



*Effective  
Supervision  
Inspection*

*of the  
National Probation Service for  
England and Wales*

Report on:  
*Thames Valley Probation Area*

2006

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## FOREWORD

Thames Valley Probation Area is supported by an active and enthusiastic Board, sound human resources and financial procedures, and some imaginative and very worthwhile partnership and community engagement arrangements. Its approaches to basic skills and offender employment, unpaid work and other interventions are sound and are valued by staff and communities. However, excellence in many areas of business has not been carried through into basic case management. The area shares the high level of staff turnover experienced by others in the South East Region but poor performance cannot be wholly attributed to this.

Our main concern lies with the assessment and management of risk of harm. There is no policy or procedures and staff lack the confidence and skill to make sound judgements. The use of OASys is not well embedded in the culture of the organisation of the area and this impacts negatively on all aspects of case management.

Despite good partnership work around a range of topics some related to the management of serious and high risk of harm offenders, Multi-Agency Public Protection Arrangements are underdeveloped and resourced at all levels. There needs to be commitment by all of the Chief Executives of the Responsible Authority agencies to meet national requirements.

Although some aspects of the area's performance are satisfactory, it will be subject to further inspection to see whether there have been improvements in the areas noted.

*Andrew Bridges*  
*HM Chief Inspector of Probation*

*March 2006*

## ACKNOWLEDGEMENTS

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## GLOSSARY

ACE	Assessment, Case Recording and Evaluation System
ACO	Assistant chief officer
ASRO	Addressing Substance Related Offending
ATR	Alcohol Treatment Requirement
CARATs	Counselling Assessment Reform Advice Throughcare
CDRP	Crime and Disorder Reduction Partnership
CJA 2003	Criminal Justice Act 2003
CO	Chief officer
CPO	Community punishment order
CQSW	Certificate of Qualification in Social Work
DAAT	Drug and Alcohol Action Team
DCI	Detective chief inspector
DCO	Deputy chief officer
DDA	Disability Discrimination Act 2005
DIDs	Drink Impaired Drivers programme
DIP	Drug Intervention Programme
DRR	Drug Rehabilitation Requirement
DTTO	Drug treatment and testing order
ECP	Enhanced Community Punishment
ESI	Effective Supervision Inspection
ETE	Employment, Training and Education
FDR	Fast delivery report
HDC	Home Detention Curfew
HMI Probation	HM Inspectorate of Probation
HR	Human resources
ICMS	Integrated Case Management System
IRIS	Intensive Recidivist Intervention Scheme
ISP	Initial supervision plan
IT	Information technology
LCJB	Local Criminal Justice Board
LSI-R	Level of Service Inventory-Revised
MAPPA	Multi-Agency Public Protection Arrangements
NOMS	National Offender Management Service
NOMIS	National Offender Management Information System
NPD	National Probation Directorate
NPS	National Probation Service
Nsmart	National data monitoring system
OASys/eOASys	Offender Assessment System/electronic OASys
OGRS2	Offender Group Reconviction Scale
OLASS	Offenders' Learning and Skills Service
OSAP	Offender Substance Abuse Programme
PO	Probation officer
PPO	Prolific and other Priority Offender
PPWS	Pre-Placement Work Session
PSO	Probation service officer
PSR	Pre-sentence report
QA	Quality assurance
RRAA	Race Relations (Amendment) Act 2000
SMART	Specific, Measurable, Achievable, Realistic and Time-bounded
SMB	Strategic Management Board
SMT	Senior Management Team
SPO	Senior probation officer
SSR	Specific sentence report
TPO	Trainee probation officer
UPW	Unpaid work
YOT	Youth Offending Team

## SUMMARY AND RECOMMENDATIONS

### Key findings

- **Quality of Management:** The area had seconded its DCO to work on the change programme necessary to prepare the area for NOMS. It had also invested well in communications and staff felt well informed about the future. An active and enthusiastic Board supported the work of its officers through a range of subgroups. The area was not well placed on the national weighted scorecard but was meeting or exceeding most targets set. There was a good level of attention to promoting diversity at all levels led by the Board Chair and CO. It was a matter of some concern that Thames Valley had no policy or procedures in relation to the assessment and management of risk of harm and this was compounded by shortcomings in MAPPA. Overall, the area had not made the investment and changes necessary to manage potentially dangerous offenders effectively. There were however, good examples of imaginative and well-developed partnership work, some of which supported the management of these offenders. High levels of staff turnover were a constant factor and meant that the area was unable to carry out all of its responsibilities. The HR department was addressing this positively and, together with the finance department, supported the business of the area well. Communication with sentencers took place on several levels, was supported by Board members who were also sentencers and was experienced as helpful.
- **Quality of Assessment:** The quality of risk of harm assessment was poor. Staff lacked the skills and confidence to make sound judgements based on evidence. It was also of concern that in over half of the relevant questions the performance in high risk of harm cases was worse than in the whole sample. High risk of harm work was poorly served by MAPPA documentation which, due to under-investment, was often either not present or of poor quality, and the area was vulnerable in that in a number of cases it had no audit trail of decisions taken in relation to these offenders. The quality of case assessment and planning overall was poor and could not be attributed wholly to vacancies. Assessment and planning in UPW, where elements of ECP had been retained, were usually better than in other types of order or licence.
- **Quality of Interventions:** It was of concern that only about half of the case sample were given appointments to the minimum national standard, these including high risk of harm cases. Attendance was monitored satisfactorily with action taken to encourage compliance, however, judgements about reasons for absence were too often inappropriate and breach action when taken did not meet the national standard timescale in many cases. On a positive note, the in-house ETE team provided a universally praised service and case managers on the whole demonstrated a good level of liaison with others contributing to supervision. UPW was organised in such a way that case managers were able to maintain contact and motivate offenders through their order. Victims awareness work and work to address domestic violence were underdeveloped.
- **Quality of Initial Outcomes:** The level of offender reconviction for a further offence committed since the start of the order or licence was about the national average for probation areas inspected. However, there was a low level of improvement in the priority factors linked to offending and limited evidence of positive change in offenders' attitudes, beliefs and behaviour. The area had not had a comprehensive performance management information system since its formation in 2001 and had only recently completed the implementation of

roll-out of an area-wide case management system that could support this development. Although some use was being made of monitoring data, there was a need for more information to be available on the outcomes of supervision.

## **Recommendations**

*The Probation Board should ensure that:*

- 1. a policy and procedures for the assessment and management of risk of harm are developed together with an implementation plan*
- 2. the resources allocated to all types of case are commensurate with the risk of harm and likelihood of reoffending*
- 3. action is taken to achieve the objectives in the MAPPA National Business Plan 2005/2008 in a timely manner*
- 4. satisfactory risk of harm assessments are completed and regularly reviewed in all cases*
- 5. there are improvements in the quality and timing of supervision plans and reviews, including the use of SMART objectives, for all types of community order and licence*
- 6. a training plan for operational staff is drawn up and implemented to address their needs in relation to the assessment and management of risk of harm, proper use of OASys, domestic violence and victims' issues*
- 7. outcome data are used to assess the effectiveness of supervision.*

## Next steps

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

<http://www.inspectorates.homeoffice.gov.uk/hmiprobation>

- The report makes a number of recommendations which are designed to encourage the area in its work, to take further some of its own good practice and to promote improvements in quality and effectiveness in the future.
- The Board will be asked to send a response to the recommendations, together with an action plan, within three months of the publication of the report. It is anticipated that the recommendations will normally be implemented within 12 months of publication which should allow sufficient time for integration with existing developments. We will also expect the NPD to ensure that recommendations to Boards are implemented.
- Unlike previous area inspection programmes, ESI does not include routine follow-up inspections unless there is an issue of serious concern that needs to be addressed quickly. We were concerned in Thames Valley about the quality of risk assessment, risk management and supervision planning and review. Further attention also needed to be given to the level of MAPPA development and their impact on the quality of case management. The area will be subject to further inspection in due course to see whether there have been improvements.
- As well as reports on individual areas we will publish periodic reports about findings across several probation areas, reflecting the fact that this is an inspection of the NPS. Such reports will include addressing race equality and wider diversity issues, bearing in mind that, for example, the number of minority ethnic offenders is typically very small in many probation areas. These reports will also include comparisons of the performance of areas with similar characteristics.
- Over the three year period of the ESI programme we will be looking at the NPS's work with about 4,500 cases. We have arranged with the Home Office Research, Development and Statistics Directorate that cases in the sample will be followed through to the two year reconviction point. This will give a longer-term picture of the effectiveness of both individual areas and of the NPS as a whole. In addition, we will be contacting the area to obtain the OASys score at the end of supervision for each case examined in the inspection. This will make it possible to examine the impact of work done with the offender, in terms of change in the OASys score, over the whole period of supervision.

