



HM Inspectorate of Probation

Shelter and Protection

An inspection of the
Langley House Trust
Fresh Start Projects

*FOLLOW-UP
INSPECTION REPORT*

2003

Foreword

The Langley House Trust represents a striking example of the importance which the voluntary sector can and does make to the provision of services for offenders – in this case providing accommodation for often difficult-to-place offenders which it is in the public interest be housed in a well supervised and supportive context.

This report follows up a 2001 inspection which, commendably, the Langley House Trustees asked be undertaken. Our report found that the Trust's Fresh Start Projects constituted a valuable accommodation resource and that much positive work was being done with residents. But we made a number of recommendations designed to ensure that high standards be assured. It is now our policy always to follow-up thematic inspections to see what progress has been made. This report describes what we have found. The results are once again positive, though we consider that there remains a need for further action on some fronts by both the Trust and the National Probation Directorate to maximise effective resettlement of prisoners and public protection.

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Appreciation is expressed to the managers, staff and residents of the Fresh Start Projects who engaged positively with inspectors to identify the impact of the original inspection on the quality and effectiveness of the work with residents.

We are grateful for the cooperation shown to us by the Board of Trustees, Chief Executive and senior managers of the Langley House Trust's Fresh Start Projects and by the National Probation Directorate in completing this follow-up inspection. Thanks are also expressed to the staff from those probation areas with a Fresh Start Project in their locality, together with representatives of local police forces and community groups who presented evidence of good practice and continuing improvements in the services being provided by the Trust.

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Glossary

CCTV	Closed circuit television
HMCIP	Her Majesty's Chief Inspector of Probation
HMIP	HM Inspectorate of Probation
HMI Prisons	HM Inspectorate of Prisons
IT	Information technology
KPI	Key performance indicator
LPO	Liaison probation officer
MAPPA	Multi-Agency Public Protection Arrangements
NCSC	National Care Standards Commission
NPD	National Probation Directorate
NVQ	National Vocational Qualification
OASys	Offender Assessment System
PID	Project Initiation Document
PO	Probation officer
SLA	Service Level Agreement
SPO	Senior probation officer

1. INTRODUCTION

- 1.1 In 2001, the former HMCIP was requested by the Chief Executive of the Langley House Trust to undertake an inspection of its Fresh Start Projects. The inspection was welcomed by the NPD as it provided the first opportunity for an independent examination of the Trust's residential support for offenders.
- 1.2 The aim was:
- "To undertake an inspection of the Fresh Start Projects provided by the Langley House Trust to assess the effectiveness of the arrangements for:*
- *protecting the public*
 - *the resettlement and rehabilitation of offenders into the community*
 - *contributing to the wider debate to promote and develop the access by offenders to residential provision at local, regional and national levels".*
- 1.3 Consideration was also given to how the Trust sought to meet the particular needs of minority ethnic offenders.
- 1.4 The report was published in November 2001 and highlighted many commendable examples of practice. Langley House Trust's Fresh Start Projects were found to be providing a valuable resource that contributed to the resettlement of offenders and public protection.
- 1.5 We made 18 recommendations:
- seven encouraged the Trust to develop the quality and effectiveness of its work
 - a further four required collaborative action by the Trust and the NPD to achieve greater clarity about the residential services to be provided in order to demonstrate value for money
 - the final seven recommendations highlighted where additional or wider action was required by the NPD if the impact of the Fresh Start Projects was to be maximised.
- 1.6 In December 2002, HMCIP announced that a follow-up inspection would be undertaken during the Spring of 2003 to review the progress made in implementing the recommendations and the impact of the actions taken. Progress reports, with supporting evidence, were provided by the Trust and the NPD. Additional information was obtained from a monitoring exercise initiated by HMIP, which ran from 1 December 2002 until 28 February 2003. This plotted the progress of those referred to the Projects, by whom, the outcome, how long offenders had remained in residence and the circumstances surrounding their departure.
- 1.7 Short fieldwork visits were made to all five Fresh Start Projects, during which meetings were held with:
- the Project Manager and Deputy, Project Workers and other staff

- residents
 - local police and probation area representatives; a local psychiatric social worker with links with one of the Projects and the Chair of a Project Support Group were also interviewed.
- 1.8 Meetings were held with the Trustees, Chief Executive and the three Operations Directors responsible for the work of the Projects, together with key senior personnel in the NPD.
- 1.9 A copy of the draft inspection report was sent to the Trustees, Chief Executive and senior NPD personnel for comment.

2. BACKGROUND AND CONTEXT

- 2.1 HMCIP's Annual Report for 2002/2003 reaffirms the case, well summarised in the *Treasury Cross-Cutting Review of the Role of the Voluntary Sector in Public Service Delivery* (September 2002), that the voluntary sector has much to contribute by way of services to offenders because of the multiplicity of needs they often present and their typically socially excluded and hard-to-reach character. The Chief Inspector's report further questions whether sufficient attention is yet being given nationally and locally to developing partnership working with the voluntary sector, with other central and local government agencies and with commercial providers.
- 2.2 Until recently, many local probation funded partnerships with voluntary organisations related to the provision of accommodation, including supported housing services, for offenders. However, on 1 April 2003, the administration of most of this accommodation provision transferred to *Supporting People*, the Government's long-term policy to assist local authorities to provide support services which help vulnerable people, including offenders, to live independently.
- 2.3 *Supporting People* will have a significant impact on the Langley House Trust in that the resourcing of elements of its Projects will be through administering local authority led arrangements, including cross authority groupings. This will require probation areas being clear about the value of services the Trust and other voluntary organisations are able to offer locally to offenders and to ensuring such provision is safeguarded within *Supporting People*. It is important for the NPD to ensure that *Supporting People* implications are included in the offender accommodation strategy being developed, as well as acting on the recommendations of the joint HMIP/HMIPrison's Thematic Review *Through the Prison Gate*.
- 2.4 It is also relevant to comment that, although *Supporting People* emphasises the central role of the probation service as part of the Commissioning Body and Core Strategy Group, current *Supporting People* pathfinder inspections have identified concerns in some areas about the effectiveness of probation representation and influence on these bodies which requires attention from the NPD.
- 2.5 Aspects of the funding of the five Fresh Start Projects will remain outside of *Supporting People*. This is due to the unique partnership arrangements between the NPD and Langley House Trust, as described in the original inspection report published in November 2001. The report also provided a detailed introduction to both the Trust and its Fresh Start Projects and included details on the Projects' operational and funding arrangements. Readers are referred to Chapter 3 in the original report for this information.

