informally and formally when public protection or other issues needed to be addressed. In the remaining 2, liaison with the probation area was limited and needed to be improved.

- 5.44 The Trustees expected that each Probation Board would ensure the appointment of a liaison probation officer (LPO) to each Project. However, local agreements were not always in place for an appointment and no expectation had been formalised by the Home Office. Although the Handbook indicated that the role would be a changing one, it was anticipated the LPO would promote the use of a Project within the local area, provide a valuable link with potential referring and supervising staff from other areas, and be available to offer advice and support to staff and residents. However, not all Projects had the benefit of an LPO and the current role in practice varied considerably.
- 5.45 A number of probation areas were reviewing their links with the local Fresh Start Project by either reducing or withdrawing altogether the commitment to provide an LPO resource to undertake the role expected by the Trust. In one area, the role was being replaced by a senior probation officer (SPO) to deal with more strategic matters. In another, there was no intention to introduce an LPO, and for liaison to continue to be dispersed via the responsibility of each PO who had an offender in residence.
- 5.46 The difference in the quality of probation liaison arrangements was evident in the examination of case files. Good liaison existed with some POs regarding their cases in some areas. In addition, in at least 2 of the Projects, the work of the LPO was particularly valued. However, the absence of sufficient consultation about the Projects to ensure the effective supervision of residents subject to statutory orders and licences, required further attention. Clearly a positive and professional working relationship with NPS staff at central and local levels was vital to the ongoing work of the Trust. This needed to be supported by good liaison arrangements being in place and clear decisions being made about individual cases.

Move on and outreach work

- 5.47 The Handbook indicated that Trust accommodation was not suitable as permanent housing, although it was acknowledged that some residents could need this level of resource and support for life. The Trust expected that most offenders would move on to independent living, freeing up beds for offenders in greater need. Project staff believed that help with move on accommodation had become crucial, as the supply of alternative housing had, in many areas, decreased partly as a result of the reduction of local authorities housing stock.
- 5.48 The average length of residence to date was 65 weeks, although the data demonstrated wide variations. Two offenders, for example, had been in residence for 12 and 13 years respectively, with a third for over 5 years for appropriate reasons. Although it was not clear whether a formal and detailed move on policy had been approved by the Trustees, in practice:
- residents would, on average, remain in a Fresh Start Project between one and 3 years
 - Project Managers were required to develop close links with housing providers to develop permanent housing opportunities for offenders
 - priority was being given to those residents who had the fewest options and posed the greatest need

- assistance would be considered to cover a deposit and provide furniture in respect of a move on address
 - ex-residents would be encouraged to maintain contact with the Project for support; should an ex-resident subsequently experience 'insurmountable difficulties', the Trust would consider taking him back into its accommodation.
- 5.49 Active attention was being given by managers and Project staff to moving residents on. Suitable accommodation was not always readily available, especially for residents wanting to remain locally but who were not 'local to the area'. It was clear from the case files that a focus on move on planning remained central to the key working undertaken with residents. The referral monitoring exercise indicated that 31 residents had left the Project during the 3-month monitoring period. Included in these, 10 (32%) left under the terms of a planned move to alternative accommodation; 2 (6%) left on the basis of an unplanned move to other accommodation; 12 residents (39%) were evicted from the Project due to a sustained unwillingness to comply with the requirements laid down in the residency licence, including failure to pay rent.
- 5.50 Project staff and those residents who were planning to leave highlighted the potential triggers to reoffending that moving on would pose. In particular, residents stressed the termination of those reliable support systems provided by Project staff, sometimes over an extended period of time, that had proved so valuable in keeping them out of trouble.
- 5.51 To minimise the impact of these risks, the need to extend the 'outreach' services that had been introduced in some of the Projects was raised by a number of staff. Within these arrangements, residents had been invited to retain contact with the Project via nominated staff who would visit the ex-resident in his move on accommodation.
- 5.52 Managers and Trust support staff indicated that outreach services remained a key area for development, especially for those offenders who had come to the end of their statutory period of supervision and licence but remained vulnerable and posing potential risks once they left the security of the Fresh Start Project. Currently, funding was not available to the Trust to offer this facility widely. However, inspectors were impressed with the arrangements described and commend consideration about the value of their wider application.

6. PROTECTING THE PUBLIC

- 6.1 This chapter examines the contribution made by the Fresh Start Projects to protecting the public. It includes a review of their use by the NPD for difficult to place offenders and assesses the actions taken to manage risks, including the role of Project staff in local multi-agency public protection procedures and meetings.

Context

- 6.2 The role of the Fresh Start Projects in protecting the public was hampered by the absence of a national public protection strategy. There remained no single method in use by probation areas for assessing the potential risks posed by offenders of causing harm to others, neither was there a consistent definition of 'high risk of harm' to identify clearly those few offenders considered to pose a current risk to the public. Each probation area had independently developed a system for assessing and managing risk of harm, but these currently varied, resulting in inconsistency. The Trust, together with other voluntary organisations who worked with offenders, was therefore largely dependent on local probation area procedures and practices for assessing and managing the risks posed by residents.
- 6.3 The NPD, jointly with the Prison Service, was in the process of introducing a standard risk assessment tool (OASys) which, following its roll-out in April 2002, would replace all current risk and needs assessment tools and introduce standard supervision and management plans. OASys is intended to produce greater consistency in risk assessment and planning across probation areas, and the NPD was considering the implications of the initiative for voluntary organisations such as the Langley House Trust.
- 6.4 Guidance issued to the police and probation areas in March on the requirements contained in Sections 67 and 68 of the Criminal Justice and Court Services Act 2000, pre-dated this inspection. In particular, it set out the need for formal procedures for the handling of information about offenders who posed risks. Whilst focusing on the police and probation areas, the guidance set out the need for inclusion in due course of relevant voluntary sector organisations.

