



HM Inspectorate of Probation

THEMATIC INSPECTION REPORT

‘A long way in a short
time ’

Inspection of the
Implementation of
Drug Treatment and
Testing Orders by the
National Probation Service

2003

'A long way in a short time'

Foreword

In October 2000 the drug treatment and testing order (DTTO), an important new sanction in the sentencer's tool-kit, was rolled out in the most challenging of circumstances. The then local probation services were preparing for their absorption into a national service, for which there was as yet no national directorate. The local health authorities were shortly to be reorganised into Primary Care Trusts. There was no lead policy body and, as a consequence, there was no national project plan for the implementation of the new sentence. The principal message of this report is that, given these inauspicious beginnings, a great deal has been achieved in the first two years. But that much remains to be done.

DTTOs are already seen by many sentencers as an attractive option for dealing with offenders whose offending behaviour is driven by drug dependency and the need to fund their habit. As a consequence, the probation service came close to achieving its target of 6,000 commencements by the end of 2001/2002 and this report describes a generally high level of sentencer satisfaction, albeit with reservations, about the manner in which orders are being implemented.

The time has now come, however, for the service to remedy the various operational shortcomings identified by this inspection. The extremely uneven performance between local areas against the DTTO National Standard, which the data in this report reveals, must be eradicated. It is a case of the probation service having come 'a long way in a short time', but now needing to ensure steady, high quality delivery across the country.

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'A long way in a short time'

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'A long way in a short time'

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In addition, visits by inspection team members to three drug treatment and testing centres, Newport, Croydon and Liverpool, as part of the planning process, were enormously helpful. The visit to Liverpool included a pilot file reading exercise that was very valuable. There were also special demands made on Lancashire, the first area visited for the inspection proper, to which all responded in a generous spirit.

The external inspector, Roger Statham, interviewed all the sentencers so that the chapter on Standard 7 could be written. HM Inspectorate of Probation's own information team and its data entry contractors did an excellent job of collating and reporting in good time on a complex data collection exercise, Mary Fielder, Acting HM Assistant Chief Inspector, managed the project during the early stages until her retirement in April 2002. The other HM inspectors who contributed to this inspection at various points were Ray Wegrzyn, Mark Boother, Bill Hartley, Andy Smith and Jane Webb. Much of the fieldwork was conducted jointly with Jill Goldsmith and other colleagues from the National Audit Office who were undertaking a parallel inquiry.

We therefore wish to put on record our gratitude to all of the above and to the probation managers and staff, and members of other organisations, in the eight areas visited who organised and participated in the inspection in such a constructive manner.

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February 2003

1. AIMS, OBJECTIVES AND CONTEXT OF THE INSPECTION

Background

- 1.1 From October 1998 to March 2000 a new community sentence called a drug treatment and testing order (DTTO) was piloted in three areas in England: Gloucestershire, Liverpool and Croydon, having been introduced under the Crime & Disorder Act 1998. It was subsequently established in legislation through the Powers of Criminal Courts (Sentencing) Act 2000. In June 2000 the government announced in a probation circular the arrangements for implementing the new sentence throughout the whole of England and Wales with effect from 1 October 2000.¹
- 1.2 The idea of the new order was to give courts the power to require an offender to undergo treatment as part of a community sentence in cases where there was a clear link between drug abuse and offending. In addition to this coerced treatment, the distinctive features of the order were that the:
- offender undergo regular drug testing
 - offender undertake a high level of supervised activity (15 hours per week minimum)
 - court regularly review the offender's progress.

The order was also to be enforced to the same standard as other community sentences.

Aims and objectives of the inspection

- 1.3 In 2002 HM Chief Inspector of Probation (HMCIP) decided to assess the extent to which DTTOs had been successfully implemented, as one of a number of inspections examining new policies from April 2001.²
- 1.4 HMCIP wrote to the National Director in March 2002, with a copy to all Chief Officers (COs) and Board Chairs, announcing the inspection and its key purpose:

AIM

- *To assess the effectiveness of the arrangements established by the NPS for the implementation and management of DTTOs from October 2000 and the initial outcomes achieved.*

¹ Home Office Probation Circular 43/2000: *Drugs: Advice on national roll-out of DTTOs.*

² The other inspections covered governance in the National Probation Service (NPS) and victim contact.

OBJECTIVES

- *Examine the implementation of the national strategy for the provision of DTTOs and arrangements for monitoring and evaluation.*
- *Assess the effectiveness of probation area strategies for implementing DTTOs and achieving Home Office commencement targets.*
- *Examine the funding arrangements established to support the delivery and management of DTTOs through local drug action teams (DATs).*
- *Examine the systems for resource allocation and management in place at local level.*
- *Examine the contractual arrangements for the provision of drug treatment and testing facilities and assess the effectiveness of collaboration.*
- *Assess the extent to which DTTOs are being supervised in accordance with national standards and the quality of work undertaken.*
- *Examine the extent to which race equality and wider diversity issues have been taken into account in the delivery of services.*
- *Assess sentencer satisfaction with the implementation and management of DTTOs.*
- *Identify good practice, any significant obstacles to service delivery and report on the outcomes achieved for DTTOs.*

Inspection process

- 1.5 The inspection was undertaken in two phases:
- an audit of local arrangements for DTTOs based on information from all 42 probation areas
 - fieldwork undertaken in eight areas, drawn from seven of the nine English regions and one from Wales. The areas were selected to provide a mix in terms of size and geographical spread.³
- 1.6 Fieldwork took place between mid May and the end of June 2002. The CO, Board Chair and relevant senior managers were interviewed and team meetings took place with operational staff.
- 1.7 Sentencers from both the magistrates' and the Crown Courts in each of the areas visited were interviewed by an external inspector to ascertain their experience and opinions. Staff from different organisations, such as the DATs, were also seen in some areas: nearly half of the total time spent was in meetings with other agencies. The external perspective on the work of the probation service was valuable.

³ Lancashire, London, Leicester & Rutland, County Durham, Suffolk, Dorset, North Wales and West Midlands.

- 1.8 Standards and criteria⁴ were developed for the inspection and circulated in advance to the eight areas to be visited. This approach not only ensured transparency in the inspection process but also provided a structure for the findings.
- 1.9 Evidence was collected in relation to each of these standards. Some was in the form of documents, much was testimony from probation staff, external partners and stakeholders. Information on commencements was available from the National Probation Directorate (NPD). Additional performance information was sought from both the NPD and areas but without success, so that the only information about performance against the new DTTO National Standard was from HM Inspectorate of Probation's (HMIP's) file reading exercises carried out during the course of this inspection.
- 1.10 In each of the eight probation areas visited between 25 and 35 DTTO files were read and scored, using a quality checklist,⁵ producing a total sample of 238 cases, including some cases where the DTTO had been 'normally' terminated.⁶ File reading teams consisted of a mix of HM inspectors, local managers and practitioners. The data from the scored checklists were analysed, providing quantitative findings not only for the total sample but also for each of the individual areas.
- 1.11 Data were also analysed by race, gender and age so that any significantly disproportionate representations could be identified. In practice, there were imperfections in the process: only 188 cases had valid race and ethnic monitoring (REM) codes entered and in some areas there were technical problems either identifying 'normally' terminated cases or in collecting all the required data from them.
- 1.12 A note of the key findings for each area, together with an analysis of the local file reading inspection, was sent to the relevant CO. A summary was then provided for each Probation Board.

European Excellence Model

- 1.13 Because the NPS had adopted the European Excellence Model (EEM) as its vehicle for self-improvement, HMIP decided that for this inspection it would indicate which EEM criteria were addressed by the standards. The table that captures which EEM criteria were relevant to which inspection standards is given in Appendix A. Because the inspection had a very specific and relatively narrow focus on implementation, only a small number of the full range of EEM criteria were relevant to its inquiry.

⁴ See Appendix A for detailed description.

⁵ See Appendix B.

⁶ 'Normally' terminated means cases that have either run their full course up to their scheduled termination date or (rarely) terminated early on the grounds of good progress. Cases that have ended early because of either breach proceedings for non-compliance or a new sentence for a fresh offence are thus not included in this description.

National Audit Office: A parallel inquiry

- 1.14 At the same time as HMIP's inspection, the National Audit Office (NAO) undertook a separate study of DTTOs. It aimed to report to Parliament's Committee of Public Accounts on how far the new order was likely to reduce drug use and reoffending.
- 1.15 Although the NAO report was planned as a separate report, for a different purpose and submitted to an independent authority, HMIP and NAO both wanted to minimise duplication by conducting most of the fieldwork in parallel. Thus five of the eight probation areas received NAO personnel working alongside HMIP during their fieldwork visits. Other evidence was also shared. The NAO report is also scheduled for publication in 2003.

2. KEY FINDINGS AND RECOMMENDATIONS

Key findings

- 2.1 Standard 1: Implementation of national policy: In June 2000 a probation circular announced the decision to roll-out DTTOs across the whole of England and Wales with effect from 1 October 2000. There was neither a national project plan in place to implement this decision, nor a minimum infrastructure for either devising or realising such a plan within the prescribed timescale. The decision therefore presented the probation service, as a whole, with an extremely challenging task to manage in adverse circumstances, yet when placed in its political context, could realistically be argued as the best available at the time. Planning for implementation was subsequently undertaken as effectively as was feasible in the circumstances, despite the major changes taking place nationally over the subsequent two years, including the:
- creation of the new NPS in April 2001
 - transition during 2001 from ring-fencing to pooling of the DTTO treatment budget in England
 - reorganisation of the health service from health authorities to Primary Care Trusts (PCTs) in April 2002.
- The targets initially set were for commencements only and a system to monitor these was established. Monitoring delivery of the new DTTO National Standard, announced in February 2001, was not seen as a priority nationally at first, although the NPD now have the process well underway. The NPD have also recognised the need to develop and monitor other outcome measures, but have still to take this work forward.
- 2.2 Standard 2: Area strategy: Areas planned to make the new sentence available in all courts within four months of the announcement, as was required of them. That the majority succeeded with most courts was a major achievement which reflected well on the probation service as a whole. But few planned both to achieve either the required target for commencements announced late in 2000 or the new DTTO National Standard. Similarly, insufficient attention was given in some areas to monitoring the number of commencements from women offenders and those from minority ethnic groups.
- 2.3 Standard 3: Governance arrangements: Probation Boards generally focused their attention properly, and often effectively, on their area's performance against the commencement target, but had not taken steps to ensure that other key aspects of performance were being monitored by their managers.
- 2.4 Standard 4: Management and partnership arrangements: The establishment and management of partnership arrangements varied considerably due to reasons of structure, culture, leadership and direction. With the absence of any visible lead at

the centre in the health service during the original planning stage, probation areas experienced a wide range of responses from local health service partners. During the subsequent rapidly changing circumstances, HMIP found that progress had been made in establishing more effective strategic local partnerships, although it was widely acknowledged that there was still a long way to go.

- 2.5 Standard 5: Financial arrangements: These were always going to be complicated, with criminal justice money being used to fund health service treatment for work with offenders. The inevitable complexities were exacerbated by further substantial changes made in the funding mechanisms. Although each area visited could account for the expenditure of DTTO funds, few were able to calculate their unit cost. As with the partnership arrangements therefore much progress had been made in establishing sound financial arrangements but, again, there was still a long way to go.
- 2.6 Standard 6: Service delivery: The 238 case files from the eight probation areas showed an unacceptably low level of achievement of the DTTO National Standard announced in February 2001, although one area, County Durham, did particularly well, with Dorset and Leicestershire & Rutland not far behind. Some areas had not given sufficient priority to compliance with the standard when planning their service delivery. Even those that had, needed to overcome substantial difficulties with case management and record keeping so that performance could be both demonstrated and measured.
- 2.7 Standard 7: Communication with sentencers: HMIP found that pre-sentence reports (PSRs) often took too long, and that some court review reports on DTTO cases were insufficiently detailed to provide an adequate picture. However, sentencers expressed a good level of satisfaction with both the principle and the practice of DTTOs, despite a small number of local operational difficulties and issues. But, although they felt well briefed about the progress of individual cases, they would have liked more aggregated information about the success of the sentence as a whole.
- 2.8 Standard 8: Results: A target for DTTO commencements had been set by the NPD late in 2000, and made a priority in May 2001. It was positive to note that, at the end of 2001/2002, the NPS as a whole had reached 81% of the required target, with 14 of the 42 individual areas achieving their area contribution. Insufficient attention had been given to compliance with the DTTO National Standard in most areas visited, and there was little information to measure performance other than from this inspection's file reading exercises. No results in terms of outcomes had as yet been set nationally, although there were plans to do so and, with only a few exceptions, little evidence was being collected in the eight areas to measure what outcomes DTTOs were achieving.
- 2.9 Overall conclusion – 'A long way in a short time': Although more could have been achieved in some respects, such as measurable results, in others progress was as great as was feasible in the circumstances. Accordingly, although it was very clear indeed that there was still a long way to go before the NPS could demonstrate that it had implemented DTTOs successfully, it is certainly also fair to say that it had come 'a long way in a short time'.

Recommendations

The National Director should improve performance by developing a management framework for DTTOs, including:

- *a range of targets focused both on compliance with the DTTO National Standard and performance outcomes (Standard 8)*
- *monitoring, as a minimum, DTTO referrals, assessments, commencements and completions by race and gender so that disproportionate representation at any point in the process can be readily identified (Standard 2)*
- *a clear system within which each area can identify the unit cost of DTTOs (Standard 5)*
- *the use of performance information, particularly in aggregated form, in informing sentencers, key partners and other stakeholders (Standards 7 and 8)*
- *guidance on contractual arrangements with local partners. (Standard 4).*

The National Director should review the use of second adjournments for DTTO assessments (Standard 7).

Boards should ensure that DTTOs are being implemented as required and that progress against all targets can be demonstrated. (Standards 3 and 6).

Boards should develop a systematic approach for liaison with local courts, including sentencer satisfaction with the provision for DTTOs and the court review process. (Standard 7).

COs, working with local partners, should ensure that each contract has an agreed system for reviewing operational arrangements, including a protocol for dispute resolution (Standard 4).

3. STANDARD 1: Implementation of national policy

Description of Standard 1:

The national policy for the provision of DTTOs is being implemented and monitored.