## SCORING SUMMARY SHEET

<b>Section A: Quality of management</b>	
A1: Leadership and planning	Partly met
A2: Resource allocation	Partly met
A3: Management and supervision of staff	Partly met
A4: Partnership/contracting out	Well met
A5: Effective communication with sentencers	Well met
<b>Section B: Quality of assessment</b>	
B1: Assessment of risk of harm	39%
B2: Assessment of likelihood of reoffending	72%
B3: Case management	36%
B4: Documentation	73%
<b>Score for section B</b>	<b>53%</b>
<b>Section C: Quality of interventions</b>	
C1: Managing attendance and enforcement	75%
C2: Delivering appropriate supervision	61%
C3: Diversity needs	76%
C4: Responsivity	70%
C5: Management of risk of harm	48%
<b>Score for section C</b>	<b>65%</b>
<b>Section D: Quality of initial outcomes</b>	
D1: Interventions are delivered with the desired outcomes	54%
D2: Improvements are sustainable	46%
D3: Outcomes of interventions are assessed and reviewed using available data	Partly met
D4: Interventions demonstrate value for money	71%
<b>Score for section D</b>	<b>59%</b>
<b>OVERALL SCORE FOR SECTIONS B-D (excluding D3)</b>	<b>60%</b>



## INSPECTION ARRANGEMENTS

- The ESI programme started in June 2003. All 42 probation areas comprising the National Probation Service for England and Wales are being inspected over a three year cycle, with areas of similar characteristics (in terms of size and population density) visited in the same year to facilitate comparisons in performance. This enables us to identify and promote effective work with offenders and disseminate information about good practice.
- Probation areas are being assessed on how well they have met defined inspection criteria focusing on the:
  - overall management of the area
  - quality of the assessments carried out on offenders
  - quality of the interventions carried out with offenders
  - initial results of the interventions, both in relation to criminogenic factors such as employment, accommodation and substance misuse, and also whether there has been any reduction in the risk of harm and the risk of reoffending.
- The inspection takes account of the regular NPS performance data. These are produced by the NPD who are responsible for their collection and quality assurance.
- Each inspection takes place over two weeks, about three or four weeks apart. The area is asked to identify a random sample of 100 offenders (more in the largest areas) who have been under supervision for approximately nine/ten months, 20 of whom are registered as high risk of harm. The cases come from most categories of orders and licences.
- During the first week of the inspection we examine the file, carry out an in-depth interview with the case manager and, where possible, interview the offender and any other people significantly involved in the supervision (e.g. accredited programme tutors, approved premises keyworkers, police in high risk of harm cases, UPW supervisors, and staff of other organisations involved in providing a service to offenders in relation to drugs, alcohol, employment, etc).
- Inspection of about a third of the cases in the sample is carried out by experienced staff of the probation area being inspected. We think this provides a positive experience both for the area and the staff directly involved and that it increases ownership of the findings.
- The second week of the inspection involves meetings with senior and middle managers and Probation Board members to cover issues around the management of the probation area concerned, and to provide some feedback from the first week of the inspection. We also talk with the police in relation to the area's supervision of high risk of harm cases and with representatives of other organisations that are assisting the area with the supervision of offenders.
- ESI also includes an additional thematic element which, in due course, leads to the publication of a separate report describing the work of several probation areas. In the second group of probation areas being inspected in 2005/2006 the thematic element is on Substance Misusing Offenders. A summary of the provisional findings in relation to Thames Valley is included at the end of this report.

## SCORING APPROACH

Assessment of the Quality of Management criteria is based on written evidence and discussions with Board members, managers and other organisations that work with the probation service in the supervision of offenders. A descriptive score is assigned to each of these criteria. Scoring of the Assessment, Interventions and most of the Initial Outcomes criteria is based on the inspection of work with the 100 offenders in the case sample. A numerical score is calculated for each of these criteria. More detailed information about the scoring methodology is available on the HMI Probation website.

### Quality of Management criteria

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

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

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

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

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

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

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

## OVERVIEW OF THE AREA

- In terms of its main revenue budget of £21.7 million in 2005/2006, Thames Valley is the seventh largest probation area in England and Wales. It has a total population of just over two million with a population density (persons per square km) of 312, slightly lower than the England and Wales average of 348. As such, Thames Valley is one of the ‘large size, lower density’ areas (outside the metropolitan areas and London) in the family grouping of areas which we currently use for making comparisons.
- The latest available data show that 8.5% of the population are from minority ethnic groups, which is a similar proportion than the average of 9% for England and Wales as a whole.
- In 2004/2005 the number of all recorded crimes per 1,000 population was 97, slightly below the figure of 105 for England and Wales as a whole. The corresponding figure for violent crime – 16 per 1,000 population – was also slightly lower than the national one.
- In 2003 (the latest year for which data are available) 645 persons were found guilty or cautioned for indictable offences per 100,000 population, considerably lower than the England and Wales figure of 1,050.
- Data collected by the NPD on Thames Valley’s performance on the main Home Office targets and on certain other key NPS and national standards targets are shown in the table overleaf. Except where indicated, the figures relate to the period April-September 2005/2006.
- The area had performed well against most of the targets. The targets for compliance and sickness absence had not been met, but performance was still better than the England and Wales average. There was also particularly strong performance in relation to the DTTO/DRR targets where Thames Valley was one of the two top performing areas. However, there were still unsatisfactory levels of performance in relation to the recently introduced targets for the assessment of high risk of harm offenders and PPOs.
- The NPD produces a weighted scorecard comparing area performance against targets for some of the above results. The scorecard for the first six months of 2005/2006 revealed that Thames Valley had been placed 34th of out 45 NPS areas (41 probation areas plus London broken down into four quadrants), this showing some scope for improvement when compared with the position of 20th achieved at the end of the full year 2004/2005.

	Target	Thames Valley	England & Wales average
Enforcement: breach taken where required within ten working days (all orders/licences)	90%	91%	92%
Compliance: % of cases with no more than one unacceptable absence (community orders) or two unacceptable absences (prison licences)	85%	83%	81%
Accredited programme completions: % performance in relation to profiled target	100%	100%	107%
ECP/UPW completions: % performance in relation to profiled target	100%	110%	98%
DTTO/DRR commencements: % performance in relation to profiled target	100%	102%	80%
DTTO/DRR completions: % performance in relation to profiled target	100%	120%	87%
Basic skills: % performance against profiled starts target	100%	161%	161%
Basic skills: % performance against profiled awards target	100%	236%	194%
Home Secretary's race equality employment target	3.6% (target for the South East Region)	12% (target achieved by Thames Valley)	11.3%
% of cases where accurate and timely ethnicity data were provided at the start of supervision	95%	92%	96%
Sickness absence: average days absence	9 days	11 days	11.8 days
Proportion of victims of serious sexual/violent offences (where offender sentenced to custody of 12 months or more) offered contact within eight weeks	85%	95%	93%
Proportion of magistrates' courts reports prepared within court timescales	90%	96%	98%
Proportion of risk of harm assessments, risk management plans and OASys sentence plans on high risk of harm offenders completed within five working days of commencement of the order or release	90%	28%	68%
Proportion of risk of harm screenings/full analysis and OASys sentence plans on PPOs completed within five working days of commencement of the order or release	90%	21%	66%

## SECTION A QUALITY OF MANAGEMENT

### A1 Leadership and planning

Partly met

#### Description:

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

#### Strengths:

- The Area Business Plan for 2005/2006 set out a clear approach to national and local improvement targets. Acknowledging the current context of change, it identified the area's strategy to ensure business continuity whilst implementing the NOMS change agenda. The plan had been put together over a number of days by the Board Strategy Subcommittee and the whole SMT. One of the quarterly middle managers' meetings was then used to disseminate the plan and to introduce this key group to business risk management. Divisions and teams then worked on their own plans to support the area approach.
- An active and enthusiastic Board supported and promoted the work of its officers through a range of subgroups. The Board had agreed a proposal to second the DCO/Director of Strategy for a year to develop the area's response to the NOMS change programme and to appoint a former CO to act as Director of Operations in the interim. Work on this was now almost complete and had just received Board approval. During a difficult period for the probation service nationally, communication in Thames Valley about national and local developments was well planned and received. The area had invested in a communications manager post which had contributed significantly to internal and external communications.
- The most recent NPS Performance Report issued in November 2005 and relating to the period April to September showed that the area was meeting or exceeding many of the national targets. It had been performing particularly well in relation to basic skills starts and awards and DTTO/DRR commencements and completions. The exceptions were compliance, staff sickness levels, and the assessment of high risk of harm offenders and PPOs.
- The area had been unable to gain NPD agreement to the adoption of a case record that would form the basis of an area-wide information system until 2005. As a consequence, access to performance information was limited. A manual system for identification of achievement in relation to case enforcement and compliance had been established. Whilst this was clearly resource intensive, it had driven up performance in these areas through the monthly publication of 'exception reports' which managers discussed with staff individually if performance slipped. Progress against national targets and local improvement priorities was reported on a quarterly basis to the Board using the data referred to above.
- There was evidence of long-standing attention to diversity issues in the area's planning processes. Following a review of structures a Diversity Forum had been established in 2004, led by the Board Chair and attended by Board members, managers and representatives of

staff groups. The forum was underpinned by five working subgroups, whose work included addressing race, faith and belief, and disability. The area felt that this was a rather top heavy structure and was considering how better to involve others in its work, but there was evidence that the forum was making a positive contribution. In 2005 this had included substantial work on DDA compliance and a varied and well-received programme for Diversity Week in October.

- The area had reviewed its Race Equality Scheme in 2005 as required under the RRAA and had begun to assess policies for adverse impact on minority groups. In response to the HMI Probation report on work with racially motivated offenders it had also reviewed its policy on the latter, the new policy being considered by the SMT in January 2006. Additionally, the CO convened the LCJB Race and Diversity Subgroup and, on its behalf, had commissioned research into levels of confidence about the criminal justice system amongst black and minority ethnic groups.
- A project management approach was adopted in relation to major issues such as the current change management programme. Previous examples had included ECP and PPOs. As a consequence, the area had many strong examples of good interventions often in partnership with others. This was seen particularly in the substance misuse thematic element of the inspection.