Risk assessment and management

- 6.5 The Trust's Handbook stated that work with residents would be aimed at containing and, where possible, reducing their potential dangerousness. The 'risk management' policy identified 5 main categories of risk that needed to be addressed, namely risks to the public, children, residents, staff and of self-harm.
- 6.6 The policy stressed the responsibility to consider potential risks under these categories in all cases, recognising that some residents would present several categories of risk, others

none, and that the degree of risk would also vary. The overarching objectives of the policy were informed by the need to:

- protect the public, staff and others by ensuring that all reasonable and appropriate action was taken by staff
- ensure that the accountability for decisions in the management and assessment of risk related to the Trust via a multi-agency responsibility, and not simply to the actions of its own members of staff
- promote good and effective practice in risk assessment and management, recognising that, as a central task for staff, this required an ongoing process
- provide appropriate supervision, support and training for all staff working directly or indirectly with cases in which significant risk had been identified.

6.7 Linked to these objectives, the policy highlighted key principles namely:

- the protection and well being of all involved as being paramount, as well as the need to establish and implement appropriate procedures for prompt and effective intervention where a risk of harm was confirmed
- the importance of multi-agency collaboration at all levels to ensure effective risk management practice
- risk assessment and management would be afforded the highest priority by Trust staff
- managers would prioritise providing staff with high quality supervision and support to ensure and encourage good practice and effective accountability; the supervisory relationship between manager and staff member was seen by the Trust as a crucial factor in the effective management of residents' risks.

6.8 To ensure that staff were made aware of these requirements and developed the necessary skills to implement the Trust's expectations, the Handbook stated that a comprehensive training plan for all staff would be in place. It also stated that case records of those residents where risks had been identified must be clear, adequate and kept up to date. Information concerning the risks posed by a resident and subsequent actions to manage concerns should also be kept in a single file, with clear guidance issued for its storage and order.

6.9 The extent to which staff practice was consistent with policy expectations would be monitored and evaluated via:

- the completion of risk management assessment forms and the conduct of periodic reviews and team meetings
- the review and inspection procedure through which a sample of risk management cases would be taken to assess the quality of practice
- consideration by the management group of the results, monitoring data and developments in practice
- the supervision process.

6.10 Overall, the Trust's risk management policy provided a sound basis for effective risk management practice. Linked to this, the priority given to this issue was evidenced in the

meetings held with staff. They were clearly receptive to the need to be vigilant and responsive to the mood swings and behavioural changes in residents. In this, the importance to most staff of risk assessment and management practice was not questioned. However, it was clear that further work needed to be done by the Trust to formalise the procedures necessary to build effectively on its policy requirements and ensure staff competency.

Risk assessment

- 6.11 A risk assessment tool had first been introduced by the Trust 3 years ago, but this had recently been revised. Staff were required to complete an assessment during the referral process or 'once the resident had arrived'. The format of the tool had been adapted from one used by a probation area and was in 2 main parts. The first part required staff to score factors that would predict the likelihood of the resident reoffending. In this, the tool was similar to an earlier version of the Offender Group Reconviction Scale (OGRS) scoring mechanism that was in use in a number of probation areas. The second part of the tool prompted staff to examine factors that might heighten or lessen the likelihood of risks being manifest in behaviour.
- 6.12 The tool was not being used fully by all staff across all the Projects. Where it was used, only the first half of the form was normally completed. This produced a risk of reoffending score which many staff believed subsequently played little part in their actions to manage risks. The tool primarily focused on the risk of reoffending. Although later sections prompted staff to identify factors relating to risk of causing harm, it was inadequate to meet the Trust's requirements for the assessment of the 5 categories listed in its policy. The tool also failed to prompt the need to identify the actions necessary to manage any identified risks.
- 6.13 There was a need for staff to receive adequate training in the use of the risk assessment tool. Inexperienced staff often lacked an overarching understanding of risk assessment issues to use the assessment tool competently. The Trust was aware of these issues and action was being taken to achieve improvements.
- 6.14 In 16 of the 46 cases where information about risk was available, a sufficient risk assessment was recorded on the file. This was in contrast to the importance given to risk assessment demonstrated by managers and staff. Of the 27 files where public protection issues had been identified, half provided recorded evidence that these had been satisfactorily addressed in a risk management plan, care plan or other planning document. In 13 of these cases, there was no record of an action plan to manage the identified risks. In 4 of the 8 cases where there was a satisfactory plan, there was no written evidence of the identified actions having been implemented.
- 6.15 These findings were inconsistent with the Trust's expectations about staff fully recording the actions taken to minimise residents' risks. They did not reflect the strong commitment most managers and staff were clearly giving to risk issues on the basis of inspectors' meetings with them and direct observation of their practice. A number of managers responsible for referral decisions commented that the current risk assessment tool was not particularly helpful in the selection process, and described making their decision to accept or reject a

referral on the basis of alternative information, including what was made available by the referring agency.

- 6.16 In addition, managers stated that they were sure risk assessments were always being completed before admitting a referral, but some of these were not being properly recorded, especially where the risks were assessed as being 'low'. Of the 67 (42%) unsuccessful referrals, 10 (15%) were rejected because the risk of reoffending was assessed as being too high and a further 10 (15%) on the basis that the potential risks to others were assessed as being unacceptable.
- 6.17 The extent to which the risk assessments clearly specified who was at risk varied. In 9 cases (20%), a sufficient assessment of the resident's risk of causing further harm to the victim of the offence had been undertaken prior to admission. In 12 cases (26%) specific reference had been made to the potential risks posed to members of the public, and in 6 (13%) cases to risks to other residents.
- 6.18 There was also variation in the approach to risk assessment and management across the 5 Projects. These factors undoubtedly related to:
 - not all the Projects were equipped and staffed to take serious offenders
 - not all were resourced to enable the necessary time and attention to be given to risk assessment and risk management
 - few staff had received any formal training in risk assessment and management
 - managers were not always able to give priority to staff supervision in line with Trust policy.
- 6.19 However, these findings reflect inconsistencies found in HMIP's probation area inspections. Given that Langley staff practice was linked to the quality and effectiveness of probation area procedures, the findings of this inspection confirmed the need for further work by both organisations.
- 6.20 As part of the implementation of OASys, it is important for the NPD to ensure that an integrated and consistent approach between probation areas and voluntary organisations, such as the Langley House Trust, is taken to the appropriate placement and supervision of offenders in the community. Decisions relating to resourcing and training arrangements for this to happen effectively would also need to be addressed.
- 6.21 This approach is consistent with recommendation 23 of the Home Office's report of a Review of the Sentencing Framework for England and Wales.⁶ The recommendation specifically refers to the need for the Home Office to include accommodation provided by the independent and voluntary sectors in its review of the existing 'intermediate estate' for accommodating and managing offenders in the community with high risks of reoffending.