3. SUMMARY AND IMPLICATIONS

3.1 Of the original 18 recommendations:

- three had been well met
- five had been partially met
- nine had not been met but there was evidence of some progress
- one had not been met and there was no evidence of progress.

3.2 More specifically:

Recommendations to the Trust, following consultation with the NPD

- Suitability criteria had been introduced in two of the Projects and greater attention was being given to clarifying with offenders the purpose of their residency.
- The overall proportion of referrals made on minority ethnic offenders had increased, though insufficient attention was being paid to their needs during the referral process.
- Specific standards of care for residents had not been established; however, improved attention to supervision arrangements had been given, including levels and types of support to be offered and clearer outcome aims and objectives across all projects.
- Revised operational and value-for-money benchmarks were beginning to be developed as part of the SLA. Inadequate attention had been given, to date, to determining how the agreed services, targets and outcomes related to their costs, although NPD managers indicated that this was impossible to determine without reliable and consistent outcome data.
- Staffing levels had significantly increased across all the Projects, which had contributed to improvements in the quality of practice and engagements with residents, and staff felt safer in their work.

Recommendations to the Trust

- The quality of residents' care plans had greatly improved, but practice guidance had still to be introduced.
- Liaison arrangements with the probation and polices services had also improved; however, there was little evidence of this being translated into joint work with the case manager on the preparation and review of supervision and care plans.
- Practice guidance about the role of the keyworker had been reissued and generally was being applied; the quality of keyworking had significantly improved, but there was no structured system of quality assurance to capture this valuable aspect of the Trust's work.

- Guidance had not been issued to ensure proper attention was given to the needs of minority ethnic residents; although some improvements had been made to the recording systems, collated information on race and ethnicity was not being made available.
- Work was required to introduce an alternative and compatible risk assessment and management system, given the NPD's decision not to extend the role of OASys report writers to include Project staff.
- Improvements had been made to the recording of appropriate resident information; these needed to be reinforced by the introduction of the planned new case management recording system.
- Not all the Projects were actively working to the Trust's KPIs; some Project Managers were unclear about how far these related to the Trust as a whole, rather than to the work of each individual Project.
- The staff training strategy had been reviewed and annual priorities set; greater attention to staff training and development issues was also being given in formal staff supervision arrangements.

Recommendations to the NPD

- Both the new SLA and Partnership Agreement had provided a basis for clearer contractual arrangements between the Trust and the NPD; however, there was insufficient reference to costs for specific services, largely due to the absence of outcome data.
- Liaison standards had not been issued by the NPD, but improved collaboration at local probation area level was evidenced; the quality and regularity of liaison on specific residents remained variable and depended on individual case managers and not on agreed practices.
- The proportion of referrals, where a copy of a risk assessment had been shared with the Trust, had increased; however, it was of concern that too many referrals were still unsupported by a copy of a risk assessment completed by the referring officer.
- Work on reviewing the content of Probation Circular 78/2000 had not commenced centrally and this was attributed to work constraints; however, the transfer arrangements of 'outside' area residents had been agreed in all but one of the probation areas with a Project in the locality.
- Appropriate MAPPA involvement of Trust staff was identified across all areas; police and probation staff welcomed and valued the Trust's perspectives in which staff were seen as equal partners in the proceedings.
- Work on developing an Offender Accommodation Strategy had commenced and the NPD anticipated an initial draft being completed by late Autumn 2003.

- 3.3 Both the Trust and the NPD had made progress on implementing all but one of the recommendations, with continuing improvements in the effectiveness and quality of the work with residents at all the Fresh Start Projects. This was particularly notable at three of the Projects where, in respect of the arrangements for the supervision of high risk of harm offenders, the quality of care/support plans and keyworking was high. It is important that these achievements of good practice are shared and consistency achieved across all the Fresh Start Projects.

Areas for further improvement

- 3.4 The Trust, in consultation with the NPD, should now:
- ensure all the Projects work to Trust set KPIs
 - agree specific criteria for referrals for each Project
 - achieve further increases in the levels of referrals of minority ethnic offenders
 - introduce an alternative and complementary risk assessment and management system to OASys, following consultation with other referring organisations as appropriate
 - introduce a quality assurance system to assist in assessing the effectiveness of the Trust's work undertaken with residents.
- 3.5 The NPD should now:
- ensure that copies of risk assessments are provided by referrers in ALL cases, including OASys
 - clarify the arrangements for the temporary or permanent supervision or transfers of 'out of area' cases
 - review the implications of the decision on the roll-out programme of OASys to ensure Project staff have an appropriate working knowledge of it and contribute to the reviews
 - develop more detailed costs of specific services and resident activities and ensure that the SLA and Partnership Agreement avoid unnecessary duplication and confusion
 - introduce an Offender Accommodation Strategy that informs decisions about what form of provision is needed in the future, how best this should be provided and where it should be located.
- 3.6 Following the publication of this report, HMIP will determine how the work of voluntary organisations, including the Trust's Fresh Start Projects, will be inspected in the future, in consultation with the NPD and other relevant bodies. In the short-term, the issue of offender accommodation will be addressed as part of HMIP's work in leading a joint inspection with the National Audit Office and Audit Commission of public protection arrangements beginning at the end of this year. The work will also be taken forward through the Inspectorate's participation in the inspection programme of *Supporting People* administering authorities currently being planned by the Office of the Deputy Prime Minister.