#### ***Areas for improvement:***

- For the reason outlined above, the area relied heavily on NSmart data for its performance monitoring. It had been allowed to implement ICMS in the spring of 2005, pending the implementation of NOMIS, but the benefits in terms of performance monitoring data available for middle managers had yet to be realised.
- Although the data supplied to the NPD showed that the national target for PSR timeliness was being met, there had been clear difficulties in supplying reports for adjourned hearings in some parts of the area. The area had addressed this by employing report writers on a sessional basis and by increasing the proportion of FDRs. It also had in place systems for monitoring demand and response and was able to keep courts fully informed.
- It was of serious concern that there was no policy or procedures for the management of high risk of harm offenders. The area thought that practice had previously been sound, but accepted that it had not kept up with national changes. Whilst it had instituted the quality frameworks recently required by the NPD in relation to OASys, and had systems for checking compliance with the new national targets, it had no guidelines for operational staff and managers to follow. Given the lack of experience of most of its POs and PSOs and the lack of national TPO training in relation to high-risk work, this was a worrying gap that showed up clearly in the inspection sample in poor performance in case management. Confidence and training in many aspects of basic case management appeared to have been neglected as the area concentrated on newer work and targets.
- In planning for the change programme case manager training needs had emerged and a skills/training needs audit was underway as an element of the plan to move to the offender management model. Two days training had been planned which would start to address the deficits. The area was aware that this would need to be followed up as appropriate with more in-depth training including the proper use of OASys as an assessment tool, risk of harm assessment and management, MAPPA procedures and domestic violence work.
- It was also acknowledged that coping with case manager vacancies pulled SPOs into undertaking some of these responsibilities which left them with insufficient time to



undertake all their own work satisfactorily, including providing the necessary support and guidance to inexperienced staff. This combination of inexperienced staff, inadequate training and support, limited procedures and a questionable level of oversight showed up clearly in the case file reading. It would not be surprising to find that this also had an impact on staff morale.

- Staff recruitment and retention were a significant problem in the South East Region. This and the level of offenders in employment and needing weekend work had had an impact on the ability of UPW units to supervise offenders on work parties. In response the area had worked to increase the number of individual placements, but significant numbers of offenders were being stood down each week. The problem was compounded by a too literal interpretation of the area's violence at work policy leading to a maximum of six offenders being instructed to work with one supervisor. The area had reviewed this position shortly before the inspection and their own figures showed that examining the average failure to attend rate and introducing an element of over-instruction would have a significant impact on the need to stand offenders down.
- There was an active MAPPA SMB, currently chaired by the ACO for public protection. Its positive achievements included the recruitment of two lay advisors and support for the development of Circles of Support and Accountability (see Section A4). In 2004 the area had been commended by the NPD Public Protection Unit for the quality of its initial MAPPA; however, by the time of the inspection we found that there had been insufficient investment in leadership and funding from all the agencies of the Responsible Authority. There had been problems in gaining commitment from most Duty to Cooperate organisations and no Memorandum of Understanding had yet been drawn up between them and the Responsible Authority defining agency responsibility. Despite this, positive levels of cooperation between housing and other MAPPA agencies had been noted in two recent Supporting People inspections. The geo-political make-up of Thames Valley was such that there were no neat solutions to the establishment of both a full SMB and Level 3 panel (or panels) at the right level of seniority.
- MAPPA in Thames Valley had been founded on existing strong working relationships between the police and the previous probation services. As there had been recognition that these arrangements were satisfactory, they had been adapted to meet changing national requirements rather than chief officers taking a strategic view of what was needed to establish effective MAPPA. Active members of the SMB were few and they were still trying to establish what the arrangements should be rather than concentrating on improving the quality of work with potentially dangerous offenders. Consequently, there were significant gaps (discussed in more detail in the next paragraph) that were reflected in the area's poor performance in risk of harm assessment and management. This would also reflect badly on other agencies should an offender subject to MAPPA commit a serious further offence.
- At the time of the inspection there had never been a pooled budget, MAPPA coordinator or Level 3 standing panel. Each of the 12 Level 2 panels worked to some extent differently and there was almost no administrative support throughout the system. The impact of this was found in the inspection of cases, where there were often no meeting notes and action plans on files, or they were of a poor quality. In order to achieve the requirements of the new national MAPPA business plan, all of the agencies within the Responsible Authority needed to commit further resources for coordination and to create a structure that addressed the challenges of the area.



- It was of serious concern that there were no Level 3 panels. National guidance is clear that a standing panel at this level, made up of a senior group of people with expertise in the management of the ‘critical few’ as well as the authority to commit resources, is necessary. In the absence of a Level 3 panel, relevant cases were ‘bolted on’ to Level 2 panels; reviews of such cases were chaired by an ACO or police DCI. Whilst they were sufficiently senior, the rest of the panel was not, nor could they have the necessary expertise built up over the months of dealing with the most dangerous individuals. It is acknowledged that the area could not be served satisfactorily by one Level 3 panel, but other large and metropolitan areas where this also applies have several such panels, often serving one Basic Command Unit area.
- The MAPPA Forum was mainly for probation middle managers. It was supported by the forensic psychologist and was a useful focus for practice development. There had been some investment by the police and probation services by arranging for a DCI and SPO both to commit part of their time to filter all referrals to MAPPA. From January 2006 the SPO was due to work full-time on MAPPA and would be based with the police for the final three months of the financial year. There was an ambitious plan of work for her around quality improvement, procedural development and training, and also work to improve agency representation on the SMB, some of which would be more appropriately led at chief officer level. There were proposals within the area for options for a joint MAPPA unit which were due to be discussed shortly.

A2	Resource allocation	Partly met
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**Description:**

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

**Strengths:**

- Various methods were in operation to try to address the area’s problems in recruiting and retaining staff. These included employing a high ratio of PSOs to POs and investing £280,000 in sessional PSR writers, including Thames Valley staff working in their own time. This year the area had also employed 11 extra TPOs over the 15 funded by the NPS with a view to increasing the number of qualified POs it employed in two years time. Additional retention payments had been made to POs, staff in UPW and, most recently, to ETE/basic skills staff.
- Strong budgetary systems and control were in operation. The Director of Finance was a member of an executive senior management group meeting fortnightly with the CO and the Directors of HR and Operations. This group kept a strategic focus on financial and HR issues to support the area’s work. The Director of Finance also acted as treasurer to the Board (there was an independent secretary), supported by the Audit Subcommittee.
- A number of multi-agency partnerships requiring relatively little probation service funding (they are detailed in Section A4) contributed to offender management in several areas, for example UPW, offender employment and work with PPOs.
- ETE activity was currently provided in-house by a manager and team of eight. We heard nothing but praise for their work throughout the inspection and file reading also demonstrated the quality of both provision and liaison. The area was working hard to keep the team together in the face of the proposed OLASS contract and the implications, still

unclear, for their continued employment. It had also invested in a forensic psychologist who was providing training and advice in relation to high risk of harm offenders and in accommodation staff who likewise contributed to the management of this group of offenders.

**Areas for improvement:**

- It was clear that the area at times had insufficient staff to carry out its responsibilities satisfactorily. Vacancies and sickness had clearly had a severe impact. The situation was such that in one office during the inspection there were no staff available to whom to allocate work, something that was also bound to have a negative impact on other colleagues. The arrangements for managing the workload in these circumstances were unsatisfactory. They relied on many offenders nominally being allocated to SPOs, but then being told either to report to a member of the administrative staff or not to report at all unless there was a problem, when a member of administrative staff would again be the contact. These problems were exacerbated by the demands to second staff to five prisons and to eight YOTs. To minimise the impact on the main service, the area had met its obligations to the latter by negotiating to second non-PO staff. It had also provided some YOTs with money instead of staff, although it had been criticised for this during a recent YOT inspection for failing to meet a statutory obligation.
- Thames Valley is a large area (the seventh biggest in the country) made more complex by its covering three geographical counties and their constituent local authorities. With only six ACOs and no area or district managers, it appeared to lack senior management capacity to address this. This was particularly the case in relation to the large amount of partnership work requiring senior management attention, e.g. the DAAT, Supporting People, and CDRP arrangements, as well as MAPPAs and Safeguarding Boards. The proposed new structure retained this number, with plans to supplement the SMT with a Director of Interventions as well as the existing Director of Operations and deputy posts. There was also consideration of a new practice manager grade to take some of the strain from SPOs who might then be freed to engage with partnership work. However, the latter would then provide representation at a lower level than that expected by other agencies.
- At the end of the second quarter of 2005/2006 the area had achieved the national accredited programme completions target. Despite this success, its capacity to run programmes could not meet the volume of orders being made and there were significant waiting times for most programmes, although this varied across the area. To cope with these, there were significant numbers of weekend and evening groups but, in an area of high employment, these too could not meet all demands.