⁶ Home Office *Making Punishments Work* Report of a Review of the Sentencing Framework for England and Wales (2001).

Managing risk

- 6.22 Of the 161 referrals made to the Projects during the 3-month monitoring period, slightly over a half of referrals were made on offenders convicted of serious offences. The data also indicated that almost one-quarter of the referred offenders were known to be on a probation area's high risk of harm register, although for a third of referrals the position was not clear.
- 6.23 Approximately three-quarters of the residents across the Projects had committed offences in the serious categories. This was higher than the proportion accommodated by the approved probation and bail hostels, according to HMIP's 1998 thematic inspection findings that slightly over a half of residents had been charged or convicted with similar offences.
- 6.24 Of the 9 offenders referred to the Projects who had been refused a place in an approved hostel, 7 had been admitted. It was commendable that 6 of these offenders had been successfully accommodated by the Project having satisfactorily met the requirements of their residency licences or protocols. The seventh offender was subject to an alternative community supervision package under the Trust's 'outreach' agreement.
- 6.25 Since October 1999, the NPD had referred difficult to place offenders being discharged from a custodial sentence to a Langley House Project.⁷ Additional funding was made available by the Home Office to enable 24-hour double staff cover to be provided in the 2 Projects primarily being used to accommodate these offenders. The first referral under these arrangements was made in October 1999 and subsequently 20 offenders had been accommodated by April 2001. In all, 12 had been placed in 3 of the Projects, with the remaining 8 placed in 2 of the Trust's registered care homes which catered specifically for residents with longer term accommodation needs.
- 6.26 Meetings with probation area and police representatives indicated some issues had arisen in relation to the referral of difficult to place offenders that bypassed the normal application system. These included:
- a lack of equal provision of such facilities across England and Wales, resulting in the concentration of these offenders in a limited few locations
 - although the situation had now improved, the short notice given to place a number of offenders had meant a lack of adequate time to agree a risk management plan
 - the perception that some probation areas were failing to administer their responsibilities in the resettlement of offenders by referring a disproportionate number to the NPD for action.
- 6.27 There was some support for this latter view. Of the 20 cases referred by the NPD to the Trust, 12 probation areas had referred one each, one had referred 2 cases and 2 probation areas 3 cases. Whilst the number involved was too small to draw a reliable conclusion, it was important for the NPD to be satisfied that cases were referred for attention only as a last resort.

⁷ Probation areas unable to secure appropriate local accommodation for difficult to place offenders could refer them to the NPD for attention. During the year 2000/2001, a total of 264 offenders were referred via this process. Of these, 215 were released to a statutory hostel although none was subject to a statutory licence, 29 were discharged 'no fixed abode' or placed in unsuitable B&B accommodation because nothing else was available, and 20 offenders were placed in Langley House Trust accommodation.

6.28 For each NPD referred resident, a protocol was established that confirmed the enhanced and extended conditions and requirements for the resident's stay. Inspectors were impressed by the 5 NPD resident protocols they examined. The range of security and supervisory requirements introduced to ensure the resident's stay was effectively managed included:

- up to 24 hour curfew under which the resident was not permitted to leave the premises unless accompanied by a member of staff
- escorted visits for residents' shopping, social activities and probation office reporting to meet national standard requirements
- alarmed rooms and corridors
- observation checks, sometimes of 20 minute frequency, through the day and night
- additional prearranged outside visits, subject to strict conditions and monitoring
- regular and unannounced room searches
- access to areas of the premises restricted and permitted only by agreement with staff.

6.29 These restrictions and requirements on the NPD referrals were generally being applied consistently by staff. Surprisingly, perhaps, those residents interviewed did not view the restrictions as oppressive, but indicated the necessity for them, given their previous offending and perceived potential risks to the public. Both staff and residents believed the success in effectively implementing these enhanced levels of restrictions related to:

- the clarity of agreement between staff and the resident about the implications of the restrictions
- the restrictions and additional conditions being applied consistently
- the quality of the interaction between staff and the resident in applying them.

6.30 This latter contributory factor was a constant theme that emerged from this inspection. Residents provided qualitative evidence of being treated firmly but with respect by staff to which residents responded positively. Inspectors were struck by the genuine care with which staff engaged with residents, including those subject to the extended restrictions described above. One resident described his response to staff care: "*you are made to feel that you matter and to these staff, no matter how bad you have been, you really do matter. No one anywhere else has treated me like that*".

6.31 The conclusion drawn was that serious offenders resident in the Projects were generally being well managed, with project staff giving due regard to the communities where they were located. To build on this finding:

- care plans needed to be in place for all residents, including those referred by the NPD
- decisions about the level of supervision, control and surveillance of all residents needed to be determined by their risk assessment
- reducing the level of restrictions on NPD residents towards the end of the licence needed to be based solely on risk management decisions.

- 6.32 There was evidence of cooperative practice being recorded on some of the residents' case files that clearly set out the Project's role in implementing plans approved by the public protection meeting. However, this was not always the case and inspectors found some poor recording practice in relation to 2 of the NPD cases.
- 6.33 In contrast, impressive recording was found of information relating to protocol requirements. For example, room check and surveillance forms clearly recorded the 20-minute observations of residents by staff around the clock.