Criteria:

- ✓ *The policy clarifies the responsibilities of probation areas and the funding mechanisms established for the delivery of services in collaboration with provider agencies.*
- ✓ *Arrangements are in place to monitor policy implementation and evaluate outcomes.*

- 3.1 This standard focuses on how the project was managed nationally, as distinct from how it was managed within each of the constituent probation areas. The chapter considers how far the national policy for the provision of DTTOs was being implemented and monitored. It assesses the effectiveness of the policy in clarifying the responsibilities of probation areas and the funding mechanisms and examines the arrangements in place to monitor the policy and evaluate outcomes.
- 3.2 The timing of the announcement⁷ in June 2000 to roll-out DTTOs with effect from 1 October 2000 across England and Wales gave the former probation services less than four months to implement the new order. The decision taken by Ministers to proceed within this short timescale could therefore be criticised as a piece of business planning if viewed in isolation.⁸ However, in its political context, within the alternatives available at the time, it could also be seen as the best available course of action. Ministers were aware of the acute difficulties of the timescale but they were also conscious that:
- the idea of DTTOs was believed to be popular with potential stakeholders, especially the courts
 - the evaluation of the pilots by South Bank University was at least broadly encouraging
 - funding had been secured under the Spending Review 2000 (SR 2000) to start the new order in the last six months of 2000 which would otherwise be forfeit.
- 3.3 However, a large proportion of the difficulties faced, both by the NPD and areas, followed on from what HMIP considered to be an unavoidable consequence of the timing of the implementation of DTTOs. Not only was an initial planning period of less

⁷ Probation Circular 43/2000 *op. cit.*

⁸ Several DAT members argued that the local infrastructure was simply not there for delivering what the government was seeking for the new orders, and that the implementation decision had 'put the cart before the horse'.

than four months extremely short given what had to be achieved during that period, but there were also further major national changes over the next two years, some of which were known in advance:

- the creation of the new NPS was scheduled to take place in April 2001, the biggest single transformation in the 90-year history of the probation service. Within the Home Office itself, the transition from the relatively small Probation Unit to the new NPD during the period July 2000⁹-April 2001 was also a major change in its own right
- the original financial plan for the first 18 months, from October 2000 to March 2002, was that the money for the management and treatment of offenders on DTTOs would be held in probation revenue budgets, but would be hypothecated. However, a change in arrangements at an early stage (in England but not Wales) meant that some of the money was transferred to a 'pooled treatment budget' managed in effect by local DATs¹⁰
- DATs themselves underwent major changes in many parts of the country on or shortly after December 2000, so that every metropolitan borough and single unitary authority in England had its own DAT. From that time, most probation areas therefore each had to do business with an increased number of DATs
- the new special health authority, the National Treatment Agency (NTA),¹¹ a key partner nationally in the implementation of DTTOs, only became established during 2001
- in April 2002 the reorganisation of the health service from health authorities to PCTs meant the establishment of new paying authorities for the drug treatment bodies, with new boundaries in most cases.

Criterion: The policy clarifies the responsibilities of probation areas and the funding mechanisms established for the delivery of services in collaboration with provider agencies.

3.4 Although probation circulars had been issued in August 1999¹² about the prospective timetable and other matters, and in January 2000¹³ about joint commissioning arrangements for DTTOs, no strategic implementation plan had been formulated nationally when the decision was announced in June 2000 to roll-out the new orders.

3.5 Furthermore, although there was funding for the project, the structures and people were not in place to enable such a plan to be developed within the required timescale. In June 2000 the staffing available for this task, within what was then the

⁹ Date of appointment of National Director designate.

¹⁰ DATs were established in 1995 in every area of England, mostly around local or health authority boundaries. They have responsibility for delivering the national drugs strategy locally.

¹¹ The NTA was established from April 2001 as a special health authority, as a joint initiative of the Department of Health, the UK Anti-drugs Coordination Unit and the Home Office. Its purpose was to ensure the most effective use was made of drug treatment funding and resources by raising standards and ensuring the consistency of drug treatment across England.

¹² Home Office Probation Circular 50/1999: *Drugs: Coordination in support of the UK anti-drugs strategy.*

¹³ Home Office Probation Circular 6/2000: *Drugs: Advice on finance and the joint commissioning process.*

Home Office Probation Unit, was less than two 'full-time equivalent' civil servants. The Probation Unit tried to appoint a drugs implementation adviser-designate from February 2000, in anticipation of the implementation decision, but the process did not lead to an interview until August. Some additional staff were recruited during the following months, but were not appointed in time to contribute to the initial four month planning stage.

- 3.6 Between June and September 2000 the then Probation Unit issued probation circulars and other guidance to areas about establishing local partnerships, started to draft the DTTO National Standard (working jointly with the Drug Prevention Advisory Service [DPAS]) and also prepared briefing information for sentencers. An event was held in September 2000 to help areas with their implementation plans and receive feedback about the current draft of the proposed DTTO National Standard.
- 3.7 The national direction, emerging from the above process, was more in the form of guidance than prescription. At first sight, this might appear to be a remarkable contrast with the highly prescriptive approach normally taken by the Home Office to other aspects of effective practice.¹⁴ The reason given by the NPD was that the DTTO was a new sentence and not a treatment model. The evaluation of the pilot schemes had not found any particular method of delivering DTTOs to be clearly more effective, and hence a 'non-prescriptive' approach to implementation was adopted at national level.
- 3.8 Accordingly, the requirements made on probation areas were in the end relatively few – there was the established date from which DTTOs were to be available (complying with the legislation), together with a target number of commencements and some detailed national standards about levels of contact, testing and enforcement. Within these parameters, areas were allowed a wide degree of latitude about the way in which they implemented DTTOs.
- 3.9 It was perhaps inevitable in the course of this inspection that on the one hand some managers in areas would be critical of the 'lack of direction' from the centre, whilst others welcomed the opportunity to design a local plan to suit their particular circumstances. Yet HMIP considered that from June 2000 onward (from the time the decision was formally announced to the probation service) there was little opportunity or capacity for the then Probation Unit to do more than it did. The further question is whether more could have been done in advance of June 2000, given that it was widely expected that the August 1999 probation circular¹⁵ would indicate the likely timescale. It was difficult, however, for areas to know what they could do in practice with this information at the time, as they were not allowed to enter into financial agreements with potential providers until the decision was taken.
- 3.10 The situation was symptomatic of the lack of a national policy lead body, either for the probation or health services, during the planning period. Almost all the work at national level to implement the new order had to be undertaken at great speed after June 2000 with very limited resources available. Accordingly, in HMIP's view, the

¹⁴ For example, the establishment of What Works and the implementation of accredited programmes. A similar approach was also described in the 2000 thematic report on victims *The Victim Perspective: Ensuring the Victim Matters*.

¹⁵ Probation Circular 50/1999: *op.cit.*

level of direction and guidance provided first by the then Probation Unit and then by the NPD was as effective as was feasible.

Criterion: Arrangements are in place to monitor policy implementation and evaluate outcomes.

- 3.11 The priority policy aim was for all probation areas in England and Wales to have DTTOs available in their area with effect from 1 October 2000. The NPD did not establish a formal system of monitoring implementation but adopted a 'trouble-shooting' approach, seeking feedback from areas or from relevant agencies, such as the DPAS, about where there were problems. As a result, the main record was a mapping exercise undertaken by the drugs implementation advisor early in 2001.
- 3.12 The next, and continuing policy aim to achieve the target figure of 6,000 for the number of new DTTOs commencing in a year, became known late in 2000 through the probation circular announcing the area budgets and performance targets for 2001/2002.¹⁶ HMIP considered this to be a reasonable approach, relying on areas to identify all the key performance targets for the year ahead, alongside the area budget projections, with the DTTO target to be included among the others.
- 3.13 Systems have since been developed and maintained by the NPD for monitoring achievement of this policy aim.¹⁷ Moreover, in addition to the number of commencements, the national monthly monitoring system also collected other relevant information about assessments and revocations. The first collated report was produced in the summer of 2002 enabling the NPD to monitor trends.
- 3.14 During 2001/2002 the other policy aim occupying management attention, nationally as well as locally, was implementing the change in the financial arrangements in England which saw the treatment element of DTTO funding migrate from probation revenue budgets to a pooled treatment budget. Again, this was monitored largely by means of a trouble-shooting approach.
- 3.15 Monitoring delivery of the new DTTO National Standard¹⁸ was not a priority nationally at first, although the NPD now recognised the need for greater oversight. National monitoring of national standards for other forms of supervision only started in October 2001, and the aim was to add monitoring of DTTOs some time during 2002/2003. There was evidence that the NPD had this process actively underway at the time of this inspection.
- 3.16 In the view of many respondents to this inspection, the NPD should have identified additional potential outcomes from DTTOs and established monitoring arrangements to measure progress in achieving them in practice. Suggestions included successful completions of orders, reconviction rates benchmarked against those achieved in the pilot schemes, drug expenditure by DTTO offenders, and frequency of testing

¹⁶ Home Office Probation Circular 92/2000: *NPS aims, the Home Secretary's priorities and action plan 2001/2002 and performance measures for the service 2001/2004.*

¹⁷ See Standard 8 for the actual results achieved.

¹⁸ Home Office Probation Circular 25/2001: *National Standard for the DTTO.*

positive. One factor militating against an increase in monitoring was the NPD policy of limiting the range of data collection on NPS activities. This had been introduced for understandable reasons, given the clearly limited capacity of the NPS when achieving major organisational change with finite resources.

- 3.17 Further, more sophisticated proposals included monitoring access to treatment and its effectiveness in relation to race and gender, use of various drug types, and different levels of contact and enforcement under the order. In the latter case, a few respondents suggested that high levels of contact and enforcement, as required by the DTTO National Standard, might prove to be counter-productive to effective treatment. This view was not, however, supported by the findings of this inspection.
- 3.18 At the time of the inspection the NPD had no immediate plans to extend the policy outcomes to be monitored, but there was a stated intention to do so in the future. The National Director and her staff emphasised that the DTTO commencement target was an appropriate target for the first two years of the new order, to ensure that it became established, but that it would be overtaken by other more suitable outcome measures in the long term. HMIP accepted this point, especially as it was the basis for the agreement with the Treasury under SR 2000, but evidence of the development of the superseding outcome measures would now be welcome.

Overall findings for Standard 1: Implementation of national policy

Strengths

- Planning nationally for implementation was undertaken as effectively as was feasible in the circumstances of the compressed lead-in period, despite the major changes taking place over the subsequent two years.
- Targets were set for commencements and a system to monitor these was established.

Areas for improvement

- Compliance with the national standard was not yet monitored, although the NPD was planning to include DTTOs in the national system during 2002/2003.
- No other outcome measures had been identified.

4. STANDARD 2: Area strategy

Description of Standard 2:

A strategic plan has been established at area level to implement national policy.

Criteria:

The strategy:

- ✓ *is consistent with the government's drugs policy*
- ✓ *secures provision of services through the national funding arrangements*
- ✓ *identifies the specific responsibilities of probation staff*
- ✓ *states how the targets for DTTO commencements are to be achieved*
- ✓ *establishes benchmark criteria against which progress can be measured*
- ✓ *identifies and establishes the arrangements for monitoring and for reporting on performance*
- ✓ *gives attention to diversity.*

4.1 This chapter considers whether probation areas had established a strategic plan to ensure that national policy for the provision of DTTOs would be implemented. It examines the strategies' consistency with government policy and whether they address the: provision of services, specific responsibilities of probation staff, achievement of targets, benchmarks and arrangements for monitoring and reporting on progress.

4.2 Probation areas had less than four months from mid June to 1 October 2000 to launch DTTOs and, to a large extent, each area was allowed to decide the appropriate method for its own local circumstances. There were then changes in the system nationally and areas had to make further plans to adapt to these new arrangements. Therefore for this standard HMIP was not seeking to identify a single standardised planning document from each area but was, instead, looking for evidence of the overall planning process covering the two years from June 2000.

Criterion: *The strategy is consistent with the government's drugs policy.*

4.3 The government had a specific role in mind for DTTOs within its overall drugs policy.¹⁹ By means of the new court order offenders who were more persistent than most, and whose offending was either drug dependent or drug driven, were to be able to access treatment that would be prompt, intensive and enforceable.

¹⁹ Home, Office, Department of Health *Tackling drugs to build a better Britain*. The Government's 10 Year Drug Strategy (1998).

- 4.4 As was to be expected, the planning processes varied considerably from probation area to probation area, but all aimed to implement a scheme that complied with the legislation, used the required mechanisms and was thus consistent with the government's overall policy objective.

Criterion: *The strategy secures provision of services through the national funding arrangements.*

- 4.5 The national funding arrangements were originally confirmed in June 2000 in the form of a hypothecated grant. Thus, in the initial planning stage, areas had to negotiate in some haste with relevant potential local partners to try to establish treatment services, with varying degrees of success.²⁰ Where no ready agreement could be reached in the time available, areas such as County Durham and Leicestershire & Rutland made alternative in-service arrangements. Others secured local contracts that in some cases took until after October 2000 to implement. Nevertheless, all areas visited had formed initial plans that were appropriate in the circumstances.
- 4.6 Having done this, the areas in England then had to change their DTTO spending plans to work with the new national arrangements for pooled treatment budgets administered by DATs. There was a number of difficulties in adapting to the change, such as what to classify as case management and what as treatment, but these had been to a large extent settled by April 2002. Some initial underspends were also resolved by early 2002, as DTTO commencements started at last to approach the monthly target rate in most areas. Areas generally did well to manage the transition and, in the context of the speed of implementation and the subsequent changes nationally, their planning was consistent with this criterion.

Criterion: *The strategy identifies the specific responsibilities of probation staff.*

- 4.7 Most areas had identified the specific responsibilities of probation staff in terms of case management. Treatment was provided by partner agencies in the majority of cases, though in Southwark, London, staff were seconded into the specialist team from the partner agencies, and in Leicestershire & Rutland treatment was provided by directly employed staff working on each individual order.

Criterion: *The strategy states how the targets for DTTO commencements are to be achieved.*

- 4.8 There was very little evidence that areas had thought through the planning steps necessary to ensure that their contribution to the national DTTO commencement target would be met. It was true that the national target was not known in June 2000, and its first formal appearance was in the budget planning announcements in

²⁰ See Standard 4.

November and December 2000.²¹ However, HMIP felt that it was reasonable to expect that areas would have had evidence of planning to maximise the likelihood of achieving their commencement target by June 2001.

- 4.9 In practice, some areas, such as London and Suffolk, had identified 'sub-targets' for either teams, districts or 'clusters'. This approach was potentially helpful and it was surprising that it was not more widespread. However, even where it was done, there was little evidence of further planning to enable these targets to be met.
- 4.10 As there had been a degree of initial anxiety that courts might be too enthusiastic and make too many orders too quickly, some areas, such as London, had aimed to operate the selection criteria strictly. However, when it became apparent that the number of commencements was in fact too low, no plan was developed to respond; for example, by reviewing the operation of the selection criteria. Similarly, in Suffolk, some courts were found to be more keen on the new order than others. But again there was no evidence of any response by the area to attempt to influence this situation.
- 4.11 More encouragingly, there was evidence from West Midlands and County Durham of plans to achieve the commencement target. Furthermore, Dorset actually achieved its commencement target and in particularly creditable circumstances.²² It did this by building on the existing practice culture from its former successful use of the old 'Section 1A (6)' probation orders,²³ where there was a condition on the offender to undertake drug treatment.

Criterion: *The strategy establishes benchmark criteria against which progress can be measured.*

- 4.12 The most pressing consideration at the very beginning was, understandably, getting DTTOs started on or soon after 1 October 2000. In most cases areas succeeded in doing this at least in part of their area, an achievement in itself under the circumstances. As is discussed later under Standards 3 and 8, all improved their ability to track progress against their own area commencement targets for DTTOs. However, there was little evidence of this having been designed in from the beginning. None of the areas visited planned to measure regularly its delivery of the new DTTO National Standard. Given that the implementation requirements for areas were very challenging, it would have been reasonable to have had both national and local interim or milestone targets for commencements and key national standards.
- 4.13 It was worrying that so little evidence was found of such criteria. West Midlands, however, provided an example of an area where there was evidence of some project planning towards the commencement target. Not only was each district given its own target, but this was linked with a guidance note circulated to all staff outlining criteria for targeting and assessing offenders for DTTOs, together with estimated figures for

²¹ Home Office Probation Circular 92/2000: *op.cit.* gave the area DTTO targets for 2001/2002 as 'Service Delivery Agreement (SDA) 6.' Probation Circular 104/2000: *Cash limit allocation – performance link*: Stated that SDAs were likely in future years to become included in the performance link.