A3	Management and supervision of staff	Partly met
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**Description:**

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

**Strengths:**

- The Thames Valley area had been created in 2001 by two separate mergers of three previous probation services. It was not surprising that it had taken time to harmonise conditions of service and practices. One of the few benefits of a high turnover of staff was that almost 70% of the current workforce had been in post for less than two years and therefore

consistency of conditions of service had become more even. Most staff had therefore always worked for Thames Valley Probation Area and not any of its previous constituent probation services.

- The achievements of the two (job share) directors of HR, supported by the Board, were impressive, despite the area's staffing problems. The recent Annual Letter from the external auditor had noted encouraging progress in the HR strategy and in trying to improve recruitment and retention. Workforce planning was undertaken on a regular basis in conjunction with the Finance Department as part of the business planning process and then reviewed as necessary. A high level of vacancies had led to underspending, some of which was then invested in paying for sessional PSR writers. Measures to improve the staffing position, already referred to in Section A2, included investment in extra TPOs who would qualify in 2007, as the area had established that local entrants to the scheme were more likely to remain in post than those who had to move into the area from elsewhere. The problems around recruitment and retention were serious and chronic but the area was doing what it could to address them.
- The HR strategy was comprehensive and was supported by an HR divisional plan demonstrating how it contributed to the achievement of business objectives. There was a clear link between planned training and improvement and maintenance objectives in the business plan. Training was also geared towards equipping middle managers for managing within a diverse organisation in relation both to employment law and to promoting diversity. Examples included training in disability awareness and in supervising a culturally diverse workforce. Another example of the HR department's proactive contribution to service improvement was the recent decision to provide input for TPOs about domestic violence and child protection work, recognising that this was missing from their qualifying training.
- Staff supervision and appraisal were monitored. 82% of the case managers we interviewed in the inspection stated that they received a monthly formal supervision session, with a further 12% receiving supervision at least every two months. 88% had also had a written appraisal in the last year.
- Whilst sickness levels themselves were an area for improvement, appropriate and comprehensive action was being taken to address this issue and was having a positive impact. From 13.3 days per employee at the end of 2004/2005 the average rate for the first six months of this year had improved to 11 days. The long-term sickness rate had improved through HR department intervention and local managers were now being required to tackle short-term absences with their staff. To support them in this HR advisors were attached to divisions and gave welcome advice to middle managers about how to respond to individual cases.
- There had been significant investment in the area achieving the Two Ticks Disability Award and also in preparation for DDA compliance led by the HR department. This required a wide-ranging strategy including substantial changes to buildings. The department also played a major role in supporting the Diversity Forum subgroups.
- At the end of 2004/2005 12% of Thames Valley staff group were from black and minority ethnic groups and they were supported by a black staff group. This was above the national average and also significantly above the average for the South East Region. However, the figure was not as yet reflected in the area's management grades.

**Areas for improvement:**

- The South East Region had the highest rate of turnover for operational staff in England and Wales. We were shown evidence of how the proximity to London and the capital's higher rate of pay also affected other public services and this was even said to be a problem in the private sector. The ability to recruit good staff was a problem at all levels of the organisation. The SMT was clear that it was not prepared to employ anyone who did not meet or demonstrate potential to meet the required standards. The problem was also reflected in the recruitment of some management grades and in November 2003 the former Director of Operations had left and it had not been possible to fill the vacancy. The post was currently occupied by a former CO from the area who had agreed to return during the secondment of the DCO to the change programme.
- The impact of staff turnover was experienced differentially around the area, although most offices were said to have problems from time to time. In common with other areas, teams were likely to be fully staffed with POs from October when newly qualified staff were available, but to suffer a decline thereafter until the cycle repeated itself in the following year. There was a current acute issue in Slough, where a high proportion of PO posts were either vacant or were due to become vacant within weeks. As a consequence, high numbers of PSRs could not be completed and there were currently over 200 unallocated cases. This also created severe problems about the appropriate allocation of high risk of harm cases. The Courts' Service and other criminal justice agencies in East Berkshire also had similar problems and were currently subject to an LCJB improvement project.
- Despite the relevance of the training plan and the expectation that staff would attend core training events, there had been some difficulty in getting OASys training organised for new entrants. Examples were found of PSOs waiting for five months and longer. This was due to the difficulties of releasing local trainers from their normal duties. Some assistance had been 'bought in' from outside the area and arrangements were being explored in the region for doing this on a more systematic basis.

A4

Partnership/contracting out

Well met

Description:

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

**Strengths:**

- Thames Valley Probation Area was involved in true partnership arrangements with an impressive variety of organisations, often for relatively little financial outlay. These were supported by research and evaluation. The arrangements both addressed the mainstream supervision needs of offenders and engaged with community development/crime reduction activity. Those relating to substance misuse are dealt with in the thematic section of this report.
- External auditors had carried out a limited review of the arrangements and noted in their Annual Letter of November 2005 that formal partnerships were operationally generally well run with strong financial management. There was an action plan for the Board to have more information and, where appropriate, involvement with some of the partnerships. Examples of innovative work were:

- the Thames Valley Partnership, an umbrella organisation that aimed to bring communities and organisations together to seek sustainable solutions to the problems of crime and social exclusion
  - the ‘Making Amends’ UPW project, under the same umbrella, which was currently being piloted, would potentially more than satisfy the NPS’s requirement of areas to make UPW more visible. Under the scheme (to which a member of the area staff had been seconded), local panels were being established from UPW teams, community safety managers, voluntary groups, faith groups and some sentencers to identify opportunities for UPW schemes and to give feedback. The plan would be to extend the range of placements providing opportunities for reparation
  - a significant amount of cooperative work was undertaken in the region between prisons, probation areas and voluntary sector organisations. An example of this was the Exodus Development Partnership led by the South East England Development Agency and involving the probation and prison services as well as Job Centre Plus and other statutory and voluntary organisations. In 2005 the partnership had established a pilot project called Blue Sky which sought to reduce reoffending by short-term prisoners through increasing their employability and addressing accommodation needs
  - Thames Valley Circles of Support and Accountability was a Home Office funded project managed by the Religious Society of Friends (Quakers). In conjunction with the probation, police and prison services it aimed to recruit and train a small number of volunteers to provide a support network to some sex offenders on release from prison on licence
  - both the Thames Valley Partnership and Exodus had benefited from grants from the Esmee Fairbairn Trust, a major grant making foundation. The trust also supported a scheme involving sentencers visiting effective community penalty schemes. They would then meet probation managers to address issues around the targeting of community orders and the rebalancing of sentencing.
- The area was also involved in Supporting People arrangements, LCJB developments and subgroups and in CDRP work including participation in crime audits. There was a well-organised PPO scheme that had been developed with the police under the auspices of the CDRPs. A number of tracker officer posts had been established on a pilot basis to work closely with individual offenders on the scheme. More recently these posts had been expanded across the whole area including some sponsorship of posts by the CDRPs.
  - A response to the high incidence of domestic violence was being led by the LCJB Strategy Group and included consideration of the establishment of dedicated courts. A joint agency working group had emerged from the MAPPA Forum and had been adopted as a subgroup of the LCJB to develop a consistent approach to this issue amongst the agencies involved.
  - With a view to both investing in a locally based-charity on behalf of the whole organisation and to contributing to community involvement, the area had committed itself to sponsoring an approved charity, the Mali Development Group, through which a group of local people were investing in that country’s development.
  - Interviews with representatives of partner organisations during the inspection included many positive comments being made about the probation service’s work.

**Area for improvement:**

- The considerable demands on ACOs' time, which have already been referred to, meant that they were not always able to give as much time to the work as both they and the partnership agencies would have preferred.

**A5 Effective communication with sentencers**

**Well met**

**Description:**

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

**Strengths:**

- The area had had significant problems in fulfilling its responsibility to provide court reports and at times to supervise CPOs/UPW to national standards. There were regular formal meetings at several appropriate levels, where this situation was discussed and where courts were kept fully informed. Whilst clearly the gaps in provision were regrettable, both the area's response and that from local courts were open and constructive. This matter was being kept under review by the LCJB.
- There was a Thames Valley Sentencers' Forum which met twice a year. This was chaired by a magistrate from the Probation Board and attended by representatives from each bench plus courts and senior managers. It set and reviewed the local liaison arrangements for the year.
- There had been four surveys of magistrates since 2000, with returns from the last analysed in March 2005. Overall it showed a positive view of the quality of both probation work in the courts and of PSRs (though obviously not about the delays in their completion).
- Board members who were also magistrates, whilst appreciating the difficulties experienced in individual sentencing decisions, had taken a proactive approach to informing their colleagues about these difficulties and in encouraging them to request reports only when necessary.
- The area had worked actively within the South East Region Courts Network on improving services to courts. One example of this was a seminar for sentencers held early in 2005, jointly facilitated by Thames Valley and Sussex. Its purpose was to consult with a representative group of magistrates on the new format and content of PSRs that were based on information pulled through from OASys. It had been a successful event leading to the new type of report being introduced later that year.
- All sentencers received copies of regular local and regional probation service bulletins keeping them up to date with developments. The area had also contributed to Criminal Justice Act 2003 training across the area.

**Area for improvement:**

- There was no area-wide formal written protocol with either the magistrates' courts or the Crown Court about the availability of reports or other expectations of either organisation.