Liaison and public protection procedures

- 6.34 Three Projects produced numerous examples of staff contributing to local multi-agency risk management procedures, including attendance at public protection panels. Positive views were expressed by the police and probation area personnel about the value of the Project's contribution to public protection arrangements.
- 6.35 Considerable work had been undertaken in one area by the police, probation area and Langley House managers to ensure the Projects were appropriately involved. The introduction of a protocol had been an important step in the establishment of defined procedures for the referral, admission and oversight of potentially dangerous offenders.
- 6.36 Positive views were expressed by probation staff and police in the area about the quality and effectiveness of liaison with the Projects, following the introduction of the protocol. It was significant that neither the police nor probation staff expressed any concerns about the standards of oversight, control or the quality of supervision. Police records also confirmed that they were rarely called to deal with problematical behaviour. On the few occasions when they had been called, the reasons related to a resident's death through a heart attack, residents taking an overdose or self-harming.
- 6.37 In contrast, staff in the other 2 Projects were rarely invited to participate in public protection panels, and in one case the police suggested that Project staff 'appeared to be overlooked'. This was of concern given the proportion of residents on probation areas' high-risk registers.
- 6.38 Project staff were clearly well placed to contribute information about risk, including perceived changes in the nature and levels of risks, mood swings and other behavioural triggers to public protection panels. This potential contribution did not appear to be fully recognised by the probation areas concerned. Probation and police representatives in one area suggested that relationship difficulties with the Project in the past may have impacted on the value currently being placed on the contribution to public safety of the Project's work. Whether this view was justified or not, the limited engagement with the Project needed to be addressed as a matter of some urgency.
- 6.39 The views expressed by the probation representative in a second area about staffing levels and the ability of staff to contribute effectively to risk assessment and risk management practice, was also highlighted. Here, the probation area appeared anxious to develop more effective links with the Fresh Start Project including better liaison at senior management level, but felt the opportunities to do so remained limited.

- 6.40 The majority of Trust staff genuinely wanted to work effectively with other agencies. Police and probation staff interviewed often commented that Project staff were eager to learn, open to advice and criticism and hopeful that their contribution to public protection would be more widely recognised. However, protocols needed to be established in all areas served by the Fresh Start Projects as their involvement in public protection panels was important. Project staff attendance should not be marginalised or neglected. Protocols also needed to incorporate the precise procedures for the referral, admission and supervision of offenders via the NPD arrangements.
- 6.41 The implications of the current arrangements for the retention of supervision responsibilities by the referring area needed to be reviewed. In one NPD case examined, the local probation area's refusal to undertake supervision either on a caretaker or temporary basis, resulted in Project staff escorting the offender to the supervising office for the purpose of meeting the requirements of national standards. This involved a round trip of 100 miles per week initially and at the time of the inspection per fortnight. Inspectors were particularly concerned that the case manager's supervision plan had identified the need for the offender to attend an accredited programme for sex offenders (no work had been undertaken during the custodial sentence) and an anger management course. These programmes were not being provided by either probation area and Project staff were not equipped or expected to deliver them.
- 6.42 Probation Circular 78/2000 indicated that the responsibility for supervision of offenders being accommodated by organisations, such as the Langley House Trust, should remain with the referring service, unless agreement was reached for the receiving service to take responsibility. In the above case, both home and referring services maintained they were complying with the requirements of the circular. However, the offender had not commenced either of the 2 programmes identified in the supervision plan during the 6 months period of the licence. This illustrated the need for revised instructions to be issued by the NPD on how such failings would be avoided in the future.

Sharing and using information

- 6.43 Sections 67 and 68 of the Criminal Justice and Court Services Act 2000 built upon existing inter-agency arrangements by introducing a statutory duty on police and probation areas to make joint arrangements for the assessment and management of the risks posed by serious offenders. The initial guidance issued in March 2001 acknowledged that a number of other statutory and voluntary agencies had an important role to play in effective public protection and the more comprehensive guidance to be introduced by the NPD would require the active participation of these agencies.
- 6.44 Given this direction, it was important for the Trust together with its statutory and voluntary partners to examine the extent to which the current arrangements for the sharing and use of information were satisfactory. The Trust's public protection policy highlighted the fact that the communication of information between agencies and the joint planning of intervention was crucial in contributing to effective risk assessment and management.
- 6.45 In the 3 areas where the collaborative effort between the Trust and its statutory partners was sound, there was evidence of good information sharing. The police in particular commented on how this was exemplified through the contribution made by Project staff

attending public protection panels. Both police and probation staff in these areas also stressed their confidence in the appropriate handling of confidential information by Project staff. It was also apparent from the notes of public protection panels, that Project staff often took a pro-active role in sharing relevant information that informed judgements about future actions.

- 6.46 However, in at least one of the Projects, although some staff appeared clear about the importance of sharing information internally, there was some confusion about the interpretation of the Trust's 'confidentiality policy,' which they believed prevented them from sharing information without the expressed consent of the resident. This position was inconsistent with the approach and practice generally taken by the majority of those Project staff interviewed. It was important, therefore, for managers to ensure that all staff were fully conversant with the Trust's expectations about information sharing.
- 6.47 As indicated previously, evidence was found across most of the Fresh Start Projects of good liaison at a practice level to ensure residents were managed properly and safely. Three-way meetings with the resident were often held and the need to share information with others would be stressed. Residents confirmed they knew that information was shared and saw this as 'a normal requirement of being a resident'.
- 6.48 Too many case files failed to record fully, if they did at all, the discussions between police, probation and Project staff. In one of the Projects in particular, the general absence of written evidence of information sharing was of real concern.
- 6.49 Whilst there were improvements that needed to be made, Project staff were clearly committed to implementing the Trust's policy to improve the quality of work with difficult to place offenders. Through developing staff awareness, skill and professional practice, the Trust was increasing its contribution to protecting the public.

7. Staffing

- 7.1 This chapter examines the arrangements for staffing and managing the Projects. Attention is given to the roles of different staff and how they were inducted and supported. The chapter also examines the arrangements for staff supervision and how training and other staff development needs were identified and acted upon.