²² See Standard 8.

²³ Criminal Justice Act 1991.

the number of referrals required to meet the number of commencements. Progress reports were subsequently submitted to the Board in relation to these projections.

Criterion: *The strategy identifies and establishes the arrangements for monitoring and for reporting on performance.*

- 4.14 As outlined above, there was little evidence of plans to measure actual against scheduled progress. Similarly, there was little planning for monitoring and reporting on performance. None was found for the DTTO National Standard and monitoring of commencements was initially largely led nationally by the NPD, as was the system of monthly returns. There were, however, a few examples of local areas who were able to show that they had made good use of the information collected and forwarded.

Criterion: *The strategy gives attention to diversity.*

- 4.15 Formally, there was little evidence of specific overt attention to diversity matters in the planning process. It was reasonable that senior managers would, in the main, assert that they expected staff to operate sound principles of diversity in DTTO practice, without there being a lengthy special section to that effect in every one of their planning documents or other evidence. It was disappointing, however, that few of the strategies examined included such practical measures as making use of the basic monitoring information available to identify, for example, the number of offenders starting commencements who were women or from minority ethnic groups. This would have enabled areas to assess whether or not such groups were being under- or over-represented among all local case commencements, compared with their representation elsewhere in local criminal justice processes. However, most would need to address the high proportion of cases with no REM code recorded²⁴ in order to undertake such monitoring effectively. Lancashire and County Durham were the only areas visited able to report commencements both by race and gender, although neither area appeared to make particular use of the information.
- 4.16 For diversity generally, probation areas did better at their informal planning than their formal planning. There were some encouraging examples of a diversity culture among operational staff, as is covered in Standard 6, but there was a significant gap in terms of strategic planning and monitoring.

²⁴ This group formed 21% (50 cases) of the total file reading sample. See Standard 6.

Overall findings for Standard 2: Area strategy

Strengths

- Most areas planned to make the new sentence available in all courts within four months of the announcement, as was required of them, and the majority succeeded.

Areas for improvement

- Few areas planned both specifically and effectively to achieve either the required targets for DTTO commencements announced late in 2000 or the new DTTO National Standard announced in February 2001.
- Insufficient attention was given to monitoring the number of commencements of women offenders and those from minority ethnic groups.

Recommendation

The National Director should improve performance by developing a management framework for DTTOs, including monitoring, as a minimum, DTTO referrals, assessments, commencements and completions by race and gender so that disproportionate representation at any point in the process can be readily identified.

5. STANDARD 3: Governance arrangements

Description of Standard 3:

The Board has identified its information needs and established arrangements for holding managers to account for performance in the delivery of DTTOs.

Criteria:

- ✓ *Effective monitoring arrangements have been implemented.*
- ✓ *The Board has specified the information it requires and receives regular reports on progress towards meeting national and area targets.*
- ✓ *Monitoring reports are used to hold managers to account for performance.*

- 5.1 This chapter considers whether Boards had identified their information needs and established arrangements for holding managers to account. It also examines the efficacy of the monitoring arrangements and the routine production of progress reports.
- 5.2 With effect from April 2001, each of the areas of the NPS had its own newly established Board. One of the tasks of the new Board was to ensure that the area achieved its performance targets and this standard therefore describes their critical role in relation to DTTOs.

Criterion: *Effective monitoring arrangements have been implemented.*

- 5.3 The Boards visited were acutely conscious of the commencement targets for DTTOs and had satisfied themselves that arrangements were in place to monitor their area's performance against this target.
- 5.4 None had specified that there should be regular monitoring of the DTTO National Standard or of any other significant potential performance measures. There were some persuasive reasons for Boards not undertaking this directly, as is discussed under the next criterion.

Criterion: *The Board has specified the information it requires and receives regular reports on progress towards meeting national and area targets.*

- 5.5 All the Boards visited had established a system whereby they received periodic performance reports spanning the work of their area as a whole, covering performance against the key national targets including DTTO commencements. Most received these overall performance reports every three months which was a sensible level of frequency. The format of the reports varied and some included a range of additional items in addition to the nationally prescribed measures.

- 5.6 In relation to DTTOs however, the Boards had confined their regular information requirements to the commencement target alone. For the CO and Chair of each Board visited, this was what one described as “the big ticket item” for DTTOs. Another CO described it as “one of Eithne’s Big Five” items, confirming the National Director’s own testimony that she had given a strong message to COs and Board Chairs about the importance of this target.
- 5.7 Given the need for Boards to focus on the key, critical few performance measures, it was reasonable that they should concentrate on this one target during the first year of the new order. It was also reasonable for Boards to allow the NPD to work through its plans to monitor achievement by areas of national standards on a national basis rather than try to devise and develop a comprehensive local monitoring scheme in the meantime. But it was evident that the absence of a national lead came at a cost, in that most areas visited performed poorly in relation to the DTTO National Standard.²⁵ Although it was not necessary for Boards to receive directly reports on too many performance information items, they needed to be satisfied that their managers were monitoring some other key aspects of DTTO practice, such as contact hours arranged and levels of enforcement.
- 5.8 Three of the areas visited²⁶ had commissioned longer-term evaluation studies, which clearly had a potentially valuable contribution to make, but these separate and creditable initiatives were seen by HMIP as being outside Standard 3 and the Board’s need to receive regular performance reports and to hold managers to account.

Criterion: Monitoring reports are used to hold managers to account for performance.

- 5.9 Although the detail of the arrangements varied, the relevant senior managers in each area were acutely aware that they were accountable to the Board but, in the main, only for the achievement of the commencement target. Some experienced this by having to report and answer probing questions in person at a Board meeting, others through the work of the CO on behalf of the Board.
- 5.10 As is evident in Standard 8, some areas were more successful than others in achieving their commencement targets in practice. This cannot, at this stage, be attributed specifically to how the Board held its managers to account. A number of Boards had to do no more than maintain a watching brief. Meanwhile, remedial measures instigated by some of the other areas, who were off target, had not yet had time to take effect. However, by the early summer of 2002, the picture nationally in relation to the commencement target looked to be improving.

²⁵ This is discussed further under Standard 6: Service delivery.

²⁶ London, County Durham, Leicestershire & Rutland.

Overall findings for Standard 3: Governance arrangements

Strengths

- Probation Boards had generally focused their attention properly, and often effectively, on their area's performance against the commencement target.

Areas for improvement

- Probation Boards needed to take steps to ensure that other key aspects of performance were being monitored by managers.

Recommendation

Boards should ensure that DTTOs are being implemented as required and that progress against all targets can be demonstrated.

6. STANDARD 4: Management and partnership arrangements

Description of Standard 4:

Management arrangements support a high standard of service delivery and clear lines of accountability are in place.

Criteria:

- ✓ *A local protocol has been agreed for the supervision of DTTOs between the probation area and the treatment providers.*
- ✓ *Joint commissioning arrangements are in place and working effectively.*
- ✓ *The framework for the provision of services has been agreed with DAT partners.*
- ✓ *There is an agreed system for reviewing and amending operational arrangements with partner agencies, including a protocol for dispute resolution.*

- 6.1 This chapter considers whether the management arrangements supported a high standard of service delivery and if clear lines of accountability were in place. Protocols with treatment providers, joint commissioning arrangements and the framework for the provision of services and review arrangements are also examined.
- 6.2 During the summer of 2000 probation areas were being driven nationally to implement the new order by October by establishing local management and partnership arrangements. Areas experienced very different responses from their prospective partners, generally attributed to reasons of history, structure, culture, leadership and direction. The lack of any national visible lead at the centre in the health service during the original planning stage was a clear handicap. Leadership in the health service in the DTTO negotiations in 2000 was therefore largely exercised locally and was, in effect, shaped by the approach taken by the lead medical practitioner for the local treatment provider(s). The role of the NTA, as it developed during and after 2001, helped to fill the gap at a national level.

Criterion: *A local protocol has been agreed for the supervision of DTTOs between the probation area and the treatment providers.*

- 6.3 A wide range of practice was revealed from the survey of all 42 areas and the visits to the eight areas. In Dorset, a clear and tight contractual arrangement was agreed at an early stage with the main treatment provider. In the 'LSL cluster' (Lambeth, Southwark and Lewisham) in London, an early agreement had been established but contained ambiguities that contributed to some of the operational difficulties there. In Lancashire, a contracted agreement had been achieved, but the area identified shortcomings in the specification which managers hoped to resolve when renewing the contract.

- 6.4 Both County Durham and Leicestershire & Rutland established alternative arrangements as a consequence of not being able to reach satisfactory agreement with their respective community drugs teams (CDTs). County Durham's approach was through secondments and small service provider contracts, while Leicestershire & Rutland adopted an in-house system by directly employing their own treatment providers. However, the inspection found that, whether despite or because of these alternative arrangements, service delivery²⁷ in both of these areas was evidently well managed.
- 6.5 Overall, most areas had large-scale contracts to purchase treatment from providers, although some were weak. These limitations were partly an effect of the different attitudes and approaches between criminal justice and health and resulted in prolonging the difficulties arising from that culture clash. The tensions were manifested in areas, such as Lancashire and Suffolk, where there was much talk from treatment providers about clinical priorities and concern that DTTO offenders should not be able to "jump the queue" and thereby access "privileged treatment". It was made very clear in Suffolk that the treatment provider would decide when intervention with a new DTTO case could commence; the fact that it was being paid for from a 'criminal justice pot' was not a relevant consideration. Although respondents from both probation and the treatment providers reported that in the second year of DTTOs they were now coming to a better understanding of each other's position, it was evident that the lack of a genuinely 'joined-up' objective was a continuing problem in some areas.
- 6.6 In contrast, the treatment provider in Dorset was equally clear that the organisation was being paid for a specific service. Therefore the question of 'queue jumping' did not arise, as the objective about prompt access to treatment was jointly owned. It would be beneficial if other treatment providers, who received specific money to provide a specific service, were able to operate with a comparable clarity of role. It is not yet possible to be confident whether the new pooled treatment budget arrangements, outlined below, will tend to assist or hinder the establishment of such precision.

Criterion: *Joint commissioning arrangements are in place and working effectively.*

- 6.7 Overall, owing to the succession of changes taking place nationally, it took some considerable time to establish sound joint commissioning arrangements across England. From early in 2001 the areas in England (but not Wales) had to move towards the new financial arrangements. Hence for 2001/2002 there developed a transitional arrangement, sometimes called an 'interim pooled budget', with a view to establishing a fully pooled budget for 2002/2003.
- 6.8 In addition to the difficulties experienced in achieving this transition during 2001/2002, other problems also existed in some areas at the beginning of 2002/2003. All DATs had to submit a treatment plan for 2002/2003 by February 2002, but not all had

²⁷ See Standard 6.

managed to do so. For example, within the area covered by the Lancashire Probation Board, there were by this time three DATs, with the Lancashire DAT now covering the area co-terminous with the county council, and no longer including the two unitary authorities. The new Lancashire DAT failed to produce a treatment plan by the due date, while the Blackpool DAT had a good plan but experienced major problems with waiting lists to access treatment. There were also problems in the first three months of 2002/2003 in accessing payment from the ten new PCTs in Lancashire. It was encouraging to note, however, that despite these difficulties, all partners perceived the representation from the Lancashire Probation Area as supportive and consistent. The problems were in establishing the new arrangements overall and not with the contribution being made by the probation area.

- 6.9 In County Durham, there was evidence of tension within the DAT during the transition towards the fully pooled treatment budget which, in the opinion of some stakeholders, was exacerbated by the lack of a dedicated joint commissioning manager (as advocated nationally by DPAS and the NTA).
- 6.10 Under the current joint commissioning arrangements, each probation area needed to be skilful in negotiating in such a forum. A variety of views were expressed by stakeholders about the ability of the probation service to perform well in this respect. Some said that joint commissioning was not yet a very sophisticated process, and that the probation representatives were doing as well as representatives from other agencies in arguing the case for resources to support their own proposals. Others, sometimes in the same geographical area, pointed out that DTTO treatment looked very expensive in the context of a pooled budget and that probation areas needed to bring convincing evidence of the benefit of DTTOs to joint commissioning meetings in order to secure resources.²⁸ Although the picture was by no means wholly discouraging, there was a clear need for probation areas to take care to avoid any possible complacency and to learn to negotiate in an increasingly competitive setting.

Criterion: *The framework for the provision of services has been agreed with DAT partners.*

- 6.11 There was more than one DAT in most of the probation areas visited, many dating from late 2000 when a separate group was established in each individual unitary authority or metropolitan borough. Those sharing a single former DAT area, whether in a metropolitan or shire setting, had made arrangements in most cases to continue to cooperate with each other at least in the first year. Although the transitional agreements varied from area to area, it was generally true that some residual joint commissioning existed across the boundaries of the new DATs, at least in the short-term.
- 6.12 Although these arrangements made life more complicated for local probation representatives, it was positive to hear the probation service almost always

²⁸ The theme of being able to demonstrate results, and how to do this, is discussed again under Standard 8.

described as an effective partner whose representatives showed both consistency and commitment by their reliable attendance at and contribution to meetings.

Criterion: *There is an agreed system for reviewing and amending operational arrangements with partner agencies, including a protocol for dispute resolution.*

- 6.13 Following the move to a pooled budget, treatment provision for DTTOs had been a joint commissioning function through the DATs. One of the weaknesses in almost all the contracts seen in the eight areas visited was the lack of a process for dealing with disputes. Furthermore, a clearly established system for reviewing contracts had not yet been fully implemented in most areas. These two shortcomings were perhaps not surprising in view of the haste with which the original contracts had been established in 2000, but it was now time for them to be addressed. On the whole probation area respondents recognised this gap and had specific plans to tighten this up in future contracts, which they would need to do through the DAT's joint commissioning arrangements.

Overall findings for Standard 4: Management and partnership arrangements

- 6.14 The establishment and management of partnership arrangements varied considerably due to reasons of structure, culture, leadership and direction. With the absence of any visible lead at the centre in the health service during the original planning stage, probation areas experienced a wide range of responses from local health service partners.

Strengths

- During rapidly changing circumstances, progress had been made in establishing more effective strategic local partnerships.

Areas for improvement

- Further work needed to be undertaken to consolidate local partnership arrangements.

Recommendations

The National Director should improve performance by developing a management framework for DTTOs, including guidance on contractual arrangements with local partners.

COs, working with local partners, should ensure that each contract has an agreed system for reviewing operational arrangements, including a protocol for dispute resolution.

7. STANDARD 5: Financial arrangements

Description of Standard 5:

Shared funding and accounting arrangements with the DAT are working efficiently and effectively and enable costs to be measured against value for money criteria.