4. FINDINGS: Recommendations to the Trust following consultation with the NPD

- 4.1 Four recommendations required the Trust, in collaboration with the NPD, to clarify the use to be made of the Fresh Start Projects, introduce benchmarks for the standards of care that residents should expect, set performance targets for their achievement and monitor progress. The relatively low level of referral rates of minority ethnic offenders to the Projects required specific attention, as did the adequacy of staffing levels.

PARTIALLY MET

1. *The Trust, following consultation with the NPD, should issue a Policy and Practice Guidance for the Fresh Start Projects that includes:*
 - (a) *specific offender suitability criteria for each Project;*
 - (b) *clear outcomes for periods of residency;*
 - (c) *how the Trust can specifically support and complement the work of statutory supervision and community care;*
 - (d) *procedures for monitoring and evaluating progress;*
 - (e) *examine the reasons for the current low referral rates of minority ethnic offenders and agree an action plan with targets to achieve improvements.*

- 4.2 The Trust had not issued specific policy or practice guidance to deal with these shortcomings. However, in their meeting with inspectors, Trustees had reaffirmed their priority to working with the most difficult and disadvantaged offenders, particularly those being discharged from prison with no or unsatisfactory prospects of securing accommodation.
- 4.3 All but one of the Projects now worked to local protocols agreed with the probation and police services. These included the information needed to inform the decision whether to offer an offender a place and how MAPPA would be managed. Probation and police representatives unanimously spoke of improved liaison and information sharing between themselves and Project staff. Although it was recognised that the Project Manager had the final say in determining whether an offender was suitable, rarely were the recommendations of the statutory agencies not followed.
- 4.4 In addition to these improvements, two of the Projects had developed appropriate but less detailed suitability criteria and the Trust expected that the remaining three would develop their own in the near future. While recognising core principles, Managers indicated that the differences in the Projects, including their location, layout of the building and staffing arrangements, justified local rather than Trust-wide policy and guidance being developed.
- 4.5 One of the Projects was no longer accepting difficult to place referrals direct from the NPD for these very reasons. Similarly, two others were taking a greater proportion of referrals from their local probation areas than the other three, where greater demand for

places was made by 'outside' areas. Both the Trust and the NPD needed to keep referral practice and suitability criteria under review as these had potential implications for 'move on' provision under *Supporting People* arrangements.

- 4.6 Residents' case files indicated that greater attention was being given by keyworkers to clarifying with residents what they needed to achieve during their stay at the Project. Care or 'support' plans contained numerous examples of staff and residents working towards set goals and outcomes. In two of the Projects, the quality of these plans favourably compared with the best examples of supervision plans prepared by probation case managers. The Trust now needed to ensure that this high standard of practice was replicated across all its Fresh Start Projects.
- 4.7 Probation service representatives unanimously commented on improvements in the levels of liaison and cooperation between them and Project staff. The introduction of protocols had assisted this process, although in two of the Projects further work was still needed to ensure good intentions materialised into effective actions.
- 4.8 It was disappointing to find that the contents of supervision plans were not routinely being shared by probation case managers with Project staff, although there were notable exceptions which clearly depended on individual practice. Residents' case files also generally showed evidence of more information being shared by Project staff with probation areas than what was received from case managers. However, there was evidence in three Projects of increased numbers of visits made by supervising case managers and three-way meetings being held. In these Projects, recognition was apparent of the value of collaboration in supporting and complementing the work of statutory supervision.
- 4.9 Action had been taken to introduce better systems to monitor and evaluate the work of the Projects. First, centrally, clearer performance indicators had been agreed with the NPD and incorporated into the SLA. Information to monitor progress was being collected as part of the Trust's IT software developments. A system for routine reporting of performance had also been agreed and was shortly to be implemented by Trust Managers.
- 4.10 Secondly, at Project level, a number of managers (but not all) were working to a range of KPIs. Many of these reflected those agreed by the Trust with the NPD, whilst others had been locally determined to underpin the need for Project-based improvements. Senior managers and Trustees recognised that greater attention needed to be given locally and centrally to these variations.
- 4.11 Improved action was being taken by staff in all of the Projects to monitoring and evaluating the progress made by residents during their stay. This was evidenced in case files where increased use was being made of care/support plan reviews to evaluate and record changes in attitude and behaviour and to set further goals.
- 4.12 In three of the Projects, there was evidence of use being made of the Best Practice Guide, *Black & Asian Residents in Approved Premises (Hostels)*, published by the West Yorkshire Probation Area. This included guidance relevant to the voluntary as well as statutory accommodation sector and included some reference to referral practice.
- 4.13 At the time of the previous inspection, only 5% of referrals had been made on minority ethnic offenders. It was disappointing, therefore, that a specific action plan to remedy this

had not been introduced by the Trust. However, in three of the Projects, work had commenced with probation area staff to achieve improvements. HMIP's monitoring information indicated that, of the 168 referrals where race/ethnicity data were recorded, 17 (10%) were on minority ethnic offenders. This was a commendable increase and should encourage further work to ensure appropriate representative levels of minority ethnic referrals.