Management arrangements

- 7.2 Chapter 3 described how each of the 3 Operational Directors were responsible for a cluster of Trust facilities, including the Fresh Start Projects. The performance of each Fresh Start Project was the responsibility of the Project Manager who was also involved in a variety of links and networks. Fresh Start Project Managers met with the managers of other Projects on a regular basis which enabled them to contribute to the development of the Trust's work as well as providing a support system.
- 7.3 Project Managers had been recruited via open competition, consistent with the Trust's recruitment policy, and 4 had been promoted from within the organisation. The extent to which they held social work or other residential qualifications varied. One Project Manager had previously worked as a psychiatric social worker and held a social work qualification. This Project also had the benefit of 2 other comparably qualified members of staff. A second Project was managed by a former staff nurse whose Deputy Manager was working towards a DipSW qualification. None of the other 3 Project Managers held a recognised residential related qualification, although they had brought a wide variety of life and people skills to the work. One such Project Manager had extended experience as a Deputy Manager at another Project.
- 7.4 Probation and police representatives stressed their view that Project Managers should have the necessary skills to ensure the Project operated effectively, but also hold a relevant qualification. In recognising this, the Trust had made public its commitment to target Project Manager training and qualifications. However, 2 managers expressed disappointment that at least one member of staff who had been supported through the first stage of DipSW studies had left the Trust's employment. The reasons for this were not altogether clear, although several staff believed the comparative low salary scales meant the Trust was unable to compete with statutory and indeed other voluntary sector organisations.
- 7.5 It was evident that the variations in manager qualifications, experience and competency impacted on the quality of the work undertaken. The high standard of much of the work in 3 Projects compared favourably with that expected of the approved probation and bail hostel sector. It was also significant that these were managed by qualified or highly experienced Project Managers.
- 7.6 In 2 Projects, inspectors were concerned about the lack of managerial attention to a number of key operational issues, not least of which related to risk management. Probation

staff stressed the importance of these Projects achieving credibility in contributing effectively to public protection. In this, resourceful and skilled management practice was essential, together with the appointment of competent staff.

- 7.7 The Trustees had made provision at each of the Projects for the appointment of a Deputy Manager although, at the time of the inspection, the post was unfilled at 2 of the Projects. Although every effort was being made to fill these posts, the vacancies placed additional burdens on the managers and Project staff.
- 7.8 In addition to deputising for the manager, the deputy was responsible for a range of tasks, including some staff supervision and key worker practice. Two of the current Deputy Managers were completing their DipSW training and recognised that the competition for their services from other organisations as qualified staff would be a challenge to resist.
- 7.9 Below these management posts, it was unclear whether a formula had been adopted to prescribe the levels of support staff, based on bed spaces or other criteria. In practice, all the Projects had at least one Project Worker in post, although one Project in particular faced serious difficulties in filling vacancies. Here, for a lengthy period, the manager had been the only permanent member of staff in post. This had required him to undertake added operational duties to enable the Trust to continue to accommodate residents. Whilst acknowledging his valiant efforts to 'keep the ship afloat', only limited attention could be given to work with residents.
- 7.10 Additional resources had been made available by the Home Office for NPD referred places. In 2 of the Projects, 3 beds each had been set aside for NPD referrals. The additional resources enabled 24-hour double staff cover to be available at these Projects. In none of the remaining 3 Projects was double cover always possible. This was a concern given the offending profile of the Project's residents. The Trustees indicated their intention to provide double cover at all their Fresh Start Projects. This view was supported by the NPD who confirmed that an application for additional funding had been received for this purpose.
- 7.11 A range of sessional and voluntary staff was used to varying degrees across the Projects. In the 2 with dedicated NPD beds, sessional staff were regularly used, particularly for the purpose of escorting residents on visits. Elsewhere, sessional staff were less used. Volunteers across all the Projects made a valuable contribution to the work by providing additional support to the employed staff. In isolated cases this had included 'filling in' when contracted staff were unavailable or vacancies had not been filled. This raised important questions and the Trust needed to be satisfied that volunteers were being properly trained and supported in these tasks.
- 7.12 The overarching impression was of the Trust seeking to develop its valued Fresh Start Project work without adequate resources. There was no questioning the commitment and dedication of staff at all levels of the organisation to the importance of the work. However, current staffing levels and resource demands across the Projects questioned the extent to which the many demands made on staff could be met fully and effectively.

Induction, roles and responsibilities

- 7.13 The Handbook indicated that the induction of newly arrived staff into the work of the Project was crucial. For a newly arrived Project Manager, clear expectations were set out for the first 6 months of employment. Most of the Project Managers indicated that their induction agenda had been delivered, although some raised questions about the availability of quality time, due to the pragmatic need to get on with managing the Project.
- 7.14 The requirements for the induction of staff below Project Manager grade were less specific and staff indicated that their experience of induction had been varied. The Trust had introduced a standard induction framework, and additionally, in one Project, the manager had developed a staff induction pack. This included information to enable newly arrived staff to quickly grasp how the organisation worked, its expectations for the Project and their part in it. The pack also contained a checklist of information new members of staff would require to know in order to be able to fulfil their responsibilities.
- 7.15 Beyond this, the majority of staff experience of induction related to mentoring, in which each would spend time with other Project staff on the basis of 'needing to know' and 'learning on the job'. However, it was clear the need to 'keep the show on the road' would often take precedence over necessary time for the induction of new staff. Managers were conscious of this and, within the resource constraints described previously, were clearly committed to ensuring newly arrived staff received proper induction.
- 7.16 Many of the day-to-day tasks involved in the work of the Projects rested with the Project Workers. Few had received formal training in residential work. As with their colleagues working in the approved probation and bail hostel sector, Project Workers took the lead in facilitating much of the work with residents aimed at:
- promoting a law-abiding lifestyle, thereby reducing the risk of causing harm and reoffending
 - encouraging residents to use the facilities available in the Project and community to become more self-reliant, especially taking advantage of basic skills and employment opportunities and move on accommodation.
- 7.17 All Project staff spent much of their time dealing with residents' feelings or frustration, anger, disappointment, aggression and depression. In this, they were sometimes exposed to the swift mood changes often manifested by offenders in a residential setting. Staff described this as an essential ingredient of their role and that teamwork was crucial to ensure that limited staff resources were effectively used. This required staff to pull together to support each other and, as many indicated, 'to go the extra mile'.
- 7.18 Although job descriptions for all grades of staff were in place, most failed to capture the range of tasks and responsibilities required of staff. Flexibility was a key feature of the observed practice across all the Projects. Staff did tasks willingly, with many emphasising that the purposes of the Trust and what it stood for was more important than accurate job descriptions.