Criteria:

- ✓ *Effective accounting arrangements have been established with the health authority.*
- ✓ *The service can account for the expenditure of DTTO funds.*
- ✓ *The proportion of expenditure spent on treatment, testing and infrastructure costs can be measured.*
- ✓ *The unit cost per order of DTTOs can be measured.*

- 7.1 This chapter reviews the shared funding and accounting arrangements established with the DATs. It considers whether effective accounting arrangements had been established with the health authority and its successor bodies, and the extent to which the area could account for its expenditure on DTTOs, including measuring unit costs of each order.
- 7.2 The financial arrangements for DATs reflected the complex nature of the partnership both nationally and locally between the criminal justice system and the health service, and the evolving policy on how best to promote joint work. Criminal justice money was being used to buy health treatment in order to reduce crime.
- 7.3 Initially probation areas were directly funded to purchase specific dedicated treatment for DTTO purposes from treatment providers. The national policy change early in 2001 meant that, in England, DTTO treatment would be budgeted for within other treatment commissioned by the DAT. These changes resulted from an inter-departmental Ministerial decision reflecting the government's desire for local DATs to be able to make decisions about how drug treatment as a whole should best be provided in their area. Almost all respondents, both national and in the areas, expressed the view that the new arrangement was the better approach, but managing the transition had been a substantial problem in the short-term.²⁹

²⁹ Probation Circulars 6/2000, 50/1999 and 43/2000: *op.cit.* provided for the original arrangements. Probation Circular 08/2001: *Implications of the arrangements for a pooled treatment budget on DTTO funding*, Probation Circular 40/2001: *The pooled treatment budget and DTTOs*, Probation Circular 116/2001: *DTTO: Revised probation area allocations, the allocation of pooled treatment money to health authorities and the arrangements for handling underspend from 2000/2001*, and Probation Circular 19/2002: *DTTO: Pooled treatment budget 2002/2003* together chart the transition (from January 2001 to April 2002) to the new pooled treatment budget arrangements, applicable in England but not Wales.

Criterion: *Effective accounting arrangements have been established with the health authority.*

- 7.4 The DATs were not able to hold budgets themselves but had to draw them down from a paying authority. In April 2002 the relevant bodies changed from health authorities to PCTs, with the result that there were some initial difficulties in the financial processes during the early weeks of the 2002/2003 financial year. For example in Lancashire, a number of treatment providers and their employees were without contracts and at financial risk until the new paying arrangements were established. It was evident, here as well as elsewhere however, that such problems were only transitional and that by March 2003 sound arrangements should be established.

Criterion: *The service can account for the expenditure of DTTO funds.*

- 7.5 Each area was able to provide accounts for the money it had spent, although some were under broad headings only. This was no mean achievement in the amalgamating areas,³⁰ such as London.

Criterion: *The proportion of expenditure spent on treatment, testing and infrastructure costs can be measured.*

- 7.6 Initially each probation area had to decide how to apportion what was then a total hypothecated DTTO budget. Under the revised arrangements, it became necessary to be clear which items had to be paid for out of which 'half' of the budget, whether 'probation' or the pooled treatment budget. Furthermore, this had to be determined both for the remainder of 2001/2002 as well as on a long-term basis from April 2002 onwards. This applied in England only. In the short-term at least, Welsh areas, such as North Wales, appeared to benefit from maintaining a clear separate hypothecated budget.
- 7.7 The transitional arrangements were inevitably messy, in that some areas had committed more of their DTTO budgets than others on purchasing treatment, and existing contracts had to be honoured. There was then a delay in establishing the long-term agreements, as it took until early 2002 to issue the national guidance about what items should be paid for under which budget.³¹ Areas described the lateness of this guidance as a severe handicap to their planning. Nevertheless, despite the delay it was clear that for the most part areas now knew how to plan and account for their budgets. Some problems of detail still remained; for example, Addressing Substance Related Offending (ASRO) groups were counted as treatment in some areas and as probation case management in others.

³⁰ Of the 42 areas of the new NPS, eight were 'new' areas that each involved the amalgamation of two or more of the former probation services. London was the only amalgamated area visited during this inspection; however, because it had involved combining five old services into one extremely large new area, this achievement was a creditable one.

³¹ Probation Circular 19/2002. *op. cit.*

Criterion: *The unit cost per order of DTTOs can be measured.*

- 7.8 Work on unit costing was being attempted in some areas and not others and was nowhere as yet particularly advanced. There was an awareness by senior managers in the NPD and in some areas that there was a projected 'benchmark' unit cost of £6,000 per order, based on the principle that the NPS had been given £36 million initially in order to start 6,000 orders. On this basis, those areas that were achieving their commencement targets in March 2002 would be demonstrating below average unit costs,³² and those falling short above average.
- 7.9 HMIP considered that the probation service needed to go beyond this and start to calculate the 'true' costs of treatment. This was understood by both the NPD and some local senior managers. In the DATs, especially in joint commissioning groups (JCGs), consideration of the different options for spending the joint treatment budget was starting to include discussion of both the effectiveness and unit costs of the different options. DTTOs looked very expensive to some DAT partners, who saw it as one of a number of treatment options rather than a sentencing disposal, and were consequently reluctant to resource such intensive levels of contact. There was therefore the prospect of probation areas needing to be able to take into account the unit cost dimension when bidding for and debating DTTO treatment proposals.
- 7.10 Discussion with a range of probation staff and DAT partners suggested that this was not yet a widespread problem in practice in most areas. It was, however, a foreseeable development and the NPS would be well advised to be prepared for such debates by taking forward its work to identify 'real' unit costs.

Overall findings for Standard 5: Financial arrangements

- 7.11 The financial arrangements were always going to be complicated, with criminal justice money being used to fund health service treatment for criminal justice purposes. These inevitable complexities were exacerbated by the further substantial changes that were made in the funding mechanisms in both the probation service and the health service during the first 18 months of DTTOs.

Strengths

- Much progress had been made in establishing financial arrangements with partner organisations.
- Each area visited could account for the expenditure of DTTO funds.

Areas for improvement

- Few areas were able to calculate the unit cost of a DTTO.

³² In Dorset, an additional complication was that the residence costs for almost all its DTTOs (who were on conditions of residence at probation hostels) were paid for from the budgets provided for approved premises.

Recommendation

The National Director should improve performance by developing a management framework for DTTOs, including a clear system within which each area can identify the unit cost of DTTOs.

8. STANDARD 6: Service delivery

Description of Standard 6:

DTTOs are supervised to the national standard.

Criteria:

- ✓ *Suitability for a DTTO is assessed jointly by probation and treatment staff.*
- ✓ *The PSR proposal for a DTTO addresses all the requirements specified in the national standard.*
- ✓ *The management of the order, including treatment and testing, meets the national standard particularly in relation to contact levels arranged, the content of supervision, testing arrangements, court reviews and enforcement.*
- ✓ *Testing frequency is in line with that specified in the order.*
- ✓ *The needs of women and minority ethnic offenders have been addressed.*
- ✓ *Staff are held accountable for the standard of service delivery and meeting area targets.*

- 8.1 This chapter examines whether DTTOs were supervised according to the DTTO National Standard. It includes assessment of suitability, proposals in PSRs, the management of the order and the frequency of testing. It also considers whether the needs of women and minority ethnic offenders had been met and staff held accountable for the standard of service and meeting area targets.
- 8.2 The DTTO National Standard had been set out in detail in Probation Circular 25/2001, issued to all areas in February 2001.³³
- 8.3 Although references to national standards were identified in some interviews and documentation, the main source of evidence was from the file reading exercises undertaken as part of this inspection.
- 8.4 It was evident from reading files from eight separate areas that staff were substantially disadvantaged by having no national case management tool to help them record the required information on each DTTO case in an orderly way. The Case Record Administration and Management System (CRAMS), used in some areas, had not been designed or adapted to service the new order, and its contact log (even where used) did not facilitate collection of 'contact hours,' only dates of contact. It was left to each area to devise a method of managing and recording the delivery of DTTOs. The lack of a readily available 'fit for purpose' tool clearly contributed to the generally poor quality of the case records seen overall.

³³ Probation Circular 25/2001 *op. cit.*

Criterion: Suitability for a DTTO is assessed jointly by probation and treatment staff.

- 8.5 In all eight areas visited, the system of assessment was clearly designed to ensure that assessments were undertaken involving both probation and treatment staff. The inspection provided evidence of this being done in 95% of cases across all eight areas, thereby demonstrating a sufficient level of consistency. Allowing for the probability that some of the small shortfall might have been due to lack of systematic recording, HMIP had no concerns about this criterion being met in practice.

Criterion: The PSR proposal for a DTTO addresses all the requirements specified in the national standard.

Content of PSR proposal and DTTO assessment

- 8.6 The DTTO National Standard specifies a number of precise statements that should be included at some point in either the PSR itself or in the DTTO assessment where this is a separate document. Hence for inspection purposes, HMIP treated both documents as a single document. The aim under this criterion was to find each of the statements, or words to a similar effect, somewhere in the documents received by the sentencing court.
- 8.7 Table 1 shows the proportion of cases where the content of the PSR proposal and DTTO assessment met the six requirements of the relevant national standard, by area.

TABLE 1: Content of PSR proposal and DTTO assessment as per the DTTO National Standard

Requirement	ALL	Lancs	London	Leics & Rut	County Durham	Suffolk	Dorset	North Wales	West Mid
% that included: joint assessment of offender's drug dependency	95	100	84	100	100	91	94	95	97
% that included: details of both the treatment plan and the provider	91	100	77	97	100	87	88	86	100
% that included: confirmation that proposed treatment in place	92	100	86	100	100	84	85	86	100
% that included: a suggested length for the proposed order	71	100	63	66	96	62	82	72	30
% that included: offender's signed understanding and consent	49	96	18	69	100	32	41	26	34
% that included: proposed frequency of testing and of court reviews	80	96	60	76	96	71	77	95	74

Commentary

- ▶▶ Over 90% of the PSRs examined met the first three requirements, and 80% proposed a minimum frequency of testing and of court reviews.
- ▶▶ Only 49% included a signed statement from offenders indicating their understanding and consent to the order.³⁴ Results varied considerably across areas: County Durham met the requirement in 100% of the files read, compared with 18% in London.
- ▶▶ Given the fact that a DTTO is an expensive disposal, it was surprising that the requirement to suggest a length for the proposed order was not applied more consistently.
- ▶▶ The reports produced by County Durham and Lancashire consistently met the national standard in the majority of cases, but elsewhere the results were patchy.

8.8 The inspection showed that there was room for improvement in relation to this standard overall. Given the nature of this particular national standard it was surprising that none of the areas visited, nor the NPD, had developed a default template for writing DTTO proposals into PSRs, thereby enabling this standard to be achieved consistently.

Speed of PSR and DTTO assessment

8.9 The DTTO National Standard requires that PSRs be completed within 15 working days of request by the court and a separate DTTO assessment, if required, within no more than five additional days. The intention of the national standard was that in most circumstances the DTTO assessment would be prepared during the original 15 day remand period and produced within or alongside the PSR, and that the additional adjournment would be required only in exceptional circumstances. In effect, the two documents together should be completed in no more than 20 working days from the original request.

8.10 Table 2 shows the speed of PSR proposal and DTTO assessment.

TABLE 2: Speed of PSR proposal and DTTO assessment as per the DTTO National Standard

	ALL	Lancs	London	Leics & Rut	County Durham	Suffolk	Dorset	North Wales	West Mid
% completed in 20 days or less	20	17	5	62	17	13	8	7	24
% completed in more than 30 days	41	25	50	5	29	69	77	47	24

³⁴ It should be acknowledged that there was some latitude allowed as to whether or not the wording in a report was 'to a sufficiently similar effect' to the relevant requirement, so marking might not have been perfectly consistent. But in the above table, even those that met the requirement 'in part' have been included as having met the requirement, so any failure to meet a requirement was more than a 'technical' failure. In this instance, even a reference in the report to the offender's formal consent was normally sufficient to meet this requirement, so the gap between the samples is significant.

Commentary

- ▶▶ Nationally, performance was well outside the national standard, with just 20% being produced within the required timescale.
- ▶▶ Furthermore, 41% were taking more than 30 working days to produce.
- ▶▶ Leicestershire & Rutland's result, of 62% within 20 working days, was relatively a very good achievement in relation to this challenging standard.

- 8.11 From the file reading exercise it was possible to analyse how long it took to produce the PSR and the DTTO assessment where these were separate documents. Although there were many variations across and even within the eight areas in the process of providing reports for courts, certain patterns emerged. In two-thirds of the cases, PSRs were completed within 15 working days of request, but a sizeable minority were still working to a four week adjournment period. However, only a small number (10%) included a DTTO assessment with the original PSR and so most required a further adjournment.
- 8.12 It was evident that in most areas the additional adjournment was the expected practice and that the 'normal' additional adjournment period was a further three weeks. Nearly half of the additional DTTO assessments took 15 working days or more in addition to the original PSR adjournment. The picture was further complicated in a number of cases by multiple adjournments for a variety of reasons in some magistrates' courts, together with the usual range of scheduling problems at some Crown Courts.
- 8.13 Separate special considerations applied to the arrangements in Dorset where, after a 15 day adjournment for a PSR, suitable cases were in effect given a three week 'trial period,' at the end of which a further assessment confirmed or otherwise their suitability for a DTTO. Offenders were placed on bail assessment on the full DTTO programme during this period and were required to complete detoxification by the time they went back to court. In practice, the full treatment programme was therefore starting within 15 working days of the PSR request, but the formal sentence itself was not being imposed until 30 working days. Those offenders who failed to detoxify during the remand period were normally deemed unsuitable for the order and sentenced in other ways, allowing attention to be given to maintaining abstinence by those accepted onto the programme. This approach, which had much to commend it in many ways, was the main reason why Dorset fell consistently well short against this particular national standard.
- 8.14 Nevertheless, the major factor in these unsatisfactory overall figures was the large proportion of cases that, as a matter of 'normal' routine, went for two adjournments of at least 15 working days each, first for a PSR and second for a DTTO assessment. This was clearly not what had been intended by the relevant national standard. None of the areas visited appeared to have given sufficient consideration to the use of the specific sentence report (SSR) mechanism in these circumstances. Such an approach, if carefully planned and implemented, could reduce a large proportion of the current double adjournments, although undoubtedly some would still be necessary. This topic is revisited under Standard 7.

Criterion: The management of the order, including treatment and testing, meets the national standard particularly in relation to contact levels arranged, the content of supervision, testing arrangements, court reviews and enforcement.

8.15 A range of very demanding requirements came under this criterion. First probation contact had to be arranged for within one working day, first contact with the treatment provider within two working days, and an absolute minimum of 15 hours per week contact for each of the first 13 weeks of the order. In the case of an offender having a second failed appointment without acceptable explanation, the national standard requires that breach contact be initiated within ten working days. There is a national standard for the content of court review reports, dealt with in a separate table further below.

8.16 Table 3 shows areas' performance in relation to contact and enforcement. Again, there were variations between the different standards and also between areas. Furthermore, the fourth row indicates that in five of the eight areas visited, the number of contact hours was not adequately recorded.