## SECTION B QUALITY OF ASSESSMENT

B1 Assessment of risk of harm

39%

Description:

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

### **Areas for improvement:**

- The overall quality of risk of harm assessment was poor. It was of concern that in this criterion as in others, performance in the high risk of harm sample (23 cases) was worse than in the whole sample in over half of the relevant questions. In the division worst affected by staff turnover, performance was affected in most cases by the area's inability to allocate the offender to a case manager and for OASys to be completed. This was also true to a lesser extent in two other divisions experiencing vacancies and/or sickness around the time of the inspection. However, problems with performance in case management could not be attributed wholly to vacancies and would not be resolved in the short-term by a fully staffed establishment because of the gaps in training, confidence and understanding.
- Assessments were timely and of sufficient quality in only 39% of all cases and in only 26% of the high risk of harm sample. In 17 of the main sample cases and three of the high risk of harm cases there was no risk of harm assessment at all. Where an assessment had been done, the content was satisfactory in 57% of cases overall and in 52% of the high risk of harm sample.
- Only seven cases had had satisfactory reviews of risk of harm, as required by the national standard. Only two of the 23 high risk of harm cases had had a satisfactory review. In 12 of these cases the review was either late or otherwise unsatisfactory, and in nine cases there was no review at all.
- In 39 cases there had been a significant incident that could have had an impact on the level of risk of harm presented, e.g. a further offence. This had led to a satisfactory review of the risk of harm in only eight cases. The figure for high risk of harm offenders was four out of 14 relevant cases.
- Inspectors found that case managers often lacked confidence in their ability to make an accurate assessment of the level of risk of harm. We found examples of cases that had been assessed as too high, and where case managers could not identify the evidence for this classification. There were also cases where clear evidence of risk was overlooked, particularly in domestic violence cases. In 14% of cases where there was a classification it was assessed as incorrect by inspection staff – this also applied to four of the cases in the high risk of harm sample.
- A satisfactory risk management plan had been produced within five working days in only five of the high risk of harm cases. The area had not implemented use of the headings required by the NPD in February 2005. In only 11 of the high risk of harm cases was there a close fit between the interventions planned and the assessed level of harm.

- There was appropriate management involvement in the assessment of less than half of the high risk of harm cases. Discussions with middle managers suggested that this was in part due to a lack of recording; however, this was not acceptable.
- High risk of harm work was poorly served by MAPPA documentation. The systems described for Level 2 case assessment and management were not evidenced in the files read, either on paper or in the relevant probation service database. There were few examples of completed documentation. We found incomplete referrals, missing endorsement by SPOs, and too often no mention in the record of what happened next. Where there was a note in the contact log that there had been a referral or review panel meeting, there was either no meeting note on file or a poor note with no action plan for example. The area therefore often had no audit trail of any decisions taken, whether or not they were defensible.
- We were made aware of unallocated cases in two offices – 200 mainly custody cases in one and 80 cases in another of which 55 were community supervision orders. Managers were instructed to make an assessment of the level of risk of harm posed in these cases before deciding that they could remain unallocated.

B2	Assessment of likelihood of reoffending	72%
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**Description:**

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

**Area for improvement:**

- In 68% of cases both OGRS2 and OASys had been used to identify the likelihood of reoffending. However, in only 60% of cases was the assessment completed to time. Some inaccuracies were also found. In one case a member of the inspection team recalculated OGRS2 suspecting that the score of 24% was unlikely and found that it was in fact 65%. The OGRS2 score is now an important element in determining the level of court report and supervision required.

B3	Case management	36%
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**Description:**

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

**Strengths:**

- In 86% of cases there was evidence that steps had been taken to ensure that the offender understood what was required of them. This included a simple document ‘Information for people on licence’ seen in Milton Keynes, which translated the licence into more practical ‘do’s and don’ts’.
- The area had implemented ECP well and was reluctant to lose all of the benefits with the introduction of a differential approach to offenders with low OGRS2 scores. UPW cases were more likely to have satisfactory plans in place than other types of supervision. Despite a lack of current national guidance, the area had set up its own standard ISP for low OGRS2



cases. Whilst the objectives used could have been more SMART, they did demonstrate that planning and appropriate issues had been taken into account before allocating an offender to work. The area also continued to quality assess placements using the ECP matrix and to run the PPWS as a group session followed by a short personal interview.

**Areas for improvement:**

- The benefits of using OASys as an assessment and planning tool were not well understood. Case managers were too often using an out-of-date PSR plan as if it were an ISP. They were also sometimes taking the stand that where for whatever reason there had been no OGRS2 or OASys completed prior to allocation, then it was not their responsibility to do one.
- ISPs were satisfactory in terms of timeliness and quality in only 18% of all cases and there was no ISP at all at the start of supervision in 33% of them. Where there was a plan, the quality of the content alone was satisfactory in less than half. Slightly worse figures were discovered for high risk of harm cases with 17% sufficient in terms of both timeliness and quality and 26% sufficient in terms of quality alone. There were only rare examples of SMART objectives. The interventions identified were assessed as appropriate to the needs of the case in 50% of plans overall and in 35% of the high risk of harm plans.
- Despite evidence in discussions with case managers about their positive working relationships with specialist colleagues and partners providing interventions, these tended not to be recorded on the file. This was done satisfactorily in 33% of relevant cases. It was also of concern that only 26% of high risk of harm cases had the liaison arrangements sufficiently recorded. Sensitivity to race and other diversity issues was likewise under-recorded at the planning stage, although it will be seen in Section C that it was taken into account when actually delivering interventions.
- Given the problems noted with MAPPA documentation, it was not surprising that ISPs integrated risk management plans in only three of the high risk of harm cases.

B4	Documentation	73%
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Description:

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

**Strength:**

- The recording in contact logs was generally of a high standard, with 80% of all cases and 83% of the high risk of harm sample being assessed as satisfactory or excellent. Given that the area had only very recently adopted a new case record, this was a positive finding.

**Area for improvement:**

- Despite the full contact logs only 65% of all case files and 52% of high risk of harm case files were assessed as being well organised and complete. Some of this was accounted for by the missing OASys.

<b>GOOD PRACTICE EXAMPLE</b>
<i>At the Aylesbury office every case read had an excellent contact log and this was clearly a local priority. The content was well ordered and detailed in a concise manner under headings.</i>

## SECTION C QUALITY OF INTERVENTIONS

### C1 Managing attendance and enforcement

75%

**Description:**

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

**Strength:**

- In most cases (80%) there was evidence that attendance was monitored by the case manager across all interventions with action taken, where necessary, to ensure compliance.

**Areas for improvement:**

- It was of concern that only 48% of cases in the high risk of harm sample were given appointments to the national minimum standard, compared with 51% in the sample overall. Both figures were unsatisfactory, but the needs of high risk of harm cases should have required even more frequent appointments than the minimum.
- Only seven of 21 relevant high risk of harm cases had received a home visit. In two cases it was noted on the file that this was due to workload pressures, but in most there was no evidence of any understanding that there should have been a home visit.
- Nine offenders had been required at some time to just ‘sign in’ at reception at a probation office instead of being interviewed by anyone. This was across the area and included one high risk of harm case.
- Judgements about the acceptability of absences were appropriate in 63% of relevant high risk of harm cases and in 71% of the sample overall.
- Breach or recall action had taken place within the required timescale in only three of eight relevant high risk of harm cases. The figure for the whole sample was better at 70%, though even that fell well short of the national target.

### C2 Delivering appropriate supervision

61%

**Description:**

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

**Strengths:**

- Although the area had experienced a high turnover of staff, over half of the cases in the sample had had just the one case manager, and only four cases had had more than two.
- Thames Valley had implemented ECP in such a way as to locate the responsibility for placement and case management with the same person, although this would disappear in the planned reorganisation. The benefit was a case manager who maintained contact with

offenders out on placement throughout their order and who was in a position to motivate them to complete their hours successfully.

- 73% of cases showed good levels of liaison between case managers and others contributing to the supervision of the case. This was seen in relation to ETE, approved premises and programmes. However, the figure for high risk of harm cases was less positive at 65%.
- The ETE team was commended by colleagues across the area for 'creative and tenacious' involvement with offenders, including in their use of mentors.

#### GOOD PRACTICE EXAMPLE

*The case of S demonstrated the benefits of good liaison between the case manager and others involved in supervision. T, the case manager, worked closely with B the programmes tutor. He was always open to discussions about the progress S was making and could be relied upon to reply promptly to e-mails. As a consequence, S felt supported and was clearly well motivated to complete his order and get the best out of the programme.*

#### **Areas for improvement:**

- Given earlier comments about the use of OASys and completion of ISPs, it was to be expected that performance on supervision plan reviews was also poor. Only 8% were satisfactory in terms of quality and timeliness (only two of the high risk of harm sample). 31% of both samples had had no review completed at all. Where there was a review, the content was satisfactory in 26% of all cases and in 17% of the high risk of harm cases.
- The interventions planned were appropriate to the needs of the case in 57% of cases. The high risk of harm figure was slightly higher at 65%.
- There were delays in offenders commencing accredited programmes, although this varied across the area. One case in the sample had waited a year before being allocated a place on the sex offender programme. The average waiting time according to area data for Think First was 66 working days and 105 days for the domestic violence programme.
- Offenders were being stood down from UPW due to a lack of supervisors, although this again varied across the area. The worst examples seen were: one offender who had been stood down six times in 16 weeks and another seven times in 27 weeks.
- Work to address victims' issues with offenders was poor. This was particularly the case with high risk of harm offenders where the work was satisfactory in only 38%. Given that the offences committed by this group were likely to involve serious physical or sexual violence, work to increase the offender's understanding of the impact on their victim(s) should have been an important element of the risk management plan for many of them. Work on victims' issues generally was satisfactory in only 33% of all cases. Case managers also tended not to challenge offenders appropriately to accept responsibility for their offending – we considered that this had been done sufficiently in only 50% of all cases and in 57% of high risk of harm cases.
- Performance was better, though still far from satisfactory, in what might be called more traditional elements of probation work: work directed at community reintegration was sufficient in 66% of cases and in 69% of cases the case manager had motivated the offender by reinforcing the work undertaken by others and engaging with them to prevent reoffending.