NOT MET BUT EVIDENCE OF PROGRESS

2. *The Trust, following consultation with the NPD, should establish specific standards for the supervision and care of offenders resident in the Fresh Start Projects.*

- 4.14 Standards for the supervision and care of offenders resident in the Fresh Start Projects had not been issued. Trustees and Managers stated their intention to develop these as part of the new standardised case management arrangements. This system was to have incorporated OASys assessments completed by Project staff and used to inform the introduction of residents' care plans.
- 4.15 Issues related to the roll-out programme for OASys are considered in more detail in recommendation 9. The NPD's position meant that Trust staff would not be authorised to undertake OASys but would receive briefings on the system. Relevant staff in three of the five Projects had received briefings at the time of the follow-up inspection. The NPD also indicated its expectation that the contents of OASys assessments would be shared with Project staff. However, the majority of staff seen in the Fresh Start Projects were not confident that this would happen, given that less than 50% of risk assessments were currently shared by case managers.
- 4.16 In spite of this, the inspection found that work with the majority of residents in all the Projects was informed by a care plan, the quality of which continued to be improved. Many included clearer details of residents' supervision arrangements, levels and types of support to be offered and more specific aims for their period of residence. Whilst some care plan objectives applied generally to all residents, many were directed at individual resident needs and offending behaviour. An example of good practice in one Project included explanation about different degrees of supervision and oversight that residents were subject to for security or public protection purposes.
- 4.17 An induction check had also been used with each resident, setting out the Project's rules and expectations, including behaviour and consideration for other residents, staff and the local community. Elements of the checklist were sometimes used in the development of the care plans to identify where changes in attitude and behaviour were required, and how these would be monitored.
- 4.18 Following the implementation of the Government's *Supporting People* initiative, there was evidence in two of the Projects of further changes being made to the content of care plans to meet the new requirements. These included a change in title from 'care' to 'support' plans. The rationale for this change was not universally clear to staff and needed further attention to ensure consistency across all Projects.

- 4.19 In addition to clarifying the levels and content of supervision of residents locally through improvements in the care plans, the SLA and Partnership Agreement set clearer expectations relating to the services to be provided by the Trust. A number of these specifically related to standards of supervision and features of care of residents. Elements of these needed to be explicitly incorporated into the care plans as standards to be applied in each individual case.

PARTIALLY MET

3. *The Trust, following consultation with the NPD, should introduce revised operational and value-for-money benchmarks, set targets for improvements and monitor performance.*

- 4.20 Progress had been made during the development of the SLA that set out a range of benchmarks and targets under the headings of 'Safe Containment', 'Action Programmes' and 'Planned Crime-Free Futures'. The arrangements for the Trust to report performance against agreed targets to the NPD were also set out, with some outcome results planned to be reported quarterly and others annually.
- 4.21 The necessary software for the Trust to collate its performance data was being developed at the time of the follow-up inspection. Trustees and Managers expected that performance reports would be produced via this system from April 2003.
- 4.22 Given the Trust's stated commitment to value for money, it was surprising to find variable awareness and attention being given to any performance benchmarking and targeting by Project Managers and their staff, as indicated in paragraphs 4.9- 4.10.
- 4.23 The performance benchmarks and targets agreed with the NPD were clearly important developments in enabling the Trust to demonstrate the value of its work. However, inspectors found little evidence of how the agreed services, targets and outcomes related to costs. The SLA made no reference to resource allocation or specific 'value-for-money' indicators and this required further attention. NPD managers indicated that without a sound baseline on which to set such indicators, it was unreasonable to expect evidence of developments at this stage.

WELL MET

4. *The Trust, following consultation with the NPD, should review staffing levels and arrangements at the Fresh Start Projects, ensuring that:*
- (a) adequate attention is given to staff safety, support and management;*
 - (b) staff have the necessary time to undertake the required work with residents;*
 - (c) those Fresh Start Projects accommodating offenders in the high serious categories are provided with double staff cover as a minimum at all times.*

- 4.24 The Trust had made considerable progress in resolving many of its serious staffing shortcomings. Additional funding had been provided by the NPD to increase staffing levels in all the Fresh Start Projects. A minimum 24 hour cover of two staff was now provided by all the Projects, though one project still had vacant posts and on some nights had a single staff member on duty with 'on call' support. These increased levels had been

particularly important to those Projects accommodating difficult to place offenders referred directly by the NPD. These residents often posed the greatest risks to the public and were sometimes subject to 24-hour curfews or enhanced levels of oversight, including escorted visits.