TABLE 3: Contact and enforcement as per the DTTO National Standard

	ALL	Lancs	London	Leics & Rut	County Durham	Suffolk	Dorset	North Wales	West Mid
% First probation appointment arranged on time*	76	68	65	96	100	48	73	68	97
% First treatment appointment arranged on time*	69	68	62	93	100	52	85	59	38
First 13 weeks: % 15+hours contact clearly arranged*	16	0	4	0	76	0	53	0	3
First 13 weeks: % level of contact arranged unclear	62	100	88	14	0	94	41	74	80
First 13 weeks: % four+appointments per week clearly arranged	56	88	8	89	100	41	66	9	69
Second 13 weeks: % nine+ hours contact clearly arranged*	19	0	16	21	93	4	42	6	4
% breached ³⁵ on first unacceptable failure	19	4	29	20	4	28	40	10	21
% breached ³⁶ on second unacceptable failure*	49	14	44	68	95	28	62	56	39

* Shows a national standard requirement.

Commentary

- ▶▶ First probation appointments were arranged on time (within one working day of sentence) in 76% of cases, although County Durham, Leicestershire & Rutland and West Midlands all achieved the 90% target.

³⁵ Not necessarily within the ten day deadline required by national standards.

³⁶ Ibid.

- ▶▶ The first appointment with a treatment provider was arranged on time (within two working days of sentence) in 69% of cases.
- ▶▶ In only 16% of cases was it clear that the minimum number of contact hours had been arranged with the offender during the first 13 weeks of the order. County Durham and, to a lesser degree, Dorset were the only areas where a good level of contact was found.
- ▶▶ In 62% of cases the file did not even record clearly the hours per week of contact arranged (or achieved). Poor recording was identified as a particular issue in Lancashire, Suffolk, London, West Midlands and North Wales.
- ▶▶ Of the cases that reached a second unacceptable failure, only 49% resulted in breach action, with County Durham alone demonstrating a rigorous enforcement policy.

8.17 Results against these criteria were therefore very disappointing. In five of the eight areas visited, it was not possible to identify the number of contact hours arranged per week in over 70% of the files read. Hence, HMIP sought to identify whether cases had an average of at least four appointments per week during the first 13 weeks of the order. From the above table it can be seen that London and North Wales achieved this in less than 10% of the area sample of cases.

8.18 Breach action on second unacceptable failure was also well short of the 90% figure. This was clearly a difficult (though not impossible) standard to manage for an order where the offender normally had to report at least once every weekday. Some probation staff pointed out that as cases went to court reviews on a regular basis they felt that, if a court appeared to indicate that a case need not be breached, this made inaction permissible. However, records did not indicate any significant numbers where an explicit decision was made, either by the case manager or by the team manager, let alone the court. Most were simply unclear what decisions if any were taken during the critical period after the second unacceptable failure.

8.19 In contrast, County Durham had clearly overcome most of the problems involved both in meeting and in demonstrating achievement of the key requirements of the national standard, including in relation to breach action. Both Dorset and Leicestershire & Rutland also achieved some success.

8.20 Unlike Dorset, County Durham's programme was based on the harm reduction rather than the abstinence approach. The area had an established model of case management for all types of order including DTTOs, and had published a manual for all staff about what this was to mean in practice, with defined staff roles and responsibilities. The case was allocated to a probation officer (PO) case manager who was responsible for assessment, monitoring and review of all work, and also for all aspects of enforcement. With DTTOs, the PO would delegate work to the drugs intervention team. All DTTOs were expected to go through the Think First accredited programme, with the PO case managers responsible for preparation and involvement in this process in line with the manual, including attendance at review meetings. This approach required clear communications and sound line management, as specified in the practice manual. The DTTO file reading results suggest that the model was implemented effectively.

Court reviews

- 8.21 The DTTO National Standard requires four key elements that should be included within every court review report. Table 4 shows the extent to which these were found in the file reading exercise.

TABLE 4: Content of court review reports (first review)

	ALL	Lancs	London	Leics & Rut	County Durham	Suffolk	Dorset	North Wales	West Mid
% that included: the test results	83	81	62	100	96	61	88	83	94
% that included: views of treatment provider re treatment and testing of offender	82	62	77	96	96	52	94	89	94
% that included: record of offender in keeping all appointments	71	62	62	100	88	71	32	71	90
% that included: assess offender's response to DTTO as a whole	80	85	69	100	83	74	85	57	97

Commentary

- ▶▶ There was room for overall improvement for all four standards, bearing in mind that each standard was missed by a fifth of all reports.
- ▶▶ Leicestershire & Rutland and West Midlands showed a consistent and commendable attainment of over 90% for all four standards.

- 8.22 Second review reports were also analysed, but showed a similar pattern. It was clear that a significant proportion of reports (about a fifth) were not clarifying an offender's attendance or test results. It was difficult to see how the courts could carry out their proper function of reviewing progress without such information.

Criterion: Testing frequency is in line with that specified in the order.

- 8.23 The relevant national standard required that the offender be tested, usually by means of a urine sample, twice per week for the first 13 weeks unless the court decided otherwise, although it was not necessarily a breach of the order to test positive.³⁷

TABLE 5: Testing frequency and results

	ALL	Lancs	London	Leics & Rut	County Durham	Suffolk	Dorset	North Wales	West Mid
First 13 weeks: % two+ tests per week achieved*	24	28	4	20	66	12	51	3	19
% cases with 90+% positive tests	49	68	67	53	16	40	8	47	66

³⁷ Probation Circular 25/2001: *op. cit.* 'Positive tests need to be seen in the context of the offender's overall response to the order. ***Persistent test failures when indicative of a failure to engage with the order or of unsatisfactory progress*** shall lead to the initiation of breach proceedings' (but with HMIP italics).

Commentary

- ▶▶ Although all cases examined were working to the normal expectation of two tests per week in the first instance, only 24% of the cases had an average of two tests or more per week recorded during the first 13 weeks of the order.
- ▶▶ Only County Durham and Dorset achieved the standard with more than half the cases (66% and 51% respectively). These two areas also showed a remarkably different pattern from the others for positive tests, as is discussed further in Standard 8.
- ▶▶ Nearly a half (49%) of all cases tested positive for something in 90% or more of the tests they underwent.

8.24 With many case files poor or unclear record keeping was a factor that almost certainly contributed to insufficient tests being identified. This applied not only to the majority of daily contact records but also to a significant proportion of cases (nearly a fifth) where a logged record of tests was not included in the reports on the offender that went to each court review.

8.25 A further discussion of test results is given under Standard 8.

Criterion: *The needs of women and minority ethnic offenders have been addressed.*

8.26 Of the 238 files read in the eight areas visited, 23% were women, and 7% (13 out of 188) of those with a valid REM code were from a minority ethnic group. It was unacceptable that 21% (50 cases) of the total sample did not have an accessible valid REM code, making it impossible to assess disproportionate impact or identify specific needs in a significant number of cases.

8.27 There was a noticeably higher proportion of misuse of heroin than of cocaine and/or crack among the white offenders (69% to 21%), while among the small number of minority ethnic offenders the two types of drug were abused about equally (50% to 45%).³⁸ With women offenders, when broken down by ethnicity, the proportion of heroin to cocaine users was consistent with that of males in the same broad ethnic groups.

8.28 In relation to the national standard, women and minority ethnic offenders had similar rates of contact and testing arranged to their male and/or white counterparts. Most important of all, there were acceptably similar rates of initiating breach action on second unacceptable failure: the overall rate of 49% broke down into 52% for males and 41% for women and, for the 188 cases with a valid REM code, 48% for white and 40% for minority ethnic offenders.

³⁸ An offender who abused both types of drug would be recorded in both figures and so the total did not have to add up to 100% for this question.

- 8.29 All of the teams interviewed showed good awareness of diversity issues and in most cases operational managers and their team members could give examples of specific interventions to ensure fair access to treatment where either isolation or specific needs was a potential problem. For example, Lancashire had ensured a suitable residential placement for a mother with a young child and also supported a relevant local voluntary group.

Criterion: Staff are held accountable for the standard of service delivery and meeting area targets.

- 8.30 It was evident in the majority of areas visited that the achievement of the DTTO National Standard had not been a priority. Although most senior managers acknowledged the importance of the national standard, the general view was that the main concern hitherto had been simply to get DTTOs up and running. At operational level, the common response was, in effect, that they were too difficult and were not part of their day to day reality. As was indicated above, not only were the contact hours not being achieved in five of the eight areas visited, but in the majority of cases the actual hours were not even being recorded.
- 8.31 HMIP found that a number of factors had contributed to the slowness by areas to focus on the DTTO National Standard. It had only been published four months after the launch of DTTOs. The requirements were challenging and needed systems of recording that were not yet available within the existing national information technology (IT) infrastructure. It was understandable that the first priority had been to get DTTOs launched and to establish the finance and partnership arrangements. Nevertheless, it was unacceptable that more areas had not, by April 2001, found ways of ensuring that their DTTO staff were at least recording contact hours and test results in a systematic way, as a first step in holding staff accountable. It would then have been possible to establish a plan for achieving the new DTTO National Standard at an earlier stage.
- 8.32 There was encouraging evidence that this approach was changing in some of the areas visited. For example, Lancashire had appointed a new senior manager in the autumn of 2001, who by the early spring 2002 had identified the problems and had gained approval for a plan to put the scheme there on course. This included addressing record keeping.
- 8.33 A number of the other areas too, such as Dorset and Suffolk, were tackling the problem of record keeping, caused in part by the inadequacy of nationally provided case management and recording systems. They were devising local systems of spreadsheets and similar systems to record hours of contact arranged and hours of contact achieved, and improving systems for exchanging information with treatment providers so that, for example, test results could be recorded systematically in the case manager's file.
- 8.34 In the light of these shortcomings, the encouraging aspects to the progress achieved to date by Leicestershire & Rutland and by Dorset, and in particular the excellent performance demonstrated by County Durham, were notable achievements.

Overall findings for Standard 6: Service delivery

- 8.35 The 238 case files from the eight probation areas collectively showed a disappointing level of achievement of the DTTO National Standard, though one area, County Durham, did particularly well.

Strengths

- County Durham was able to demonstrate a satisfactory level of achievement of the key elements of the DTTO National Standard as were, albeit to a lesser extent, Dorset and Leicestershire & Rutland.

Areas for improvement

- Some areas had not given a sufficiently clear focus on implementation of the DTTO National Standard.
- Substantial difficulties with case management and record keeping needed to be overcome so that the level of achievement could be measured.

Recommendation

Boards should ensure that DTTOs are being implemented as required and that progress against all targets can be demonstrated.

9. STANDARD 7: Communication with sentencers

Description of Standard 7:

Sentencers are clear about the purpose of the order and systems are in place to obtain feedback on their satisfaction with arrangements for assessments and reviews.

Criteria:

- ✓ *Magistrates and judges have been provided with information to enable them to make DTTOs in appropriate cases.*
- ✓ *The opinion of magistrates and judges has been sought on their satisfaction with the availability and management of DTTOs or there are plans in place to seek such feedback.*
- ✓ *Sentencers have been consulted about arrangements for providing feedback on the outcomes of DTTOs in general.*

- 9.1 This chapter considers whether sentencers were clear about the purpose of the order and had been provided with sufficient information to enable them to make DTTOs in appropriate cases. It examines their experience of the systems in place to obtain feedback about the availability, management and outcomes of the orders.

Criterion: *Magistrates and judges have been provided with information to enable them to make DTTOs in appropriate cases.*

- 9.2 In each of the eight areas visited probation staff had been able to give a good account of the information they had disseminated about the new sentence to magistrates and judges in their area. All the sentencers interviewed reported that they had attended probation-led events. Drug dependency was recognised as being an intractable problem and they readily accepted the probation service and its partners as experts in dealing with it. It was reassuring to learn that they felt that they had been well briefed about the purpose of DTTOs and understood for which offenders they were likely to be suitable.
- 9.3 Resident judges and district judges reported reading the relevant legislation and Home Office circulars. Lay magistrates were also briefed by their clerk but said that they had not received any separate guidance from the Lord Chancellor's Department nor, to their knowledge, had any been produced.
- 9.4 Sentencers were generally satisfied with the quality of the DTTO assessment reports they received in order to help them decide upon sentence in individual cases. They trusted probation and treatment staff in offering judgements on suitability,

without exception stating that they would not make an order without the offender satisfying the relevant assessment criteria.³⁹

- 9.5 Timeliness of DTTO assessments was of some concern for courts who were focusing sharply on their own targets for speed of process. As was noted under Standard 6, 41% of assessments took over 30 working days from the date of the original request for a PSR. One district judge pointed out that a 'stand-down' report might indicate to the court whether or not a case should be adjourned for a full assessment. It should be feasible for a writer of SSRs to form a preliminary view of whether or not a case should be remanded for a PSR and full DTTO assessment. As already outlined under Standard 6, this possibility could be considered in areas where two 'normal' adjournments have hitherto been routine.
- 9.6 However, these concerns about timeliness were not widespread. Other courts were prepared to be patient, especially where there was a clear specific purpose to any second adjournment, such as in Dorset, where it served as an explicit three week trial period.⁴⁰

Criterion: The opinion of magistrates and judges has been sought on their satisfaction with the availability and management of DTTOs or there are plans in place to seek such feedback.

- 9.7 Few of the sentencers interviewed had been asked by their local probation area if they were satisfied with the availability and management of DTTOs and no specific plans were identified for seeking such feedback. During the course of the inspection, sentencers in Southwark (London) were alone in expressing concern about the availability of DTTOs, arising from a period in 2001 when they had not been able to pass the new sentence. There had been an operational problem for the London Probation Area at the time which, although subsequently overcome, had clearly damaged sentencer confidence there.
- 9.8 Elsewhere, there were some local issues of detail, but sentencers were generally quite satisfied with the availability and overall management of DTTOs. A broadly high level of confidence was expressed in the probation service as a whole; in particular personalised on a number of individuals with whom sentencers had had contact whom they perceived as 'charismatic experts' in drug-related matters.
- 9.9 The specific issue of court reviews was the subject of a wide range of different opinions expressed by sentencers on various matters of detail. Some preferred an informal approach, with a judge handling the review in chambers. Others, who expressed concerns that their sentencing role might otherwise be compromised on a future occasion, preferred a more formal format, wigged and gowned in Court. And there was a range of other models in between these two extremes.

³⁹ Nevertheless, HMIP came across one such example on its visit to London, where the offender was in full-time employment and the court imposed a DTTO against the proposal made in the PSR.

⁴⁰ Dorset's system of, in effect, having a trial period of supervision and treatment for three weeks before imposing the order, was outlined under Standard 6.