Supervision and appraisal

- 7.19 The Handbook stated that staff should expect to receive formal supervision as part of their work. Supervision according to the Handbook had 2 basic purposes:
- to establish the accountability of the staff member to the organisation
 - to promote the development of the member of staff as a professional person.
- 7.20 The Handbook further required supervision to be undertaken within a clear framework. Managers indicated that the normal practice was for supervision to be undertaken via its line management structures. But, because managers believed that a range of methods could properly be used creatively to deliver good supervision, a specific practice formula on how supervision would be undertaken had not been introduced. The exception to this was the expectation that a formal supervision session would take place at least every 2 months and during a staff member's probationary period at least monthly.
- 7.21 It was apparent that the arrangements for staff supervision varied. In some cases, the manager supervised all grades of staff, whilst elsewhere the responsibilities were shared with the deputy. Although most Project Managers had introduced formal arrangements for staff to be supervised under the terms of the Handbook requirements, it was clear that regular supervision sessions did not always take place. In 2 Projects, it appeared that formal supervision sessions were rarely arranged. In others, when they had been arranged, they were sometimes cancelled because of the pressures of work or unforeseen circumstances.
- 7.22 In 3 Projects staff were being supervised according to the Trust's requirements, especially those newly arrived. Staff in these Projects described their appreciation and value of supervision that provided them with feedback on performance, formalised support particularly when working in difficult situations, and attention given to their training and developmental needs. These inconsistencies needed to be addressed.
- 7.23 The Trust had introduced a revised appraisal system approximately 4 years ago. Seen as an extension of supervision, the system required appraisals to be based on job descriptions and to address performance, attitude to others and developmental needs. Managers responsible for completing the appraisals were required to use a standard appraisal form which contained 7 key areas.
- 7.24 As with supervision, the attention given to staff appraisals varied. Some staff described their appraisal having been undertaken not by their Project Manager but the Operations Director, whilst others said they had not had an appraisal for some time. Given the pressures that managers and operational staff were working under, it was important that time for supervision and appraisal was not lost. Indeed, the Trust's unquestionable care for its staff needed to be more consistently invested in its crucial staff support and assessment systems. Linked to this, as the Trust introduces clearer standards and expectations for its Fresh Start Project work, the formal staff appraisal system needs to become more competency-based, relating more clearly to performance achievements.
- 7.25 Where staff supervision and appraisal was working well, inspectors were satisfied that the process contributed to the high levels of morale evident across many of the Projects, as well as providing a clear system for holding staff to account for their work and achieving improved individual and Project performance.

Training and personal development

- 7.26 The Trust's training strategy was aimed at equipping staff with necessary skills and knowledge, but had not been updated since 1997/1998. The strategy set out the Trust's priorities for training as being:
- risk assessment and risk management
 - equal opportunities policy and practice
 - health and safety practice.
- 7.27 Reference has previously been made to the commitment to training Project Managers and their deputies to DipSW standards. In addition, the Trust was determined to provide NVQ training opportunities to other staff on the basis of the availability of an on-site assessor and seniority of staff who had successfully completed their probationary period.
- 7.28 A range of issues impacted on the delivery of adequate training, including:
- the training budget was inadequate to meet training demands. In order to economise, centrally delivered training programmes had been reduced with a greater emphasis on training 'in-house'. Where Project staff had the necessary skills to deliver training in-house, staff spoke positively about their training experience. Elsewhere, staff were frustrated at not having the opportunities to access training that their colleagues had in other Projects
 - staffing levels in a number of the Fresh Start Projects were not sufficient to enable staff to 'take time out' to participate in training
 - staff perceived differing approaches being taken by the Trust to training its staff, including prioritising and resourcing arrangements
 - although the training strategy highlighted the links between training and staff development, the extent to which individual training and developmental needs of staff were being identified and acted upon through the supervision and the appraisal system, varied considerably.
- 7.29 In the best Projects, staff complimented their line managers on the time and attention being given to identifying their training and developmental needs and, within the bounds of reason, acting upon them. Other staff were disappointed at what they perceived to be insufficient attention being given to their professional developmental needs.
- 7.30 The financial implications of increasing training opportunities also needed to be taken into account when contractual agreements with the Home Office are reviewed.

8. EVALUATION AND DEVELOPMENT

8.1 This chapter reports on how the Trust collected and used information to demonstrate the achievements of the Fresh Start Projects in facilitating resettlement, public protection and value for money. It also reports on development opportunities and how the Trust contributed to the wider promotion of offender accommodation needs.

Monitoring and performance information

8.2 In an effort to deliver relevant services to a high standard that provided value for money, the Handbook indicated that the Trust needed to gather a range of information. This would be provided primarily through regular returns on residents that included referral and occupancy trends, as well as financial data. A second source of performance information would be made available by a 'review and inspection' process. The information gained from these sources would be evaluated and used for the purpose of:

- enabling Project staff to achieve targets and improve performance
- providing managers and Trustees with an overview of Trust activities and trends
- enabling funders (e.g. the Home Office) to become confident that Trust Projects provided value for money.

8.3 Given this clear commitment to performance and delivering quality services, inspectors were surprised that Project Managers and staff were not working to clear and specific improvement objectives and measurable targets. Staff were aware of the need to maintain high levels of occupancy at all times as this was directly linked to the resources the Trust received. A number of staff saw this as their main target and one manager described '100% occupancy' as being the Project's main challenge.

8.4 A comprehensive monitoring form had been introduced across all the Projects and was completed on each resident. The form contained a range of information, that included:

- offending analysis
- problem analysis
- personal details including 'ethnic origin'
- referral details
- risk of reoffending assessment and score
- departure details including length of stay in the Project and move on arrangements.