- 4.25 Managers had generally adapted well and reaped the benefits of a larger staff group. In three of the Projects, staff spoke of a greater sense of security, more time to spend with residents (including keyworking sessions described later) and the proper recording of work as direct results. This was confirmed by a number of residents who told inspectors that “staff always had time for them”. However, in two of the Projects, full use was not being made of increased staffing levels, for example by extending the Project’s programme of resident activities.
- 4.26 Increased staff numbers meant that none of the Projects now used volunteers to provide cover. No Managers undertook operational duties, unless required by specific circumstances such as occasional sickness cover. A Deputy Manager was in post in each Project and some had appointed a third in charge. These changes had particularly contributed to the way Projects were now being managed, and provided a more impressive constructive and responsive environment to assist residents to address their needs and tackle their offending.
- 4.27 New staff had been recruited through open competition. They had all attended the Trust’s residential induction training course and valued the opportunity to meet colleagues from other Projects. The course had provided them with a clearer understanding of their roles and responsibilities, together with a sense of identity and pride in their work for the Trust.
- 4.28 Staff at all the Projects received regular one-to-one supervision from either the Manager or Deputy Manager and were annually appraised. With isolated exceptions, they generally regarded the experience as beneficial to their training and development. Most said that they felt confident about putting issues on the agenda and confirmed that they received positive feedback on their work, as well as pointers for improvements.
- 4.29 The changes in staffing levels had been linked to improvements in staff safety arrangements. The Trust had introduced a ‘Lone Working Policy’, which staff were familiar with and was generally being implemented consistently. They had also been provided with personal alarms and had been instructed to ensure that colleagues knew their whereabouts within the building.
- 4.30 Health and safety assessments of the buildings had generally been completed. These had enhanced awareness of those places where staff or residents might be more vulnerable, such as isolated corridors. Investment had been made to most of the Projects to improve physical security. For example, CCTV had been universally installed to allow staff to be aware of movements in specific parts of the building and grounds.
- 4.31 Overall, the Trust can be justly pleased about the impact of its measures to improve staffing levels and other related matters. It recognised that some of its buildings were far from ideal for Trust purposes, although improvements were ongoing. Similarly, Trust property was not subject to the same Home Office minimum standards that applied to approved premises. In spite of this, the changes observed by inspectors and confirmed by staff reassure the Trust of its increasing status in the eyes of its own personnel of being ‘a good employer’.

5. FINDINGS: Recommendations to the Trust

- 5.1 Seven recommendations required the Trust to achieve greater clarity and consistency in a number of practice areas, including better collaboration with probation areas, achieving improvements in keyworking and record keeping and the assessment and management of residents who posed risks of causing harm. Further attention was also needed to the Trust's training strategy.

NOT MET BUT EVIDENCE OF PROGRESS

5. *The Trust should introduce practice guidance to:*
- (a) *clarify the required format, content and review of care plans, ensuring greater clarity of the purpose and desired outcomes of residency;*
 - (b) *ensure plans and reviews are regularly monitored for their quality and effective implementation.*
- 5.2 The recommendation had not been met insofar as the Trust had not issued specific practice guidance to the Projects. However, as indicated in response to recommendation 2, Managers had taken this work forward via the development of a new case management system.
- 5.3 At Project level, Managers had either improved their own care plan format or utilised alternatives. Each Project except one had adopted a specified format. The one remaining Project appeared to be continuing to use a number of formats, according to staff preference. An increasing number of the Projects had adapted the 'Personal Development Action Plan' format. As indicated in response to recommendation 1, the contents of probation case managers' supervision plans were rarely shared with Project staff. This limited the opportunity for residents' care plans to complement the planned work of statutory supervision.
- 5.4 Each Project now routinely involved residents in the process of completing their care plans and many described to inspectors their content and purpose. It was encouraging to find staff, in addition to the keyworker, routinely reading and making use of the plan to inform their engagement with the resident to reinforce personal objectives and provide feedback on their effectiveness. As a result of this, many residents observed staff working more consistently and treating them fairly.
- 5.5 Care plan reviews were now undertaken in most of the Projects and had two aims. The first enabled Managers to ensure that the plan was fully completed, used appropriate language and set SMART objectives. Secondly, keyworkers and residents were sometimes using the reviews to determine how far personal objectives had been met or continued to be valid.
- 5.6 Few examples had been found by the original inspectors of tasks being identified in care plans and subsequently completed. In contrast, the follow-up found excellent examples

of reviews which had resulted in new objectives being identified, having been built on those set previously and now achieved.

- 5.7 The Trust, therefore, can be satisfied with the progress made by most of the Projects on achieving improvements. These now needed to be consolidated into the new standardised case management format once this is introduced.

NOT MET BUT EVIDENCE OF PROGRESS

6. *The Trust should ensure, where possible and with the support of probation area managers, Trust Project staff and probation cases managers work collaboratively to prepare and review their supervision and care plans in order that each informs the work of the other.*

- 5.8 Liaison arrangements with probation and police across all the Projects had improved considerably. There was overwhelming evidence in many case files of collaborative work across the relevant statutory bodies and Project staff. This particularly applied to those residents who were subject to MAPPA and included Project staff attending panels, appropriately sharing information, being included in risk management planning and reviews, and generally part of practice in which each partner informed and impacted on the work of the others. This was commendable practice and was reinforced by police and probation personnel responsible for public protection procedures and arrangement.

- 5.9 Generally, however, there were few examples of joint work in the preparation and review of supervision and care plans on non-MAPPA registered residents. Where isolated examples were found, they largely related to the practice of individual probation case managers and not to agreed routine practice. Without a clearer lead being given by the NPD and local probation areas, it was difficult to see how the Trust alone could ensure appropriate collaborative effort was achieved, if the positive impact of the offender's residence was to be maximised.

WELL MET

7. *The Trust should clarify the role of the keyworker and how it relates to statutory supervision, planning and practice.*

- 5.10 Practice guidance for keyworkers had been reissued and there was evidence of it now being more regularly applied across the Projects.

- 5.11 Both Project Workers and Deputy Managers undertook the keyworker role with nominated residents. New staff received in-house training and mentoring, being paired with more experienced colleagues to develop or demonstrate skills and confidence. Senior managers commented on the increased importance of the keyworker role. Staff in most of the Projects also regarded it as a positive learning experience and welcomed the opportunity to take greater responsibility.

- 5.12 Keyworker sessions were planned regularly each week and given high priority in each day's work allocation. They often took place in the evening when the Project was quieter

and the daytime routines had ended. The sessions were used to make plans for the resident's stay, monitor progress and agree on how any difficulties would be resolved. In some of the Projects, there were examples of three-way meetings with probation case managers during their visits.