**Description:**

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

**Strength:**

- Discussions with case managers showed that offenders on UPW had their needs taken into account in allocating them to a work placement. The area had a high level of individual placements which also supported this aim.
- Interpreters were used during induction interviews with offenders on UPW whose first language was other than English to ensure that they understood what was required of them. Thereafter, however, as in other areas, this facility was not available.
- The area had committed itself to trying to provide Think First for women and for black and Asian offenders. Unfortunately, as in other areas, it was not able to deliver these with sufficient frequency to meet demand in a timely manner. Instead it offered people the option of waiting for a specialist programme or of getting started as soon as practicable on a mixed programme and, in fact, all offenders had chosen the latter. It was planned that case managers would deliver material from the Black and Asian Pathfinder One-to-One Programme to offenders before they started Think First.

**GOOD PRACTICE EXAMPLE**

*V was an offender in full-time employment who had been sentenced to a CPO. His case manager took care in considering which placement would suit his needs and was most likely to provide suitable motivation to him to attend. He was found an individual placement in a charity furniture shop which was demanding, stretching and convenient in that it enabled him to undertake his childcare responsibilities. His case manager also agreed to delay the start of the order to allow V to attend a family religious ceremony, paying attention to the demands of his faith.*

**Area for improvement:**

- Whilst the delivery of interventions was better than the planning described in Section B, there was still room for improvement. Diversity matters were appropriately addressed in about three-quarters of the cases, and where literacy or dyslexia was an issue this was satisfactorily addressed in 68%. The latter was a disappointing outcome given the positive service offered in-house.

**Description:**

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

**Areas for improvement:**

- Case managers needed to provide more evidence that they had considered what methods or sequence of interventions were most likely to be effective with offenders. This was no doubt

linked to poor planning. Sufficient work was considered to have been done in 72% of all cases and 65% of the high risk of harm cases.

- Pre-release work was satisfactory in just over half the relevant cases, including in only four of the relevant seven high risk of harm licences. Prisoners were not usually allocated to a case manager due to staffing difficulties and were held instead by an SPO. In theory they were then allocated to a case manager six months before release. We saw evidence that this did not happen and that allocation would often take place, regardless of the needs of the case, a week or a few weeks pre-release or when an HDC enquiry was received.

C5	Management of risk of harm	48%
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Description:

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

***Areas for improvement:***

- The management of risk of harm was poor overall. Child protection work was more likely to be satisfactory, with 11 of the 14 relevant cases being satisfactorily managed. However, within the eight high-risk child protection cases, there were two that were unsatisfactory.
- The type and level of interventions were appropriate to the assessed level of risk of harm in 76% of cases overall but in only 70% of the high risk of harm sample. Changes identified in the risk of harm were not well managed – only around 40% of relevant cases had had a satisfactory response by the area in these circumstances.
- In the 16 high risk of harm cases where there was a risk management plan, it was satisfactory in only five and had been executed appropriately in six.
- Management oversight was satisfactory in only 40% of the high risk of harm cases.

## SECTION D QUALITY OF INITIAL OUTCOMES

D1 Interventions are delivered with the desired outcomes

54%

Description:

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

### **Areas for improvement:**

- 21% of all offenders and 22% of high risk of harm offenders had been convicted for a further offence committed since the start of their order or licence. These figures were similar to the average for other probation areas inspected in the ESI programme.
- Risk of harm was assessed as having been successfully contained in 63% of high risk of harm cases and as having been reduced in 32%.
- The OASys score tended not to be re-assessed, in part due to there being a relatively low rate of case review, and in part to case managers ‘pulling through’ earlier information rather than actually reviewing cases. Where there was a new score, this showed an improvement in eight cases overall, three of these being high risk of harm cases.
- In 47% of all cases there had been progress against the highest priority criminogenic factor. This was lower than the average figure of 64% from ESI inspections. Thinking skills was identified as the most common factor followed by employment, peer influences and alcohol. In half of the sample it was found that there had been no change in whether the factor was still a problem.
- There was evidence of positive change in attitudes, beliefs and behaviour in relation to offending in only 21% of cases, which was again lower than the 45% average. There was also little evidence of learning from supervision being applied; this was apparent in only 35% of cases.
- Compliance with supervision was not good, with only 56% of cases keeping most of the appointments or work sessions arranged and 55% complying with all the requirements of their order or licence.

### **GOOD PRACTICE EXAMPLE**

*P was allocated to a voluntary environmental agency to carry out his CPO. He was found to be an excellent worker and has continued at the agency as a volunteer now that his order has been successfully completed. He was taught how to make data entries into a computer during his hours, so has learnt IT skills and he has completed a basic skills qualification which will be invaluable to him in work and with his family.*

D2 Improvements are sustainable

46%

Description:

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

**Area for improvement:**

- Sufficient attention had been given to long-term community reintegration issues in 56% of the whole sample and in 62% of the high risk of harm cases. However, there had been much less attention to ensuring offenders maintained contact with mainstream organisations to address criminogenic need. The figures here were 36% and 38% respectively.

**GOOD PRACTICE EXAMPLE**

*D had not wanted a condition in his licence to accept referral to the drug treatment agency as he had become drug free in prison and did not want to mix with other drug users on release. However, his case manager persuaded D that relapse prevention on leaving prison was likely to be an issue for him and that contact with the agency could be safe. D agreed to cooperate, complied fully with the condition and had remained abstinent since release.*

D3 Outcomes of interventions are assessed and reviewed using available data

Partly met

Description:

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

**Strengths:**

- The area had made use of the limited scope for performance reporting afforded by its earlier information system and had begun the work necessary to exploit the reporting capabilities of ICMS. Because it was conscious of information gaps, it had also set up monitoring systems for work needing improvement (for example enforcement and compliance) and was using these data to improve performance through individual and team discussions.
- There had until recently been a research element within the Information Unit. We saw a number of examples of surveys that been undertaken to support service development, e.g. the sentencers' survey and analysis of focus groups around disability.
- All of the partnership projects seen had monitoring and evaluation built into initial plans.

**Areas for improvement:**

- The limitations of management information available to the area meant that managers and staff did not have access to actual performance data and had to rely mainly on the sample provided by NSmart. There was no use of outcome or reconviction data.
- There was a differential approach to ensuring that exit interviews took place at the end of UPW. In some teams forms were just posted out, leading to a low return. In others, they were administered by staff. However staff said that they did not receive feedback from any of the collated forms.

Description:

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

***Strength:***

- In most cases it was found that the resources allocated were consistent with both the offender's risk of harm and the likelihood of reoffending.

***Area for improvement:***

- Despite this, it was found that resources were being used efficiently in achieving the planned results in only 59% of the whole sample and in 65% of high risk of harm cases.



## **THEMATIC ELEMENT: WORK WITH SUBSTANCE MISUSING OFFENDERS**

### **SUMMARY OF THE PROVISIONAL FINDINGS FOR THAMES VALLEY**

#### **Introduction**

Every inspection in the ESI programme includes a thematic element. In the second group of probation areas being inspected in 2005/2006 the thematic element focuses on the work carried out with substance misusing offenders. A full report on the whole thematic inspection will be published as soon as possible after the visit to the last of these areas.

Pending publication of the thematic report, each of the area ESI reports includes a summary of the provisional findings for the area. The summary for Thames Valley is given below.

#### **National context**

Although the relationship between substance misuse and offending is complex, there is little doubt that there is a strong association between the two. This is supported by research evidence. The contribution of the NPS towards reducing offending by substance misusing offenders in partnership with others, principally the DAAT and the DIP, is therefore potentially very significant.

The NPS has in recent years set targets for the commencement and completion of interventions for drug misusing offenders (DTTOs, DRRs and drug testing on licence for PPOs) and has developed a range of accredited programmes to address substance misuse such as OSAP, ASRO and DIDs. Although not accompanied by targets, ATRs are also available under the CJA 2003. These issues will be further addressed in the final report of this inspection to be published in the summer of 2006.

#### **Methodology**

The methodology for the substance misuse thematic inspection has four main elements:

- an analysis of advance evidence provided by the area
- an analysis of the work done with substance misusing offenders within the main ESI sample (the substance misuse subsample). The OASys assessment, which is required on nearly all offenders at the commencement of interventions, includes a preliminary assessment of drug and alcohol misuse. A score of four or more indicates a significant criminogenic issue
- interviews with senior managers, relevant staff and significant partners from one particular DAAT within the area. The DAAT focused on was Oxfordshire, one of the nine DAATs that exist in Thames Valley
- an analysis of work undertaken with a small sample of offenders with substance misuse problems from the DAAT area, who had either recently been sentenced to community orders under the CJA 2003 or released from prison as PPO cases (the post-CJA 2003 sample). Fifteen such cases were identified. However, with regard to the PPO sample, the area had difficulty submitting a list of all PPOs that fulfilled the inspection criteria and could only

identify cases supervised by the IRIS project, a multi-agency project that works intensively with a limited number of PPOs. As a result, the cases inspected were not representative of work carried out with all PPOs.