8.5 The returns had the capacity to provide the Trust with a wide range of reliable information to assist in monitoring performance, establishing benchmarks and setting improvement targets. Details on the small proportion of residents who had been reconvicted during their stay at a Project had previously been recorded. It was unclear why this important data was

not being used to illustrate the Trust's ability to contain offenders in the community effectively.

- 8.6 From the returns, the Trust was able to measure its occupancy rates, and this information was shared with the Home Office on a quarterly basis to confirm what proportion of Home Office funded beds were being used. Data for the quarter ending 31 December 2000 indicated that the average occupancy across the Trust's 16 Projects was 81%, with the Fresh Start occupancy rate of 86%. There were variations in that one Project had consistently achieved 100% occupancy during the quarter, whilst a second slightly over 70%. In spite of the variations, occupancy performance compared favourably with that of the approved hostels sector which, during April 2001, averaged 83%.
- 8.7 The overwhelming view of Project Managers and staff was that the purpose of the returns was to provide "head office with the information they required". There was little evidence that collated performance information from the returns was being used by the Projects.
- 8.8 The returns currently in use had been incorporated into a database which had improved the efficiency of data collection, collation and analysis. It was important for the Trust to review the information available via its returns system, improve and extend it where necessary, to provide reliable and comprehensive information on Projects' successes in realising Trust objectives. Regular performance data summaries made available to each Project in a user-friendly format would enable Project Managers and staff to know where to target remedial action and provide Operations Directors with an enhanced ability to compare the relative performances of each Project.
- 8.9 The Handbook indicated that 3 basic mechanisms were in place for reviewing performance:
 - Project Managers were required to 'incorporate a range of routine matters into the agenda of regular team meetings over the course of a year'; the minutes of the meetings would be used by Operations Directors 'to check on arrangements'
 - Operations Directors would regularly and directly inspect 'a range of key indicators and report these to the Chief Executive'; these would include the management of referrals, care plans and residents' activities
 - inspections by external agencies would be incorporated into Operations Directors' reviews.
- 8.10 Regular team meetings, however, were not currently being held in all the Projects. Where staff shortages were being experienced, managers found it almost impossible to hold team meetings. In 3 Projects where team meetings had been regularly held, the minutes recorded that issues relating to the performance and standards of the work were being raised with staff, but without reference to specific targets.
- 8.11 The Operations Director confirmed that a range of key indicators were being reviewed with Project Managers individually and collectively. Often these reviews would relate to specific issues that applied to the individual Project, such as problems of staff recruitment, health and safety matters and other operational issues.
- 8.12 Inspection by external agencies specifically relating to the Trust's 'care homes' had been undertaken for a number of years. However, as already indicated, this current inspection

was the first of its kind in relation to the criminal justice aspect of the work. The Trust had introduced a system whereby an Operations Director who did not carry line management responsibilities would conduct an annual 'one day review and inspection' of each Project. This was intended to involve all staff and residents and focus on:

- aims, objectives and targets
- strategic and business plans (including promotional activity)
- procedures for staff (including risk management)
- outcomes for residents (in relation to care plans)
- lessons of previous year
- setting future targets.

- 8.13 Two recent 'review and inspection' reports were made available to inspectors. Neither had incorporated all the issues listed in the Handbook and each report addressed different themes; nor did the reports contain a focus on managing risk. Whilst this was, to some extent, consistent with the Trust's expectation that managers would focus attention on the individual needs of each Project, greater consistency was required in taking performance improvements forward across all the Fresh Start Projects. The Trust's internal 'review and inspection' process had the potential to make a major contribution in further driving upwards performance trends.
- 8.14 It was clear that the review and inspection was an important event for Project Managers and their staff. They described the process of being 'under the limelight' and 'held to account' for what the Project was seeking to achieve. However, staff increasingly recognised that in the absence of specific objectives and measurable targets, their ability to demonstrate the effectiveness of their work was limited.
- 8.15 Meetings with 16 residents also highlighted the value of residency as a major factor in them avoiding reoffending. When asked whether the work being done with them by the Project would help them stop reoffending, 12 were certain it clearly would and 3 believed it would to some extent. One resident claimed he had not committed offences at all. Similarly, when asked about the extent to which the work would help with specific needs or circumstances, 13 were certain it clearly would, 2 believed it would to some extent and one not at all. All but one believed they had been fairly treated by Project staff during their stay. The one who did not had only recently arrived at the Project.
- 8.16 Although the sample of interviewed residents was small and provided subjective views, their openness and determination to avoid reoffending and the value of the Project as they perceived it, to assisting that goal, was commendable.
- 8.17 HMIP's 1998 thematic inspection⁸ had found that out of almost 7,500 residents who completed a period of residency in an approved probation and bail hostel, less than 3% of residents were known to have reoffended during their period of residence. Project staff indicated that they believed that Langley House Trust Projects, with the exception possibly of those specialising in the care and treatment of drug misusers, would at least match this performance.

⁸ Ibid, see footnote 3.

- 8.18 It was surprising that many Project staff did not emphasise that 'containing residents' in a manner that helped to prevent them from reoffending was in itself an important effectiveness indicator that was capable of being used alongside other qualitative types of performance measures. As it was, the Trust was missing a vital opportunity of demonstrating its performance in containing and caring for a wide range of offenders safely in the community.
- 8.19 An additional potential performance measure highlighted by staff related to successful move on arrangements. Greater attention needed to be given to evaluating the specific contribution that Project staff had made to achieving effective offender resettlement.