- 5.13 Residents confirmed their understanding of keyworking as being a requirement of their contract and an important part in planning for and achieving personal progress during their stay at the Project.
- 5.14 It was particularly impressive during the review of residents' records to find compelling evidence of keyworking relating to implementing care plans and residents' personal objectives. It was also clear that considerable effort had been given by Managers and staff to improving the quality of keyworking. Evidence of the success of these efforts needed to be captured to enable the Trust to demonstrate better the value and effectiveness of its work with residents.

NOT MET BUT EVIDENCE OF PROGRESS

8. *The Trust should ensure that:*
- (a) *proper attention is given to the recording and monitoring of referrals of minority ethnic offenders;*
 - (b) *practice guidance is issued to enable staff to give proper attention to the needs of minority ethnic residents.*

- 5.15 Race and ethnicity data were now being recorded by Project staff on the referral form. However, this depended on information being made available by the referring PO, and it then being properly recorded. HMIP's monitoring exercise indicated that race/ethnicity data had not been recorded in 22 cases (11%) during the monitoring period. Linked to this, many staff were not aware of the Trust collating this information or it being available for discussion about probation referral practice. There was little evidence of individual Projects seeking to analyse their own referral documentation to identify local trends.
- 5.16 Anecdotally, some Managers speculated that referrals might be influenced by the demography of the Project's location, but they had not made comparisons with others managed by the Trust to establish the extent to which this was so.
- 5.17 Trustees had not issued guidance to Project staff to enable them to give proper attention to the needs of those minority ethnic offenders who became residents. However, as indicated in recommendation1, three Projects were making use of the Best Practice Guidance issued by the West Yorkshire Probation Area.

NOT MET BUT EVIDENCE OF PROGRESS

9. *The Trust should agree with the NPD and probation area managers how risk assessment and management practice can be improved, given the development of OASys and ensure decisions about the nature and levels of all resident supervision are made on the basis of risk assessments.*

- 5.18 The NPD, jointly with the prison service, was in the process of introducing a standard risk assessment tool (OASys). The system was intended to produce greater consistency in risk assessment and planning across probation areas and, at the time of the original inspection, the NPD was considering the implications of the initiative for voluntary organisations such as the Langley House Trust.
- 5.19 Following the publication of the original inspection report, the NPD was in discussion about its proposal to include relevant Langley House staff in the roll-out programme of OASys training. On this basis, the Trust established a working group with the intention of incorporating OASys into the development of its new standardised assessment and case management system. However, the NPD subsequently announced that it would not be appropriate for voluntary organisations, including the Trust, to undertake OASys assessments themselves, although it recognised that Trust staff would need to receive OASys briefing and copies of the assessments, as well as contribute to the reviews.
- 5.20 Trustees and senior managers expressed considerable disappointment and frustration to inspectors about this changed position. The NPD's decision raised particular issues for referrals which did not come via an OASys route but came from other statutory authorities, such as mental health, and for the continuing need for assessment of offenders who still posed risks but were no longer subject to statutory supervision.
- 5.21 The decision also meant that an alternative risk assessment system needed to be developed by the Trust for its own use, which would complement that of OASys, and senior managers had begun discussions to establish a new system. This had wider implications for other relevant voluntary organisations delivering services to offenders.
- 5.22 Two of the Projects had reverted to using the Trust's own assessment tool, in spite of its limitations. One Project Manager had devised an alternative risk assessment tool and there was evidence in the other three Projects of this tool being widely used. In two of these, the quality of risk assessments was commendable. Inspectors remained concerned about the lack of a consistent approach to risk assessment across the Projects. They also concluded that the recently introduced tool had the potential to provide an adequate temporary arrangement whilst a longer-term alternative, that complemented OASys, could be developed.
- 5.23 It was important that the NPD and the Trust continued to work together to develop a compatible risk assessment and management system, consulting with other relevant referring agencies as appropriate. Detailed briefings also needed to be provided for Trust staff in all the Fresh Start Projects to enable them to gain an effective working knowledge of OASys to undertake the required collaborative work with probation case managers.

PARTIALLY MET

10. *The Trust should issue guidance to improve the recording of work with residents including:*
- (a) *the consistent use of case recording systems;*
 - (b) *Managers undertaking routine checks to be satisfied that risk assessment and management practice is properly recorded.*

- 5.24 Managers decided that the issues raised would be incorporated into the new standardised case management system, which had still to be finalised and introduced. The delay in completing this work was linked to the unexpected decision about OASys, previously reported. Consequently, the Trust had still to issue the guidance required by recommendation 10.
- 5.25 However, Operational Directors had worked with Project Managers and their staff to achieve greater consistency in recording practice. There was evidence in most of the Projects of clearer and more detailed records which were being overseen by the Manager. Variations that remained apparent now needed to be addressed as part of the implementation, in due course, of the standard case management tool and related quality assurance system.
- 5.26 Risk assessments were found in the majority of residents' files and were mainly up to date, with new assessments being completed prior to a new activity being undertaken. Managers monitored their completion and quality in most Projects, although this practice needed to be followed in all cases.