## Quality ratings

**Quality of Substance Misusing Offenders Management:** Of the six Management criteria (A1-A5 and D3), in Thames Valley three were found to be well met and three satisfactorily met.

The other criteria were scored by analysing the work done by the area in the cases inspected. The scores for the individual questions were weighted and aggregated to produce the following three quality ratings.

	Main ESI Sample n=98	Substance misuse sub-sample* n=43
<i>Quality of Substance Misusing Offenders Assessment</i>	53%	57%
<i>Quality of Substance Misusing Offenders Interventions</i>	65%	60%
<i>Quality of Substance Misusing Offenders Initial Outcomes</i>	59%	62%
<b>Overall score B-D</b>	60%	60%

\* The substance misuse subsample is based on the 43 cases within the main ESI sample with a score of four or more for drug or alcohol use on the OASys assessment. These 43 cases form the basis for all numerical scores in the thematic report. The post-CJA 2003 sample is referred to in the text but has not been included in this or any other table.

## Overall assessment

30% of the Thames Valley ESI sample were found to have an OASys score of four or above for alcohol and 21% for drugs. A total of 44% scored four or above for either alcohol or drug use; with 7% scoring four or more for both alcohol and drugs. The 44% of the ESI sample with an alcohol or drug OASys score of four or above is referred to as the substance misuse subsample. The size of the subsample gives a strong indication of the possibilities for tackling offending through effective substance misuse interventions.

The offending profile of the substance misuse subsample was broadly similar to the main sample, although the profile of sentences differed with very few of the substance misuse subsample sentenced to CPOs. Overall there were very few differences between the substance misuse subsample and the main sample, although the reconviction rates in the subsample and post-CJA 2003 sample were higher than the main sample. Sections B, C and D of the thematic report do not seek to replicate the main findings, so comments have been restricted to where there are differences between the samples.

The OASys assessments undertaken at the commencement of supervision indicated that the most commonly misused substances after alcohol in the previous six months had been cannabis, heroin and crack cocaine. There were indications that previous patterns of misuse had also included frequent use of amphetamines, hallucinogens, ecstasy and methadone.

The area managed DRR work through a substance misuse team that worked from its own annual team plan drawn from the area business plan. The team was proactive in ensuring early referrals were received pre-sentence from Arrest Referral and First Court Hearings. No formal provision existed for courts to make ATRs and the area had a paucity of alcohol services. However, there was a wide range of community drug treatment services in existence with which the area shared both formal and informal partnership arrangements. Some problems with recording between probation and partnerships were evident due to the duality of systems. A rapid prescribing system was about to commence and would be open to PPO offenders and those on DRRs. The PPO team had implemented drug testing on licence. The area made good use of outcome data with regard to DRRs to inform service delivery. Collection of OSAP compliance data had been particularly well used to increase the thoroughness of pre-group work.

In order to increase the efficiency of service delivery to all substance misusers, it had been decided to amalgamate the substance misuse and DIP team. The substance misuse manager had already taken on the role as overall manager.

In 2004/2005 the area had achieved 91% of the target on DTTO commencements and had also met the target for completions. The NPS Performance Report issued in November 2005, relating to the period April to September, showed that Thames Valley had exceeded both its commencement and completion targets for DTTO/DRRs.

Performance against the usual ESI criteria was very similar for the substance misuse subsample and the main sample. In both samples there were weaknesses in the completion of risk of harm assessments, ISPs, the setting of SMART objectives, and reviews. However, these two samples, plus the post-CJA 2003 sample, all showed a good quality of work regarding case managers motivating offenders, reinforcing the work done by others, and liaison with partner agencies in general. In addition, the post-CJA 2003 sample showed particularly good work at carrying out enforcement. However, despite the post-CJA 2003 sample being chosen for having significant substance misuse problems, these were not sufficiently mentioned in ISPs.

## Recommendations

*The Probation Board should ensure that the area:*

- *continues to emphasise the early identification of substance misusing offenders and referral into treatment at the pre-sentence stage*
- *drives forward arrangements for effective interventions to be delivered to alcohol misusing offenders*
- *reviews recording systems between probation and partnership organisations in order to facilitate efficient logging of information*
- *improves the level of substance misuse training given to generic staff.*

## SECTION A QUALITY OF SUBSTANCE MISUSING OFFENDERS MANAGEMENT

A1: Leadership and planning:	Assessment
<p><i>There is an area policy and strategy for the delivery of services for substance misusing offenders. Effective structures exist for the delivery of the policy and strategy and managers are held accountable for its effective operation.</i></p>	<p>SATISFACTORILY MET</p>

### **Strengths:**

- The area managed DRRs through a substance misuse team who worked from their own detailed annual team plan drawn from the area business plan.
- Planning was in place to incorporate the substance misuse team and the DIP in one building with overall management by the current substance misuse team manager. The management shift had been possible because some of the DRR management had been taken on by the QA manager for the substance misuse team.
- A plan to address the change to offender management for substance misusing offenders had been drawn up that recommended their allocation by complexity of substance misuse problems rather than type of order or tier. The substance misuse team was identified to take complex cases, with others allocated to generic offender managers with assistance from the DIP team where necessary.
- The substance misuse team was proactive in ensuring that referrals to the team were made as soon as possible following charge. Information about potential DRR offenders was received from Arrest Referral and a daily review of the PSR allocation list issued at court occurred in order that early liaison with PSR writers could take place.
- The PPO scheme had been launched from the existing IRIS initiative with a PO co-located in the police station. An academic evaluation of the scheme had taken place.
- A PSO ‘tracker officer’ assisted the generic POs by working alongside PPO offenders with lower matrix scores as well as those who were priority cases.
- Testing of PPOs on licence within IRIS was in place with the PO, along with the rest of the IRIS team, trained to administer oral tests.

### **Areas for improvement:**

- No formal provision existed for courts to make ATRs. The area was waiting for the DAAT draft alcohol strategy to be agreed and treatment provision to be established before recommending ATRs. This would clearly take some time to occur.
- Drug testing on licence did not exist for PPO cases not managed by IRIS.
- The area had difficulty locating PPO cases on its IT system if they were not managed by IRIS.

A2: Resource allocation:	Assessment
<i>The area is able to demonstrate a strategic approach to effective resource allocation for work with offenders with substance misuse issues.</i>	SATISFACTORILY MET

**Strengths:**

- ▣ Meetings between the National Treatment Agency, Government Office for the Region and the probation service had taken place to agree the distribution of DTTO/DRR targets across the nine different DAAT areas in Thames Valley.
- ▣ The area had a dedicated substance misuse team.

**Area for improvement:**

- ▣ The ability of the substance misuse team to provide support to generic teams, especially PSR writers and case managers holding non DRR cases, was limited by shortage of staff.

A3: Management and supervision of staff:	Assessment
<i>The area has a HR strategy that effectively encompasses staff training and development needs in relation to substance misuse work.</i>	WELL MET

**Strengths:**

- ▣ The substance misuse team comprised POs, PSOs and substance misuse workers. The latter's qualifications included CQSWs and Diplomas in Addiction Studies.
- ▣ The substance misuse team included a QA manager whose role was to increase offender compliance. This included holding fortnightly practice meetings to improve performance in identified areas such as the use of assessment forms, court skills and motivational interviewing. Case presentations by team members were held to enable the team to reflect on practice. The QA manager also offered individual training where required including use of eOASys.
- ▣ New staff within the substance misuse team were offered comprehensive training.
- ▣ The substance misuse teams from across Thames Valley met together twice yearly to review performance. Subgroups were tasked with reviewing processes and emerging themes.
- ▣ The manager of the crack cocaine treatment service had delivered a crack awareness presentation to the substance misuse team and attended team meetings.
- ▣ The OSAP team had delivered training to case managers.

A4: Partnership and contracting out:	Assessment
<i>The area has engaged in effective partnership working with the statutory and voluntary sectors to ensure a full range of treatment facilities are available to substance misusing offenders. Contracts are in place as required.</i>	WELL MET

**Strengths:**

- ▣ A broad variety of partnership arrangements with providers existed with clear protocols for information sharing. Due to the wide range of treatment availability the substance misuse team sought to tailor DRRs to fit offender needs.

- The area had produced practice guidance for all case managers working with drug misusers in Oxfordshire that listed services and delivery details. Case studies were included to assist case managers in their referral of offenders.
- The area was served by a well-established and effective shared care scheme. A rapid prescribing system was about to commence to include offenders on DRRs, PPOs and those testing positive on charge.
- Links with the structured day care provider were good. The substance misuse team undertook its own assessment of possible DRR offenders and then referred, where appropriate, to structured day care for a full assessment prior to sentence. A register of offenders who had attended programme sessions was faxed to the substance misuse team daily, together with a summary of the group programme and individual responses.
- An agreement existed between the area and CARATs in HMP Bullingdon regarding its contribution to DRR assessments. Review of this service was built in to occur every six months.
- Shared awaydays between probation and Arrest Referral had clarified working practice.
- A crack cocaine treatment service was available in the community, developed following research funded by the DAAT.