- 9.10 There were also a number of different procedures governing the review hearings. In one area a single judge presided over all hearings but, in many others, the practical considerations of organising rotas usually meant such continuity was not possible. The variation in the arrangements for both staffing and conducting the court review hearings was a matter for the Lord Chancellor's Department, as was the need for central guidance. These arrangements had an impact on the probation service because the staffing of review hearings was very resource intensive, especially where they were conducted in Crown Courts at some distance from the supervising probation area.
- 9.11 A number of sentencers expressed concerns about the limitations of the powers of the review courts, which had been specifically designed to be 'lawyer-free.' One consequence was that review courts had no powers to deal with breach or issue warrants in cases of non-attendance. It was accepted that there was no way round this as, if a DTTO review court were to have the power to conduct breach proceedings, legal representation of the offender would then be necessary.
- 9.12 Yet even where a sentencer presiding at a review made a clear observation that breach proceedings should be instigated, they had no means of being sure that the action would then take place. This was less of a problem where the same sentencer sat consistently at successive hearings and, indeed, in Lancashire the senior probation officer (SPO) maintained a monitoring system to ensure such cases were followed up as appropriate. Such practice was not often observed and could be adopted by other areas.
- 9.13 Some sentencers reported that a number of the review reports received from the probation service lacked sufficient information to be clear about the extent of the offender's progress. The file reading provided support for this view, with a significant number of the reports lacking clear details of the number of appointments arranged and achieved, tests completed and how many were positive and for what substances. This issue, as already identified, needed to be addressed by areas.
- 9.14 In the majority of the areas visited sentencers were aware that offenders were often having positive drug tests. Some sentencers expressed discomfort with this, feeling that they were in a sense condoning drug taking. Others also appeared uncertain about at what point the offender should be testing negative or the order should be considered to have failed. It was significant that there was a higher level of sentencer satisfaction with the part played by testing in the management of the order in Dorset, the only area visited to operate an abstinence-based model.
- 9.15 Overall, therefore, sentencers expressed a number of concerns about the court review process but, in the main, did not direct these at the NPS. Nevertheless, their comments highlighted issues which probation areas should address, namely the timeliness of PSRs, weak review reports and unclear enforcement.

Criterion: Sentencers have been consulted about arrangements for providing feedback on the outcomes of DTTOs in general.

- 9.16 None of the sentencers interviewed had been offered aggregated information on DTTOs in their local area. A small number were concerned about this shortcoming, as they would have liked to receive information about the extent to which DTTOs were effective. Some would also have liked feedback about the outcome of breach hearings, usually dealt with by colleague sentencers.
- 9.17 Although it would not have been feasible for any area to produce a detailed statistical analysis in the first year or so, when very few orders would have been completed, the lack of information for sentencers, along the lines indicated above, was a disappointing finding.
- 9.18 Fortunately, the sense of confidence expressed by sentencers in the probation service did not appear to be seriously undermined by this shortcoming.

Overall findings for Standard 7: Communication with sentencers

Strengths

- Sentencers expressed a good level of satisfaction with both the principle and the practice of DTTOs, despite a small number of local operational difficulties and issues.
- They felt well briefed about the progress of individual cases.

Areas for improvement

- PSRs with DTTO assessments took too long to prepare.
- Some court review reports on DTTO cases were insufficiently detailed to provide sentencers with an adequate picture of the offender's progress.
- Sentencers would have liked more aggregated information about the success of DTTOs in general in their area.

Recommendations

The National Director should improve performance by developing a management framework for DTTOs, including the use of performance information, particularly in aggregated form, in informing sentencers, key partners and other stakeholders.

The National Director should review the use of second adjournments for DTTO assessments.

Boards should develop a systematic approach for liaison with local courts, including sentencer satisfaction with the provision for DTTOs and the court review process.

10. STANDARD 8: Results

Description of Standard 8:

Expected results have been defined, are being monitored and progress is demonstrated.

Criteria:

- ✓ *Expected results have been defined and are clearly understood by staff.*
- ✓ *Monitoring arrangements are in place.*
- ✓ *Performance reports are produced.*
- ✓ *Performance reports are used by managers to monitor progress against targets and identify areas for improvement.*
- ✓ *Results are communicated to partners and stakeholders.*

10.1 This chapter considers whether results had been defined and were clearly understood by staff, monitoring arrangements were in place and performance reports were being used to check progress and identify areas for improvement.

10.2 The inspection considered work undertaken at both national and local levels. Results were identified under the following headings:

- DTTO commencements
- the DTTO National Standard
- other monitoring requirements
- other results/measures defined locally.

10.3 Although the achievement of national standards has been discussed in some detail under Standard 6, the performance management of them as a 'defined result' is included under this standard.

Criterion: *Expected results have been defined and are clearly understood by staff.*

DTTO commencements

10.4 As a consequence of the Comprehensive Spending Review (CSR), under an SDA with the Treasury, £36 million funding in total was allocated to the NPS for 6,000 DTTOs commencing in the year 2001/2002. These funds were disseminated to the then 54 probation services late in 2000 as part of the budget settlement for the year

ahead.⁴¹ In May 2001 the National Director made it clear in a publicised address to all COs and Chairs that achieving the required number of orders was a priority for the NPS. Each probation area was allocated its local commencement target as its required contribution towards the national figure.

- 10.5 COs, Chairs and senior managers in all of the eight areas visited demonstrated a high level of awareness of the importance of achieving the target. Several referred specifically to the National Director's address on the subject, some saying that not until then had they appreciated its importance. There was less recognition at lower levels in the organisation. It was perhaps not entirely remarkable that practitioners (including those who were members of specialist DTTO teams) were uncertain about the precise target figure for their local area or team. However, it was disappointing that many were vague about the existence of a target at all and, therefore, had little awareness about its importance and its relevance to their work.

The DTTO National Standard

- 10.6 Once the decision to roll-out DTTOs nationally had been announced in June 2000 it had been necessary to define the national standard for the new order. This work was undertaken promptly bearing in mind the adverse circumstances of the time. A first draft was put before a consultative workshop in October 2000, a second draft led to further comments by correspondence at the turn of the year, and the national standard was published in a Probation Circular in February 2001.⁴²
- 10.7 However, having published the standard, the NPD then did little more to ensure that it was widely understood. It was also evident that few probation areas made it clear to their staff that the new national standard represented a defined result that the area needed to demonstrate that it was achieving.

Other monitoring requirements

- 10.8 During 2001 the NPD developed a system of DTTO monitoring returns that areas were required to submit on a monthly basis. Items of management information such as the number of referrals, assessments, and breaches initiated were collected each month. Whilst important for management information nationally, these did not however constitute a 'defined result'.

Other results/measures defined locally

- 10.9 There were few examples of such measures. London, County Durham and Leicestershire & Rutland had commissioned their own evaluation, but this work was still at the early stages at the time of the inspection. In Dorset, the area had some ideas for intermediate outcome measures and the main treatment provider conducted its own outcome evaluation, but this work had not resulted in the area formally adopting a new and additional 'defined result'.

⁴¹ See Probation Circular 92/2000: *op. cit.*

⁴² Probation Circular 25/2001: *op. cit.*

Criterion: *Monitoring arrangements are in place.*

DTTO commencements

- 10.10 The arrangements to monitor these both locally and nationally started late in 2000 and had become established practice during 2001/2002.

The DTTO National Standard

- 10.11 No arrangement to monitor the standard nationally was yet in place, although there was good evidence of planning by the NPD aimed at adding DTTOs to the existing monthly monitoring of other national standards, to take effect from late 2002. Locally, none of the eight areas visited had, as yet, their own system for monitoring achievement of the DTTO National Standard. As already discussed under Standard 6, some areas did not even record in the files the necessary basic information, for example the number of hours contact arranged each week.

Other monitoring requirements

- 10.12 The NPD established during 2001/2002 the collection of useful data about the DTTO process. In August 2002 Research, Development and Statistics (RDS) was completing an analysis of the monitoring returns received, providing a valuable source of secondary management information.

Other results/measures defined locally

- 10.13 No examples were identified of other local measures being formally monitored on a regular basis.

Criterion: *Performance reports are produced.*

DTTO commencements

- 10.14 During 2001/2002 the NPD established a regular performance report that included each of the 42 areas' achievements against the commencement target, as well as that of the NPS as a whole, with the fourth edition providing the final end-of-year picture. At the end of 2001/2002, the NPS as a whole had achieved 81% of the required target, with 14 of the 42 individual areas achieving their area contribution to the target. Each of the areas visited was also regularly reporting to its Board, in a variety of formats, on local performance against the target. Dorset, Leicestershire & Rutland and North Wales were the three areas visited that were at or above the required target, while the other five were below.

The DTTO National Standard

- 10.15 With no monitoring arrangements in place, there were no performance reports for the national standard either nationally or locally.

Other monitoring requirements

- 10.16 Not applicable, as no performance results had as yet been defined from these data.

Other results/measures defined locally

- 10.17 Not applicable, as no performance results had as yet been defined under this heading by any of the eight areas visited.

Criterion: Performance reports are used by managers to monitor progress against targets and identify areas for improvement.

DTTO commencements

- 10.18 Nationally, the performance reports enabled the NPD to identify which of the probation areas were contributing effectively to the national target. Informed by these reports, the NPD, from the Director working through the team of regional managers, was able to ensure that Boards were under pressure to improve and deliver.
- 10.19 Locally, the Boards in most of the areas visited took seriously their task in holding managers to account, although some senior and operational managers were clearly more focused and able than others to identify the factors that needed to be overcome in order to achieve the target. Some, such as in London, knew that early messages to courts that high costs made DTTOs a 'rationed' sentence had perhaps led to an overly-cautious approach by PSR writers and by sentencers alike. These criteria could now reasonably be relaxed to enable a higher number to be referred and sentenced, although the mechanism for achieving this in practice was not clear.
- 10.20 In County Durham, the Offender Assessment System (OASys) had helped the area to overcome the assessment and referral problem following its introduction (as a national pilot) there in late 2001. It became established practice that a DTTO assessment would be undertaken where an offender scored above a certain figure for drug-related behaviour. As a consequence, it was encouraging to note that in the period following the introduction of OASys in the area, County Durham's monthly rate for commencements (49 in six months) was in keeping with its annual target of 80.

The DTTO National Standard

- 10.21 Not applicable, in the absence of any performance monitoring or reports.

Criterion: Results are communicated to partners and stakeholders.

DTTO commencements

- 10.22 In DATs and JCGs, most partners were aware of the commencement targets required of their probation service colleagues, but were only being kept informed about the results being achieved by a number of areas. The sentencers interviewed were, as a whole, aware in general terms that there was a government target, but had not received information about the results achieved.

Other outcome measures

- 10.23 Most partners and stakeholders, including sentencers, were not receiving any aggregated information from either the local area or from the NPD about what was being achieved with DTTOs. This represented a missed opportunity, with both the courts in terms of external relations, and with the DATs and JCGs in building a business case for future bids to the pooled treatment budget.

An additional possible outcome measure: negative drug tests

- 10.24 Frequency of drug testing has been discussed in Standard 6. It should be noted that testing positive was not in itself necessarily a breach of the order. This inspection therefore collected some data about test results for general background information purposes only. The file readers were asked to count the number of tests recorded as having taken place during the first six months of the DTTO, and then were asked to note how many of these were positive.
- 10.25 There were many caveats to be made about these data. The first two were often made by practitioners: tests do not measure reductions in drug use, only whether or not the substance is there; and a high level of positive tests was to be expected from long-term drug users undergoing a long-term harm reduction programme. Next it was important to note that offenders were being tested for a range of substances, including methadone, and offenders who were on a prescribed methadone maintenance and/or reduction programme inevitably tested positive. Finally, the records available to the file readers at the inspection (the same as were available to case managers) were of variable quality in terms of showing in a systematic manner the test results and substances involved.
- 10.26 Despite these reservations, some striking patterns emerged. In the sample as a whole, not only were most tests positive, as was largely expected, but virtually a half (49%) of cases had tested positive in 90% or more of the tests they had undergone. Although at first sight disappointing, it could be argued that this would be the expected pattern during the first six months of an order.
- 10.27 However, the significantly lower rates of positive testing in both County Durham and Dorset, where the comparable figures were 16% and 8%, showed that improved rates of positive testing were achievable. Closer analysis showed some differences

in detail between these two areas which (after allowing for the incomplete data collected from Dorset) seemed to reflect the different treatment programmes.

- 10.28 Dorset's abstinence-based programme required that offenders were drug-free by the end of their three week period of bail assessment, and so most cases actually started their DTTO with regular negative tests. If they relapsed, they almost always lost their place on the programme and this often then led to early breach action. The overall effect of this approach was that two-thirds of DTTO cases in Dorset tested positive in less than 20% of instances. This was an impressive achievement, indicating what could be achieved with an abstinence-based model. It should be noted that even though Dorset selected out its 'potential failures' before the order was even made, the area still achieved its commencement target for 2001/2002.⁴³
- 10.29 County Durham's 'pathway' was less immediate, with half their cases testing positive in 50% of instances, but still much better than the national average in this inspection. But unlike Dorset, County Durham's treatment programme was closer to the harm reduction model used by most other areas. Hence, in relation to test results, a more interesting question arises. County Durham had a highly integrated clear system for managing and enforcing cases to national standards; was this a direct cause of their comparatively low rate of positive test results?
- 10.30 There has been a recurring theme in work with offenders: that in order to avoid the danger of asking too much from them, probation and allied staff have not asked enough.⁴⁴ Now, it is perhaps possible that sometimes not enough demands are being made on offenders to meet contact requirements and to achieve negative tests. Although it will be important to avoid going to the opposite extreme of unrealistic expectations, or indeed to use negative testing as too simple a performance indicator, there appears to be opportunities to establish negative testing more clearly as one of the aims of supervision. Consequently, it might become a useful item of secondary management information for areas to consider collecting and using with courts and other stakeholders.

Future possible outcome measures

- 10.31 As a result of the timing of the inspection the number of 'normally' terminated cases was, as expected, too small to represent any statistically significant sample. Nevertheless, they provided an opportunity to identify secondary additional outcome measures. Questions were devised to identify the extent to which offending and drug spend had decreased since the beginning of the order, or even if there had been a period during the order that these had been reduced. Although the results were not collated, these indicators offered some potential as secondary measures of what DTTOs were achieving alongside more established factors, such as whether or not

⁴³ This in turn raised the question of whether Dorset was targeting its DTTOs on less serious cases than other areas, but although it was not the formal task of this inspection to evaluate this, the available evidence suggested that offenders on DTTOs in Dorset were comparable with offenders on DTTOs elsewhere.

⁴⁴ This happened in the 1970s and 1980s when many probation staff felt that it was unrealistic for offenders to be expected to find employment.

there had been an improvement in an offender's accommodation or employment status while under supervision.

- 10.32 One other approach was suggested in outline form by Dorset: the concept of 'weeks/months of successful DTTO supervision'. There was evidence from the evaluation of the pilots that the weekly spend on drugs decreased significantly while the offender was under DTTO supervision and treatment. Hence each week or month of successful supervision could be seen as representing an 'average saving' to the public that could be offset against the relatively high unit costs for the order. Although this had not been developed in practice by the area, there would appear to be some potential in recording aggregate months of successfully completed DTTO supervision as an outcome measure.

Overall findings for Standard 8: Results

Strengths

- A target for DTTO commencements had been set nationally late in 2000 and made a priority in May 2001.
- At the end of 2001/2002 the NPS as a whole had reached 81% of the required target, with 14 of the 42 individual areas achieving their area contribution to the target.