PARTIALLY MET

11. *The Trust should update its training strategy, ensuring that:*
- (a) *priorities are directly linked to Trust policy and plans for the Fresh Start Projects, clarifying core standard training expectations for each grade of staff;*
 - (b) *training in risk assessment and management is prioritised;*
 - (c) *managers consistently address staff training needs through supervision and personal development plans linked to individual appraisals;*
 - (d) *all staff are provided with training to enable the Trust's policy on 'equal opportunities' to be consistently implemented.*

- 5.27 The Trust had reviewed its training strategy and given attention to the diverse training needs of a significantly increased workforce. Trustees stated that they were strongly committed to staff development and viewed it as contributing to retaining a motivated and enthusiastic workforce.
- 5.28 Senior managers indicated that, for the current year, priority had been given to:
- appointing a training officer
 - managers' training needs
 - skills needed by staff working in the Trust's registered care homes.
- 5.29 The rationale related to the belief that improved performance would need to be driven by improved management practice. In addition, the introduction of national care standards in the Trust's care homes under the NCSC requirements meant that staff were now required to demonstrate NVQ competencies in care management.
- 5.30 In spite of these priorities, there was ample evidence in most of the Fresh Start Projects of improved staff training opportunities being available. Staff spoke of attending induction training, which they found useful, and specific training in keyworking, supervising sex

offenders and in care planning. Some staff remained confused about whether they had access to NVQ arrangements although, in some instances, Managers suggested that this related to the lack of in-house or local NVQ assessors.

- 5.31 Attention to improved risk assessment/risk management training was being planned as part of the OASys training roll-out programme. Training implications of an alternative assessment system need to be considered with the NPD, once an agreed assessment tool has been identified.
- 5.32 Three Project Managers had produced their own comprehensive staff training plans. These demonstrated that local attention was effectively being given to corporate Project and individual staff training needs and represented major improvements on the findings of the original inspection. However, consistency across all the Projects again needed to be demonstrated.
- 5.33 Comment has been made previously to improvements in staff supervision. In all but one of the Projects, staff spoke positively about the regularity and quality of the supervision they now received. The Northern Regional Managers' Team had adopted a standardised supervision format to ensure that proper attention was given to training and personal development issues. This, again, constituted improvement on the findings of the original inspection that needed to be replicated across all the Projects.
- 5.34 The Trust had not delivered diversity or anti-oppressive training either nationally or regionally. Managers recognised this constituted a major omission from its standard staff training arrangements, which they were in the process of rectifying.

6. FINDINGS: Recommendations to the NPD

- 6.1 Seven recommendations required the NPD to improve its contractual arrangements with the Langley House Trust, including clarifying the services to be provided and the outcomes to be achieved. The NPD also needed to ensure that liaison between the Projects and local probation areas was improved, especially in the process of assessing and managing risk. HMIP's findings in its 1998 Thematic Inspection on the Work of Approved Probation and Bail Hostels that the NPD should develop an accommodation strategy for offenders, together with the findings of the joint HMIP/HMIPrison's Thematic Review *Through the Prison Gate*, needed to be progressed as these could have an impact on the improvements the Trust was required to make in its Fresh Start Projects.

PARTIALLY MET

12. *The NPD should ensure that its future SLA with the Trust is specific about the services to be provided by the Fresh Start Projects and the outcomes to be achieved.*

- 6.2 Work on a SLA began immediately after the inspection and was taken forward through the issue of a 'Partnership Agreement' between the NPD and the Trust. This clarified the basis on which services in support of Home Office Aim 4, as set out in the Correctional Policy Framework, would be delivered by the Trust. The Partnership Agreement made specific reference to offenders who were 'hard to place' and within the primary purpose of public protection and was subsequently disseminated to probation areas in Circular 9/2003.
- 6.3 Alongside the Partnership Agreement, a draft SLA was developed and its final version adopted by both parties in January 2003. Some reference to the content of the SLA has previously been made in response to recommendation 3. Whilst these two documents set out some of the services to be provided by the Fresh Start Projects, the basis of funding was included in the Partnership Agreement. Reference here is made to 'grants', 'block purchase contracts payable against invoices' (including the provision of enhanced supervision in respect of the provision of an agreed number of beds) and 'spot purchase contracts payable against invoices' (including the provision of enhanced supervision in respect of additional beds as required).
- 6.4 NPD managers indicated that, at the time of the follow-up inspection, it was working to clarify and simplify the funding streams and to improve the monitoring arrangements. These would include specifying referral criteria, setting occupancy targets and other targets specifically relating to 'Safe Containment' and 'Action Programmes' objectives, previously referred to.
- 6.5 The two documents provided a basis for a clearer contractual arrangement between the NPD and the Trust. However, there was a lack of cost details to specific services and activities and consideration should be given to combining the two agreements. The SLA also made reference to the use of OASys and the risk Matrix 2000. This needed to be

clarified and amended, once work has been completed on the introduction of an alternative risk assessment system.

NOT MET BUT EVIDENCE OF PROGRESS

13. *The NPD should define the required liaison standards for probation areas working with the Fresh Start Projects to ensure effective collaborative management of offenders subject to statutory supervision during their period of residency.*

6.6 At the time of the original inspection, a number of probation areas were reviewing their links with the local Project and were either reducing or withdrawing altogether the LPO resource. In one area, the role had subsequently been replaced by an SPO to deal with more strategic matters. In a second Project, there was no intention to introduce an LPO, but for liaison to continue to be dispersed via the links through each PO case manager who had an offender in residence.

6.7 Subsequently, the NPD had not issued specific guidance about liaison standards to probation areas with a Fresh Start Project within their locality. However, inspectors found that the good levels of liaison relating to the three Projects had developed even further. In addition, in both Projects where the quality of liaison had previously been poor, there was much evidence of improved collaboration.

6.8 These developments had clearly been promoted by Project Managers and their staff engaging directly with local probation area managers and police personnel. Trust staff reaffirmed the desirability of having a nominated LPO. In two of the Projects without one, the alternative arrangements, which included regular access to a probation manager, appeared to be working well.