***Areas for improvement:***

- Whilst there was good coordination of partnership interventions with PPOs, there did not seem to be a joint approach to the recording of offender progress with information entered on two systems.
- Similarly, the substance misuse team inputted faxed information from one treatment provider onto ICMS rather than the treatment provider inputting it directly. No agreement had been reached to work towards a more efficient system.

A5: Effective communication with sentencers:	Assessment
<i>The area has successfully communicated with sentencers to promote and explain its substance misuse policy and strategy.</i>	WELL MET

***Strengths:***

- The area had strong links with the courts and met regularly on a formal and informal basis. This included commitment to a Magistrates and Probation Forum that met twice yearly to discuss identified themes. DTTO/DRR provision and review had been a regular agenda item in this forum.
- A representative from the substance misuse team had met with one of the area judges to explain how suitability for treatment was assessed.
- Training had been offered to magistrates prior to the OSAP roll-out and a ‘sentencers’ information’ card was used that explained the programme.
- Magistrates had attended an awards ceremony at which the CO gave out certificates to offenders who had undergone drug testing and achieved a high number of clean tests.
- Following a written proposal by the substance misuse team QA manager, a pilot was running with Oxford Magistrates’ Court that instigated specialist DTTO/DRR review panels. As part of this pilot, training was delivered to magistrates explaining DRR requirements and a presentation was given by an ex offender who had successfully completed a DTTO.

## SECTION B QUALITY OF SUBSTANCE MISUSING OFFENDERS ASSESSMENT

<b>B1: Assessment of risk of harm:</b>	<b>Score</b>
<i>Risk of harm is satisfactorily assessed in cases identified as manifesting substance misuse issues.</i>	41%

There were no significant differences in performance between the main ESI sample and the substance misuse subsample in this section.

### **Strength:**

- In the post-CJA 2003 sample, the risk of harm classification was appropriate in almost all cases.

### **Area for improvement:**

- The risk of harm assessment at the start of supervision was sufficient in only half of the cases seen in the post-CJA 2003 sample. However, this was a little better than in the main and substance misuse subsample.

<b>B2: Assessment of likelihood of reoffending:</b>	<b>Score</b>
<i>The likelihood of reoffending is satisfactorily identified and assessed in cases manifesting substance misuse problems.</i>	81%

There were no significant differences in performance between the main ESI sample and the substance misuse subsample in this section.

### **Strength:**

- The content of the likelihood of reoffending assessment was appropriate in almost all post-CJA 2003 cases.

<b>B3: Case management:</b>	<b>Score</b>
<i>Cases assessed as manifesting substance misuse issues are managed effectively, there is evidence of referral to an appropriate agency or the case manager is undertaking work to address the substance misuse issues.</i>	39%

There were no significant differences in performance between the main ESI sample and the substance misuse subsample in this section.

### **Strength:**

- There was evidence that the case manager had referred the offender to a substance misuse agency in two-thirds of the post-CJA 2003 sample.

### **Areas for improvement:**

- The content of the ISP was sufficient in 35% of the substance misuse subsample and in only one of the 15 cases in the post-CJA 2003 sample.
- Despite the post-CJA 2003 sample being chosen because of identified substance misuse problems, substance misuse was mentioned in the ISP in less than half the cases.



- In both the substance misuse subsample and the post-CJA 2003 sample appropriate interventions were identified in only about half the cases.

<b>B4: Documentation:</b>	<b>Score</b>
<i>All relevant documentation is available and has been satisfactorily completed in cases manifesting substance misuse issues.</i>	74%

There were no significant differences in performance between the main ESI sample and the substance misuse subsample in this section.

**Strength:**

- 84% of cases in the substance misuse subsample showed clear and sufficient recording.

## **SECTION C QUALITY OF SUBSTANCE MISUSING OFFENDERS INTERVENTIONS**

<b>C1: Managing attendance and compliance:</b>	<b>Score</b>
<i>Contact with the offender and enforcement of the order or licence is planned and implemented to meet the requirements of national standards in cases manifesting substance misuse issues.</i>	65%

There were no significant differences in performance between the main ESI sample and the substance misuse subsample in this section.

**Strength:**

- In the post-CJA 2003 sample, frequency of appointments offered to offenders was sufficient in 13 out of 15 cases.

**Area for improvement:**

- Attendance was monitored sufficiently by case managers, with appropriate action taken where necessary to ensure compliance in only two-thirds of the post-CJA 2003 sample.

<b>C2: Delivering appropriate supervision:</b>	<b>Score</b>
<i>Interventions are delivered and coordinated to ensure supervision and risk-reduction objectives are met for offenders with substance misuse issues.</i>	49%

There were no significant differences in performance between the main ESI sample and the substance misuse subsample in this section.

**Strengths:**

- Appropriate interventions had been carried out sufficiently in most cases in the post-CJA 2003 sample.
- In the post-CJA 2003 sample where an accredited programme had not commenced within the national standards timescale, this was mainly due to the offender having severe drug dependency problems. We agreed that this was an appropriate reason for the delay.
- Work was sufficiently focused on community reintegration in most post-CJA 2003 cases.



- In 12 of the 15 cases in the post-CJA 2003 sample, case managers motivated offenders sufficiently by reinforcing the work done by others and engaging with them to prevent reoffending.

**Area for improvement:**

- Victims' issues were not addressed sufficiently in most post-CJA 2003 cases.

C3: Diversity needs:	Score
<i>There is a full range of interventions to meet the diverse needs of substance misusing offenders.</i>	71%

There were no significant differences in performance between the main ESI sample and the substance misuse subsample in this section.

**Strengths:**

- Women attending a structured day care group were offered a weekly women's support group as part of the programme.
- The crack cocaine treatment service, which was available to offenders, acknowledged the needs of women and carried out sessions in their homes or at Sure Start premises to solve childcare issues.
- Interventions took account of diversity in most post-CJA 2003 cases.

C4: Responsivity:	Score
<i>Offenders with substance misuse issues learning styles, motivation and capacity to change are taken into account in the assessment and intervention plan.</i>	70%

There were no significant differences in performance between the main ESI sample and the substance misuse subsample in this section.

**Strengths:**

- In the post-CJA 2003 sample, consideration had been given to the methods most likely to be effective in 13 of the 15 cases.
- The quality of pre-release work was sufficient in all relevant cases in the post-CJA 2003 sample.

C5: Management of risk of harm:	Score
<i>Interventions with offenders with substance misuse issues are appropriate to the assessed risk of harm.</i>	51%

There were no significant differences in performance between the main ESI sample and the substance misuse subsample in this section.

## SECTION D QUALITY OF SUBSTANCE MISUSING OFFENDERS INITIAL OUTCOMES

D1: Interventions are delivered with the desired outcomes:	Score
<i>Planned objectives are achieved and the risk of harm/likelihood of offending is reduced in cases manifesting substance misuse issues.</i>	61%

There were few significant differences in performance between the main ESI sample and the substance misuse subsample in this section.

### **Strengths:**

- Evidence of positive change was significantly higher in the post-CJA 2003 sample than in the main and subsample.
- Appointment attendance was significantly higher in the post-CJA 2003 sample.

### **Area for improvement:**

- The level of reconviction for both the substance misuse and post-CJA 2003 samples was slightly higher than for the main ESI sample.

D2: Improvements are sustainable:	Score
<i>Results are capable of being sustained beyond the end of supervision for offenders with substance misuse issues.</i>	50%

There were no significant differences in performance between the main ESI sample and the substance misuse subsample in this section.

### **Strengths:**

- In the post-CJA 2003 sample, evidence of attention given to long-term reintegration was sufficient in 12 of the 15 cases.
- Sufficient attention had been given to ensuring that offenders maintained contact with mainstream organisations to address criminogenic need in ten of the 15 post-CJA 2003 cases.

D3: Outcomes of interventions are reviewed using available data:	Assessment
<i>Outcome data are used to evaluate effectiveness and inform future policy and practice in working with offenders with substance misuse issues.</i>	SATISFACTORILY MET

### **Strengths:**

- The area had undertaken two reviews of DTTOs. These included identifying the number of offenders on DTTOs who had not been in treatment prior to the order, to see to what extent the criminal justice route was the sole access to treatment.
- The OSAP team compiled graphs about programme attendance rates. This showed that a high drop-off rate was occurring up to session four. As a result, the team had decided to emphasise that case managers must undertake the first and second pre-group work sessions, with the tutor then undertaking the third. This meant that pre-group work was owned by case managers and delivered more thoroughly, thus enhancing offenders' chances of engagement with the programme.

***Area for improvement:***

- The collection and processing of data in the substance misuse team had been hampered by a high turnover of administrative staff.

<b>D4: Interventions demonstrate value for money:</b>	<b>Score</b>
<i>Interventions are delivered for offenders with substance misuse issues which are appropriate and efficient.</i>	70%

There were no significant differences in performance between the main ESI sample and the substance misuse subsample in this section.

***Strengths:***

- Data had shown that compliance was particularly good on structured counselling interventions. Probation had asked the DAAT to look at extending this provision.
- Most post-CJA 2003 cases were assessed as using resources efficiently.

## THE ROLE OF HMI PROBATION

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

### Home Office Objectives

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

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

### Role

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

### Code of Practice

HMI Probation aims to achieve its purpose by:

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

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

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