Areas for improvement

- Greater attention needed to be given to achieving the DTTO National Standard.
- Insufficient information was available to measure area's performance other than this inspection's file reading exercises.
- No results in terms of outcomes had as yet been set nationally.
- With a few exceptions, insufficient evidence was being collected to measure what outcomes DTTOs were achieving.

Recommendations

The National Director should improve performance by developing a management framework for DTTOs, including:

- *a range of targets focused both on compliance with the DTTO National Standard and performance outcomes*
- *the use of performance information, particularly in aggregated form, in informing sentencers, key partners and other stakeholders.*

11. Overall conclusion: 'A long way in a short time'

- 11.1 In June 2000 the probation service nationally was faced with the demanding task of implementing the new DTTOs in exceptionally challenging circumstances. In the two years after that date the NPS had progressed a creditable distance.
- 11.2 DTTOs were launched, mainly on time, during a period of difficult change. Complex partnership and funding arrangements were implemented, also during difficult times, and were then revised successfully in response to a change to the arrangements in England. Although the evidence was thin about what had been achieved with DTTOs so far, the required quantity of DTTO commencements was starting to come into place.
- 11.3 Although more could have been achieved in some respects, such as measurable results, in others the progress was as much as was feasible in the circumstances. Accordingly, although it was very clear indeed that there was still a long way to go before the NPS could demonstrate that it had implemented DTTOs successfully, it was certainly also fair to say that it had come 'a long way in a short time'.

Appendix A: How the inspection standards and criteria relate to the EEM criteria

Standards & Criteria	EEM criteria
<p>Standard 1: Implementation of national policy The national policy for the provision of DTTOs is being implemented and monitored.</p> <ul style="list-style-type: none"> The policy clarifies the responsibilities of probation areas and the funding mechanisms established for the delivery of services in collaboration with provider agencies. Arrangements are in place to monitor policy implementation and evaluate outcomes. <p>Standard 2: Area strategy A strategic plan has been established at area level to implement national policy The strategy:</p> <ul style="list-style-type: none"> is consistent with the government's drugs policy secures provision of services through the national funding arrangements identifies the specific responsibilities of probation staff states how the targets for DTTO commencements are to be achieved establishes benchmark criteria against which progress can be measured identifies and establishes the arrangements for monitoring and for reporting on performance gives attention to diversity. <p>Standard 3: Governance arrangements The Board has identified its information needs and established arrangements for holding managers to account for performance in the delivery of DTTOs.</p> <ul style="list-style-type: none"> Effective monitoring arrangements have been implemented. The Board has specified the information it requires and receives regular reports on progress towards meeting national and area targets. Monitoring reports are used to hold managers to account for performance. 	<p><u>EEM criteria relevant to Standards 1-3:</u></p> <p>2. Policy and Strategy – ‘How the organisation implements its vision via a clear stakeholder focused strategy, supported by relevant policies, plans, objectives, targets and processes’.</p> <p><i>2d: Policy and Strategy are deployed through a framework of key processes.</i></p> <p><i>2e: Policy and Strategy are communicated and implemented.</i></p>
<p>Standard 4: Management and partnership arrangements Management arrangements support a high standard of service delivery and clear lines of accountability are in place.</p> <ul style="list-style-type: none"> A local protocol has been agreed for the supervision of DTTOs between the probation area and the treatment providers. Joint commissioning arrangements are in place and working effectively. The framework for the provision of services has been agreed with DAT partners. There is an agreed system for reviewing and amending operational arrangements with partner agencies, including a protocol for dispute resolution. <p>Standard 5: Financial Arrangements Shared funding and accounting arrangements with the DAT are working efficiently and effectively and enable costs to be measured against value for money criteria.</p> <ul style="list-style-type: none"> Effective accounting arrangements have been established with the health authority. The service can account for the expenditure of DTTO funds. The proportion of expenditure spent on treatment, testing and infrastructure costs can be measured. The unit cost per order of DTTOs can be measured. 	<p><u>EEM criteria relevant to Standards 4-5:</u></p> <p>4. Partnerships & Resources – ‘How the organisation plans and manages its external partnerships and internal resources in order to support its policy and strategy and the effective operation of its processes’.</p> <p><i>4a: External partnerships are managed.</i></p> <p><i>4b: Finances are managed.</i></p>

<p>Standard 6: Service delivery DTTOs are supervised to the national standard.</p> <ul style="list-style-type: none"> • Suitability for a DTTO is assessed jointly by probation and treatment staff. • The PSR proposal for a DTTO addresses all the requirements specified in the national standard. • The management of the order, including treatment and testing meets the national standard, particularly in relation to contact levels arranged, the content of supervision, testing arrangements, court reviews and enforcement. • Testing frequency is in line with that specified in the order. • The needs of women and minority ethnic offenders have been addressed. • Staff are held accountable for the standard of service delivery and meeting area targets. <p>Standard 7: Communication with sentencers Sentencers are clear about the purpose of the order and systems are in place to obtain feedback on their satisfaction with arrangements for assessments and reviews.</p> <ul style="list-style-type: none"> • Magistrates and judges have been provided with information to enable them to make DTTOs in appropriate cases. • The opinion of magistrates and judges has been sought on their satisfaction with the availability and management of DTTOs or there are plans in place to seek such feedback. • Sentencers have been consulted about arrangements for providing feedback on the outcomes of DTTOs in general. 	<p><u>EEM criteria relevant to Standards 6-7:</u></p> <p>5. Processes – ‘How the organisation manages, designs and improves its processes in order to support its policy and strategy and fully satisfy, and generate increasing value for its customers and other stakeholders’.</p> <p><i>5a: Processes are systematically designed and managed.</i></p> <p><i>5b: All processes are improved, as needed, using innovation in order to fully satisfy and generate increasing value for customers and other stakeholders.</i></p> <p><i>5e: Customer relationships are managed and enhanced.</i></p>
<p>Standard 8: Results Expected results have been defined, are being monitored and progress is demonstrated.</p> <ul style="list-style-type: none"> • Expected results have been defined and are clearly understood by staff. • Monitoring arrangements are in place. • Performance reports are produced. • Performance reports are used by managers to monitor progress against targets and identify areas for improvement. • Results are communicated to partners and stakeholders. 	<p><u>EEM criteria relevant to Standard 8:</u></p> <p>9. Key Performance Results – ‘What the organisation is achieving in relation to its planned performance’.</p> <p><i>9a: Key Performance Outcomes – (the key results, e.g. against targets).</i></p>

Appendix B:

HM INSPECTORATE OF PROBATION AND NATIONAL PROBATION DIRECTORATE

MONITORING OF NATIONAL STANDARDS (REVISED 2000) AND EFFECTIVENESS OF SUPERVISION

DRUG TREATMENT & TESTING ORDER: NATIONAL STANDARDS AND QUALITY CHECKLIST

THEMATIC INSPECTION 2002

Notes:

- For questions with several options, please circle one answer (except where multiple answers permitted).
- In counting working days from one event to another, treat 'day one' as the first working day after the first event, but include the day of the second event in the count. So e.g. the day of the court order should not be counted but the day of the appointment should. Do not count Saturdays, Sundays or public holidays as working days.
- If information as to compliance with the standard is not clear, record this as the standard not having been met, on the basis that the information should be clearly recorded.
- Monitoring of commencement cases should cover all questions other than those marked '(T)'. Monitoring at termination should cover all questions including those marked '(T)'.

Probation area code (as form 20) ..
[Data period – NOT REQUIRED] ..
Name of file reader ..
[Team code – NOT REQUIRED] ..
[Officer code of supervising officer – NOT REQUIRED] ..

Date of commencement of order d ___/m___/y___
(T) Date of termination of order d ___/m___/y___

1. Offender's reference code ..

2. Gender of offender (please circle) M / F

3. Offender race/ethnicity code (standard old or new character code, as set out in guidance –
should be on printout) ..

4. Age of offender (at commencement) (write in numbers) .

5. Type of concurrent order, i.e. imposed on same day as DTTO (You may circle more than one):

NONE 1
COMMUNITY REHABILITATION ORDER (CRO) WITH NO ADDITIONAL REQUIREMENTS 2
CRO WITH RESIDENCE REQUIREMENT (OTHER THAN FOR RESIDENTIAL TREATMENT) 3
CRO INCLUDING REQUIREMENT FOR ACCREDITED PROGRAMME 4
CRO WITH ADDITIONAL REQUIREMENT(S) OTHER THAN A RESIDENCE REQUIREMENT OR FOR ACCREDITED
PROGRAMME 5
COMMUNITY PUNISHMENT ORDER 6

If any other additional requirement(s), write wording as on order or summarise

6. Length of DTTO (months) (write in numbers)

- | | | | |
|----|--|---|------------------|
| 7. | Is this a case from a register of offenders who pose a risk of causing serious harm to the public or to victim(s)? | Yes
No
Unclear | 1
2
3 |
| 8. | Main type of drug abused by this offender:
<i>(You may circle more than one answer)</i> | Heroin
Cocaine/crack
Amphetamines
Other (please write name of drug(s) below) | 1
2
3
4 |

DTTO Assessment and Proposal

<p>9. Format of DTTO Assessment: In what form was the DTTO assessment submitted to the Court? [Choose <u>One</u> answer that applies]</p>	<p>Either <u>in or with the PSR</u> for the current offence, meeting the national standard (could be integrated, <u>or</u> in a linked assessment or addendum) Any <u>other</u> report form (e.g. SSR), not meeting the national standard requirement for a PSR</p>	<p>1 2</p>
<p>10. Timeliness of DTTO Assessment: <u>When</u> was the DTTO assessment completed? [<u>One</u> answer only – choose highest on list if more than one applies]</p>	<p>Within 15 working days¹ of the original request for the PSR Within 5 working days¹ of the presentation of the PSR <u>More than 20</u> working days¹ after the original request for the PSR Not clear</p>	<p>1 2 3 4</p>
<p>11. State the number of working days¹ from the date of request <u>for the PSR</u> to its completion (write number in box, and where no PSR write 'N/A')</p>		
<p>12. State the number of working days¹ from the date of request <u>for any separate DTTO Assessment</u> to its completion (write number in box – where DTTO Assessment included in PSR write '0' and where no PSR write 'N/A')</p>		
<p>¹For counting purposes <u>here and throughout National Standards:</u> a) 'Working days' means excluding weekend days and bank holidays, even if work is undertaken on those days, and so on b) The first date (e.g. of report requested or sentence/commencement) is 'Day zero,' the <u>next</u> working day is 'Day 1,' c) The date of the required action being taken (e.g. of report completion or appointment arranged) <u>IS</u> included in the count. d) 'Within 15 working days' means on or before the 15th working day, following the above rules.</p>		
<p>13. Content of PSR: (<u>'PSR' here and below means including any linked DTTO Assessment</u>) Did the PSR include: A statement that the offender has been assessed by probation <u>and</u> treatment staff² as dependent upon or having a propensity to misuse drugs and as being susceptible to the kind of treatment being proposed?</p>	<p>Yes, met this national standard (NS) criterion clearly and in full Not fully: met this NS criterion only in part No, did not meet this criterion Not clear</p>	<p>1 2 3 4</p>
<p>14. Did the PSR include: A treatment plan, including the name and address of the treatment provider,² and whether the treatment will be residential or non-residential?</p>	<p>Yes, met this NS criterion clearly and in full Not fully: met this NS criterion only in part No, did not meet this criterion Not clear</p>	<p>1 2 3 4</p>
<p>15. Did the PSR include: Confirmation that arrangements for this treatment are in place?</p>	<p>Yes, met this NS criterion clearly and in full Not fully: met this NS criterion only in part No, did not meet this criterion Not clear</p>	<p>1 2 3 4</p>
<p>16. Did the PSR include: The suggested length of the order, having taken into account the views of the treatment provider?²</p>	<p>Yes, met this NS criterion clearly and in full Not fully: met this NS criterion only in part No, did not meet this criterion Not clear</p>	<p>1 2 3 4</p>
<p>17. Did the PSR include: A signed statement from the offender that the requirements of the order and the consequences of a failure to comply have been fully explained by the responsible officer and confirming that the offender is willing to comply with the order?</p>	<p>Yes, met this NS criterion clearly and in full Not fully: met this NS criterion only in part No, did not meet this criterion Not clear</p>	<p>1 2 3 4</p>
<p>18. Did the PSR include: A proposal for the minimum frequency of drug testing and of court review hearings to be specified in the order?</p>	<p>Yes, met this NS criterion clearly and in full Not fully: met this NS criterion only in part No, did not meet this criterion Not clear</p>	<p>1 2 3 4</p>
<p>19. Where there is a need for a residence requirement (other than for residential treatment), did the PSR include: A proposal that a CRO be made alongside the DTTO and an explanation of the reasons why this residence requirement is deemed necessary?</p>	<p>Yes, met this NS criterion clearly and in full Not fully: met this NS criterion only in part No, did not meet this criterion Not clear Not applicable</p>	<p>1 2 3 4 5</p>
<p>² Note that in some probation areas the probation service itself might be the 'treatment provider'.</p>		

Contact, compliance and enforcement

<p>20. Promptness of first probation appointment arranged:³ Was the first appointment with the probation service <u>arranged to take place</u> for within <u>one</u> working day¹ of the making of the order?</p>	<p>Yes, No</p>	<p>1 2</p>
<p>³<i>Appointments arranged: Appointments should be counted here (and further below) as 'arranged' whether they are defined all at one time (e.g. 'every weekday from 1 May from 10.00 am until 3.00 pm for the next 13 weeks') or made one at a time - e.g. at each appointment the next appointment is made. This applies to other references to 'appointments arranged'.</i></p>		
<p>21. Promptness of first probation appointment achieved:⁴ Did the first appointment with the probation service <u>take place</u> within one working day¹ of the making of the order?</p>	<p>Yes No</p>	<p>1 2</p>
<p>⁴<i>Appointments achieved: If an offender turns up at the office without an appointment but a member of staff sees them for a substantive interview this should be counted here (and further below) as an appointment taking place. This applies to other references to 'appointments taking place' or 'attended'.</i></p>		
<p>22. Promptness of first treatment provider² appointment arranged:³ Was the first appointment with the treatment provider² <u>arranged to take place</u> for within <u>two</u> working days¹ of the making of the order?</p>	<p>Yes, and was made before offender left court Yes, but not before offender left court No</p>	<p>1 2 3</p>
<p>23. Promptness of first treatment provider² appointment achieved:⁴ Did the first appointment with the treatment provider <u>take place</u> within two working days¹ of the making of the order?</p>	<p>Yes No</p>	<p>1 2</p>
<p>24. Level of total contact arranged DURING first 13 weeks of the order: Counting all contact, including treatment, what level of total contact was <u>arranged</u> to take place by the end of the first 13 weeks of the order? Divide the total hours arranged by the total number of weeks⁵ [Select one/highest only]</p>	<p>An average of 20 or more hours per week⁵ An average of 15 or more hours per week⁵ An average of 10 or more hours per week⁵ An average of less than 10 hours per week⁵ Not clear</p>	<p>1 2 3 4 5</p>
<p>⁵<i>Count the first 13 weeks of the order or to termination if sooner; or up to any explicit decision to cease offering appointments while breach action was underway because the offender was uncooperative/disruptive and that for these or other similar reasons it was clear that no useful purpose would be served by offering further appointments. The count of weeks for questions 24-27 should also exclude if relevant:</i></p> <ul style="list-style-type: none"> - any week where the offender was in custody - any periods of medically certificated sickness of more than two consecutive weeks. 		
<p>25. Level of total contact achieved DURING first 13 weeks of the order: Counting all contact, including treatment, what level of total contact was <u>achieved</u> by the end of the first 13 weeks of the order?⁵ [Select one/highest only]</p>	<p>An average of 20 or more hours per week⁵ An average of 15 or more hours per week⁵ An average of 10 or more hours per week⁵ An average of less than 10 hours per week⁵ Not clear</p>	<p>1 2 3 4 5</p>
<p>26. Level of total contact arranged AFTER the first 13 weeks of the order: Counting all contact, including treatment, what level of total contact was <u>arranged</u> to take place after the first 13 weeks of the order? Divide the total hours arranged by the total number of weeks in the relevant period⁵ [Select one/highest only]</p>	<p>An average of 12 or more hours per week⁵ An average of nine or more hours per week⁵ An average of six or more hours per week⁵ Less than six hours per week⁵ Not clear No relevant weeks⁵ after first 13 weeks of the order</p>	<p>1 2 3 4 5 6</p>
<p>27. Level of total contact achieved AFTER the first 13 weeks of the order: Counting all contact, including treatment, what level of total contact was <u>achieved</u> after the first 13 weeks of the order?⁵ [Select one/highest only]</p>	<p>An average of 12 or more hours per week⁵ An average of nine or more hours per week⁵ An average of six or more hours per week⁵</p>	<p>1 2 3 4</p>

	week ⁵	5
	Less than six hours per week ⁵	6
	Not clear	
	No relevant weeks ⁵ after first 13 weeks of the order	