6.9 As previously indicated, the quality and regularity of effective liaison on individual residents still largely depended on the probation case manager concerned and not on agreed practice. Too many examples were found in the examination of residents' files of little or no apparent contact being made by the case manager. Similarly, in only one Project was the content of supervision plans regularly being shared and reviewed with Project staff. This was disappointing given the overwhelming evidence from the police and probation staff of generally improved levels of liaison. It was important for the NPD and local probation areas to ensure effective working practices in all cases and easy access to appropriate probation managers when issues arose that needed to be resolved.

NOT MET BUT EVIDENCE OF PROGRESS

14. *The NPD should ensure that probation staff making a referral provide a timely copy of the risk assessment to inform the Project's decision about suitability.*

6.10 Probation Circular 09/2003 stressed the need for probation areas to share risk assessments, including OASys, with Trust staff as part of the referral process. At the time of the original inspection, in only 29% of referrals was a risk of harm assessment provided to Project staff by the referring agency. This was in spite of the fact that 50% of offenders referred had been convicted of offences in the high serious categories. Subsequently,

HMIP's monitoring exercise indicated that this had increased to 47% of cases, meaning that more than half of the referrals were still unsupported by a risk assessment completed by the referring officer. This was unacceptable and required attention by the NPD.

- 6.11 Apart from those residents who were subject to MAPPA, there was little evidence that this was routinely happening in any of the Projects. However, a Probation Circular issued in February 2003 confirmed NPD's expectation that Trust staff should be invited to participate in reviews of OASys assessments.

NOT MET BUT EVIDENCE OF PROGRESS

15. *The NPD should include the Fresh Start Projects in the roll-out programme for OASys and consider inclusion for other relevant voluntary organisations.*

- 6.12 Reference has been made in response to recommendation 9 to the original inspection's concerns about the quality of the Trust's risk assessments and plans for managing them during an offender's period of residency.

NOT MET AND NO EVIDENCE OF PROGRESS

16. *The NPD should review the requirements of Probation Circular 78/2000 and issue instructions to probation areas to ensure the prompt commencement and participation of Trust residents in identified programmes.*

- 6.13 The NPD attributed work constraints to the absence of action on the recommendations at a national level. However, arrangements for the transfer of licences and orders on 'outside' residents had been reviewed by all but one probation area with a Fresh Start Project in its locality. This had resulted in transfers being agreed, once an initial period of residence had been completed. These arrangements seemed to be working well.

- 6.14 In the one remaining probation area, however, transfer of orders was not normally being practised, especially in respect of NPD centrally referred cases. Senior probation managers indicated that they had clarified with Project staff and the 'referring' probation area that residency would be restricted to a maximum period of three months. Probation supervisory involvement with the resident during this time was determined by MAPPA decisions. However, there was little evidence of pro-active work being undertaken via the care taking arrangements. This included residents who met accredited programme requirements but were not being referred. In this respect, little progress had been made on the unsatisfactory findings of the original inspection.

- 6.15 These findings reaffirmed the need for revised instructions to be issued by the NPD on how such failings would be avoided in the future.

WELL MET

17. *The NPD should require probation areas to include the Fresh Start Projects in multi-agency public protection protocols, including attendance at relevant meetings.*

- 6.16 Considerable progress had been made to ensure that the potential contribution of Project staff to public safety and public protection procedures was maximised. It was positive to find their appropriate involvement in relevant MAPPA across all the Projects. There was also evidence of staff continuing to contribute to these procedures even where the offender was no longer in residence.
- 6.17 Police and probation staff seen presented evidence of greater Trust involvement in public protection procedures and valued the particular perspectives that Project staff were able to bring to risk management planning and reviews. The Trust was now seen as an equal partner in MAPPA cases and particular comment was made by the police about appropriate information sharing and the discrete handling of confidential issues.
- 6.18 These findings constituted a major improvement in the Trust's involvement in public protection. Protocols were now in place across all the Projects and these had clearly contributed to the changes. Inspectors were particularly impressed with the developed levels of liaison and collaborative effort across the Projects with police, probation and, on occasions, mental health staff to ensure that the identified risks residents posed were effectively managed.

NOT MET BUT EVIDENCE OF PROGRESS

18. *The NPD should implement HMIP's recommendation in its 1998 Approved Probation and Bail Hostels Thematic Report and devise a strategy for offender accommodation linked to a wider public protection strategy. In particular, the accommodation strategy should:*

- (a) clarify what form of offender accommodation is required, depending on risk and need assessment, how it should be provided and by whom;*
- (b) determine how best use can be made of the voluntary sector;*
- (c) require regional action plans to be agreed to enable probation area, statutory and voluntary sector managers to implement the requirements of the strategy consistently;*
- (d) ensure that probation areas with a Fresh Start Project integrate the use of the facility into local offender accommodation strategies, advise on and monitor referrals and be satisfied that appropriate use is being made of the Project;*
- (e) indicate how the results of implementing the strategy will be monitored and evaluated.*

- 6.19 An initial draft Offender Accommodation Strategy had been developed by the NPD and put before the Correctional Services Board in the Autumn of 2001. A scoping document for a follow-on project was prepared in June 2002 and a recruitment exercise completed for the appointment of staff to take the project forward. Subsequently, the project was re-scoped early in 2003 and linked with a parallel project on the accommodation and

treatment needs of sex offenders. At the time of the follow-up inspection, both project plans and PIDs were awaiting approval by their respective Project Boards.

- 6.20 It was clear that the development of the Offender Accommodation Strategy was being informed by a number of data collection exercises that would assist with establishing evidence of projected offender accommodation needs. Linked to this, decisions about the effectiveness of approved premises provision (and possibly beyond) would be informed in due course by the findings of the Approved Premises Pathfinder project.
- 6.21 The NPD indicated that it anticipated an initial Offender Accommodation Strategy draft being made available by late Autumn 2003.