Value for money and cost-effectiveness

- 8.20 A formal mechanism for evaluating the extent to which the Fresh Start Projects delivered value for money services and were cost-effective was not in place. Hostels in the approved sector received an annual revenue budget, set on the basis of an agreed formula. This enabled the unit running cost of accommodating each offender per night to be assessed. At the time of HMIP's 1998 thematic,⁹ the cost per occupied bed was in the region of £37 per night, less than half of the average cost in the prison system reported for the same year.
- 8.21 The Home Office's revenue funding for 2000/2001 for the Trust's provision of 206 bed spaces reserved for bailees, offenders and ex-offenders was £807,835. This excluded capital grants for health and safety work totalling £171,000. Data for the quarter ending 31 March 2001 indicated that 173 beds had been occupied which provided an average cost to the Home Office of £13 per resident per night.
- 8.22 Straight comparison between voluntary accommodation provision such as the Fresh Start Projects and the approved hostels sector was neither possible nor appropriate. Different demands and requirements are placed on the approved sector, particularly relating to compliance with national standards, the Hostel rules and Service Delivery Agreements (SDAs). However, whilst the unit cost for the Fresh Start Projects was likely to be higher than the average, the Trust's costs were significantly lower than those of the approved sector according to the 1998 thematic inspection.
- 8.23 In spite of the Trust's comparative low unit costs to the Home Office, it was important for value for money and cost benefit benchmarks to be agreed to enable comparison of the relative performance of different voluntary accommodation providers to be made at national and local levels.
- 8.24 In the short term, it was important for the Trust to give greater attention to its own value for money and cost benefit performance indicators. This would require the costs of providing the Fresh Start Projects being regularly reviewed. Benchmarks of performance would need to be set, including the cost per bed per resident per night. Variables across the Projects would also need to be accommodated to take account of factors such as the nature of offenders in residence and the requirements of risk management demands.

⁹ Ibid, see footnote 3.

- 8.25 Most contributors to this inspection highlighted the value of the work being undertaken by the Trust through its Fresh Start Projects. NPD personnel acknowledged that the Trust willingly took offenders who no one else would accommodate and sought to support them, giving proper regard to public protection. The majority of police and probation representatives also emphasised the value of the Projects in their areas, particularly highlighting their vital role in public protection procedures. As already reported, most residents valued the contribution of Project staff to helping them resettle in the community and to avoid further offending. Most staff passionately believed that their work with residents was impacting on the way residents thought and behaved, especially by helping them to regain their self-respect and feel valued.
- 8.26 This was particularly prominent in the 2 Projects providing the extended levels of supervision, oversight and surveillance of residents. This was making available a higher level of restriction of liberty than that currently provided by the approved hostel estate.
- 8.27 The weight of these assessments about the Projects' value needed to be supported and sustained by harder evidence based on evaluative cost-effectiveness and value for money criteria. One Project Worker indicated that "we know that we are making a difference. We know that we are providing value for money services, which make a difference to how our residents behave. We now need to demonstrate it, don't we".
- 8.28 Managers clearly realised that the establishment of value for money, cost-effectiveness measures would need to accommodate the quality of the work being undertaken and the expectations of those who used and resourced the services being provided.

Future direction and leadership

- 8.29 Trustees, managers and Project staff indicated almost unanimously that the Trust and its Fresh Start Projects had come a long way in the last 2 years in working towards ensuring the Projects were fit for their purpose. Staff commented on the particular contribution the current Chief Executive had made in this process. Examples of this related to the Trust becoming more professional and in seeking to ensure a standards-based approach was being taken to its work.
- 8.30 In addition to providing the Projects with clear leadership, the Chief Executive had ensured the Trust invested time in contributing to the wider debate about offender accommodation needs. This involved him, Trustees and Operational Managers becoming members of a range of important groups and organisations in the criminal justice field. A range of papers had been published by him or the Trust that contributed to the thinking about successfully managing the transition of offenders from custody into the community. Those who attended related conferences and working groups often commented on the valuable insights brought to the debates and tasks in hand on behalf of the work of the Trust.
- 8.31 The Trust is commended for many of the features of its work in the Fresh Start projects. A sound basis for the work had been established through the commitment and enthusiasm of its staff to achieve the Trust's purposes. This now needed to be further channelled into:
- more clearly defined expectations and standards for the work

- greater attention being given to staffing levels, responsibilities and training needs to ensure staff continued to develop the skills and competencies required to undertake the work effectively
- improvements being made to how staff undertake risk assessment and risk management procedures which were currently inadequate; in this, closer links needed to be made with the developments in the NPS, including the introduction of OASys.

8.32 A series of wider questions required attention:

- it was difficult to understand why the approved probation and bail hostels sector was not providing the extended levels of oversight and restrictions of liberty found in the 2 Fresh Start projects that had enabled 7 offenders who had been refused admission to an approved hostel currently being accommodated by the Trust
- the Trust itself needed to give further thought to whether its Fresh Start projects in the future should be standardised or develop a differential approach to the offenders suitable for admission and the levels of supervision provided
- the need for a national strategy to address the previous piecemeal development of local offender accommodation initiatives had been highlighted by HMIP's 1998 thematic inspection. The report stressed the need for the strategy to determine what form of provision was needed, how best it could be provided and where it should be located; such a strategy needed to be developed without delay as part of a wider public protection initiative
- a regional strategy for offender accommodation also needed to be considered to ensure each region develops adequate provision to meet the wide range of offender accommodation needs, and to reinforce Government's expectations for partnership and collaboration between the statutory and voluntary sectors by introducing a more integrated approach to offender residential provision
- the current review by the NPD of the arrangements for the supervision of high-risk offenders in the community needed to clarify the role of different residential providers including the approved probation and bail hostel sector in accommodating difficult to place offenders; this would support the findings and Recommendation (23) of the 'Halliday Report' in respect of the use of the 'intermediate estate' for accommodating and managing offenders in the community with high risks of reoffending
- the implications for the voluntary accommodation sector, including the Langley House Trust, of the development of the Pathfinder programme for the approved hostel sector under the What Works initiative, needed to be assessed.

Glossary of abbreviations

DipSW	Diploma in Social Work
HMCIP	Her Majesty's Chief Inspector of Probation
HMIP	HM Inspectorate of Probation
LPO	Liaison probation officer
NPD	National Probation Directorate
NPS	National Probation Service
NSPCC	National Society for the Prevention of Cruelty to Children
NVQ	National Vocational Qualification
OASys	Offender Assessment System
OGRS	Offender Group Reconviction Scale
PO	Probation officer
PSR	Pre-sentence report
SDA	Service Delivery Agreement
SMART	Specific, Measurable, Achievable, Realistic and Timed
SPO	Senior probation officer
SSR	Specific sentence report