28. Number of appointments arranged DURING first 13 weeks: Please state the average number of appointments per week ⁵ arranged during the first 13 weeks of the order		
29. Number of appointments achieved DURING first 13 weeks: Please state the average number of appointments per week ⁵ achieved during the first 13 weeks of the order		
ENFORCEMENT OF UNACCEPTABLE FAILURES: The section below applies to unacceptable failures to comply with the requirements of the order. It includes throughout (in the same way as any failures in respect of attendance with the supervising officer) any unacceptable failures of:		
<ul style="list-style-type: none"> attendance at a treatment provider and/or partnership agency as a requirement of supervision oral admission of drug use BUT refusal to sign the admission form refusal to provide a sample. 		
30. Warning of enforcement given: Did the supervising officer 'at the outset of the order, provide the offender with a statement explaining when and why breach action will be taken if the offender fails to comply, which the offender shall be asked to sign'.	Yes, evidence that statement both provided and signed Yes, evidence that statement provided, though not signed No, insufficient evidence that statement was provided	1 2 3
31. Timeliness of investigating failures: <i>On occasions of any apparent failures to comply, was action taken within two working days to determine the reasons for failure?</i>	Yes, always Sometimes but not always No, on none of the occasions There were no apparent failures	1 2 3 4
32. Offender's explanation recorded: For apparent failures to comply, is offender's explanation (or lack) clearly recorded within seven working days of the failure?	Yes, always, and clearly within seven working days Yes, always recorded, but not always clearly within seven working days Sometimes recorded but not always No, on none of the occasions There were no apparent failures	1 2 3 4 5
33. Officer's opinion recorded: For apparent failures to comply, is the officer's opinion of whether explanation is Acceptable or Unacceptable clearly recorded within seven working days of the failure ⁶ ?	Yes, always, and clearly within seven working days Yes, always recorded, but not always clearly within seven working days Sometimes recorded but not always No, on none of the occasions There were no apparent failures	1 2 3 4 5
⁶ The record must show explicitly either the words 'acceptable' or 'unacceptable', or employ a clear and consistent area-wide recording convention which designates both Acceptable and Unacceptable failures as such (e.g.: U, A).		
NOTE You must count any failure not clearly designated as either Acceptable or Unacceptable as UNACCEPTABLE. (If a failure is clearly designated as Acceptable but you think it should have been Unacceptable (and/or the officer has not explained the designation), you must still mark it as Acceptable for the purposes of the question above. The question below is the one that seeks the file reader's opinion.)		
34. Where the officer's opinion on whether the apparent failure was Acceptable or Unacceptable ⁶ is recorded, does this appear to be an appropriate assessment?	Yes, always Sometimes but not always No, for none of the opinions No opinions were recorded There were no apparent failures	1 2 3 4 5
35. Action on first Unacceptable failure: What action ⁷ was taken as a result of the first Unacceptable failure to comply? [N.B "Failure to attend shall be reckoned as an unacceptable failure to comply only once in respect of any one day."]	Breach action ⁸ , taken within 10 working days ⁹ of the failure Breach action ⁸ , taken more than 10 working days ⁹ after the failure Formal final written warning Letter sent but not (clearly) a formal final warning Other No apparent action No unacceptable failure	1 2 3 4 5 6 7

⁷**Description of action taken:** Ensure that you are recording the action (if any) taken as a result of a failure being designated an Unacceptable failure, not the means (e.g. letter or home visit) employed to ascertain the reason for the apparent failure. Sometimes one letter serves both functions, in which case it meets the criterion of 'action taken' - provided that the failure remains designated as an Unacceptable failure. If the officer later in the record redesignates the failure Acceptable this question must be applied instead to the first failure if there is one in the case record that remains designated Unacceptable.

⁸**What qualifies as breach action:** Application made for summons or warrant to return offender to court for breach, (based on the date of the application). This may mean going to court and actually taking out a summons or warrant, or it may mean notifying a court by letter or telephone that breach action has been decided on and asking that arrangements be made for the officer to take out a summons or warrant. Breach action is NOT 'papers passed to breach officer' or 'decided to breach him/her' or 'discussed case with SPO and it was decided to go for breach'. **There must be clear evidence of contact having been made with the court itself**. If there is some doubt as to whether breach action (on the above basis) has been taken, answer 'other'.

⁹**Timing of action taken:** Sometimes a further failure takes place before action is taken in response to the previous failure, e.g. when there are failed appointments on consecutive days. However, provided that it is explicitly clear from the record that the action being taken is in response to (or 'as a result of') that previous failure, any breach action will meet the standard if it is taken within 10 working days of that failure, even if a further failure takes place in the interim. If this point is NOT clear from the record though, give the answer 'Other' – Code 5 below. If there are more than two unacceptable (or undesignated) failures in a 12 month period, record just action on first two

36. Action on second unacceptable failure: What action ⁹ was taken as a result of a second unacceptable failure to comply within a 12-month period? [See again the three notes above]	Breach action ⁹ taken within 10 working days ⁹ of the failure	1
	Breach action ⁹ taken more than 10 working days ⁹ after the failure	2
	Formal written warning (final or otherwise)	3
	Letter sent but not (clearly) a formal warning	4
	Other	5
	No apparent action	6
	No second unacceptable failure	7
37. If breach action was not taken as a result of (or before) the second unacceptable failure, has the line manager made an entry clearly endorsing the decision?	Yes	1
	No	2
	Not applicable	3
38. Action after second unacceptable failure: If – contrary to the requirement of national standards – breach action was not taken as a result of (or before) a second unacceptable failure, was it taken subsequently?	Yes	1
	No	2
	Not applicable	3
39. If yes to the previous question, as a result of which unacceptable failure was breach action taken?	Third unacceptable failure	1
	Fourth unacceptable failure	2
	Fifth unacceptable failure	3
	Sixth or more	4
	Not applicable	5

Testing

40. Frequency of testing achieved DURING first 13 weeks of the order: What frequency of testing was <u>achieved</u> by the end of the first 13 weeks of the order? Divide the total number of tests achieved by the total number of weeks. ¹⁰ [Select one/highest only]	Two tests or more per week, with <u>at least two</u> tests <u>every</u> calendar week	1
	An average of two tests per week, with no more than two calendar weeks with less than two tests	2
	An average of one test or more per week	3
	An average of less than one test per week	4
	Not clear	5
¹⁰ Count the first 13 weeks of the order or to termination if sooner; or up to any explicit decision to cease offering appointments while breach action was underway because the offender was uncooperative/disruptive and that for these or other similar reasons it was clear that no useful purpose would be served by offering further appointments. The count of weeks for questions 39-41 should also exclude if relevant: - any week where the offender was in custody - any periods of medically certificated sickness of <u>more than two consecutive weeks</u> .		
41. Frequency of testing achieved AFTER the first 13 weeks of the order: What frequency of testing was <u>achieved</u> after the end of the first 13 weeks of the order? Divide the total number of tests achieved by the total number of weeks ¹⁰ in the relevant period. [One/highest only]	One test or more per week, with a test <u>in every single calendar week</u> ¹⁰	1
	An average of one test or more per week, not on a test-every-week basis	2
	An average of less than one test per week	3
	Not clear	4
42. Where the minimum standard of testing twice per week in the first 13 weeks, or/and once per week after 13 weeks (with testing in every single week) was not met, what was the reason, in the file reader's opinion?	Offender non-attendance	1
	Offender admitted drug use and DID sign the admission form	2
	Offender's refusal, NOT complying with the Order ¹¹	3

(You may circle more than one of these)	Offender inability to produce a sample	4
	Tester omitted to arrange (sufficient) tests	5
	Not clear	6
	Not applicable [Minimum standard met or exceeded]	7
¹¹ DTTO National Standards states that "The only circumstance in which offenders shall <u>not always be required</u> to provide a sample is if they have admitted drug use in advance of the test". But they must sign a form to that effect, AND be offered a test. If the offender has orally admitted drug use, but refuses to sign the form confirming that admission, and then also refuses a test, <u>that refusal still constitutes a 'failure to comply'</u> and must therefore be managed within the National Standards for Enforcement, as covered earlier.		

43. Total number of tests achieved in the first six months (write in, <u>as a number and not in words</u> , the simple total number of tests achieved in box on right): _____		
44. Of the above number of tests achieved, the number of instances of Testing Positive (write in number, as a number, in box on right): _____		
45. Persistent test failures: Have there been any instances of persistent test failures which, in the opinion of the supervising officer, indicated either a failure to engage with the Order or unsatisfactory progress? ('Test failures' = positive tests)	Yes No	1 2
46. If yes, what action was taken?	Breach action ⁸ taken within 10 days ⁹ of the failure Breach action ⁸ taken more than 10 days ⁹ after the failure Formal final written warning Letter sent but not (clearly) a formal final warning Other No apparent action No unacceptable failure for this reason	1 2 3 4 5 6 7
47. Adequacy of treatment provider's file: Does the treatment provider's file appear to be complete and in good order? (In your judgement)	Yes No Not available	1 2 3

Court Reviews

48. Frequency of court reviews proposed: Did the probation service propose that the court review the order once per month for the first four months, and quarterly thereafter?	Yes No Unclear from record	1 2 3
49. Frequency of court reviews: How many Review Hearings have been held since the commencement of the order? (Write in number)		
Content of the Review Reports: Please indicate whether or not each of the following four elements required by National Standards were in the reports prepared for the first and second Review Hearings held on this order:		
50. First review: The test results	Yes No Unclear	1 2 3
51. First review: The views of the treatment provider as to the treatment and testing of the offender	Yes No Unclear	1 2 3
52. First review: The record of the offender in keeping all appointments	Yes No Unclear	1 2 3
53. First review: Judgements by supervising officer as to the offender's attitude and response to the order as a whole.	Included well enough Included, but not well enough Not included	1 2 3
54. Second review: The test results	Yes No Unclear	1 2 3
55. Second review: The views of the treatment provider as to the	Yes No	1 2

treatment and testing of the offender	Unclear	3
56. Second review: The record of the offender in keeping all appointments	Yes No Unclear	1 2 3
57. Second review: Judgements by supervising officer as to the offender's attitude and response to the Order as a whole.	Included well enough Included, but not well enough Not included	1 2 3

Assessment and management of the risk of offender causing harm

<p>58. Timeliness of first risk assessment: For offenders considered high risk of causing serious harm to the public, was a sufficient (in the context of the case) risk management plan (either within the supervision plan or formal risk management document) available within 5 working days of the order being made?</p>	<p>Yes and within five working days No, but was available within 15 working days No, not available at all, or in more than 15 days Plan not, or imprecisely, dated Not considered very high or high risk of serious harm to the public</p>	<p>1 2 3 4 5</p>
<p>59. Content of risk assessment: Is there a <u>sufficient</u> (in the context of the case) assessment, either in the supervision plan (SP) or in a formal risk assessment document, of the risk of offenders causing serious harm to the victim(s) of the offence?</p>	<p>Yes No No direct victim(s) No SP/risk assessment document</p>	<p>1 2 3 4</p>
<p>60. Is there a <u>sufficient</u> (in the context of the case) assessment, either in the SP or in a formal risk assessment document, of the risk of offenders causing serious harm to the public?</p>	<p>Yes No No SP/risk assessment document</p>	<p>1 2 3</p>
<p>61. Is there a <u>sufficient</u> (in the context of the case) assessment, either in the SP or in a formal risk assessment document, of the risk of offenders causing serious harm to staff?</p>	<p>Yes No No SP/risk assessment document</p>	<p>1 2 3</p>
<p>62. (T) Regularity of risk assessments: Was an assessment of risk of harm to the public and/or victim reviewed at least every four months?</p>	<p>Yes Some review, but not as frequent/regular No No (initial) risk of harm assessment Order ran for less than four months</p>	<p>1 2 3 4 5</p>

Planning and the Effectiveness of Supervision

63. Content of supervision plans and subsequent supervision:		
<p>Consider how well each of the categories is covered in the assessment, planning, contact and review documents in the file; this may be a number of different documents. Refer to national standards C9 and C10 for more detail.</p> <p>For any case where OASys was already in operation in the area when it commenced, assessment and supervision planning material and at least some of the evidence about planning and effectiveness of supervision, will be within OASys. Your scoring of the assessment and supervision plan (as below) should take account of the extent to which OASys was used appropriately.</p> <p>In each column write in the score, using the following codes:</p>		
1 = Clearly sufficient	4 = Not at all	
2 = Limited but sufficient, in the context of the offender's risks/ needs	5 = Not clear from the record	
3 = Limited and insufficient	6 = Little contact as offender in custody or otherwise out of touch	
	7 = Not applicable	
	How well is this addressed in the assessment and supervision plan? <i>(if no supervision plan enter 'X' in each row)</i>	(T) How well is this addressed in the supervision of the offender? <i>(The extent to which staff sought to cover these issues)</i>
a) Causes and patterns of the offending behaviour, including assessment of the likelihood of reoffending		
b) Work to ensure the offender is made aware of the effect of offence on victims and others		
c) Challenging the offender to accept responsibility for their offending and consequences		
d) How the likelihood of further offending is to be reduced		
e) Offending-related needs and circumstances (e.g. employment, addictions, accommodation, etc.)		
f) Public protection issues (if any)		
g) The offender's experience of racism and/or other forms of discrimination		
h) Racially motivated offending/racist attitudes		
i) The offender's motivation to achieve the purposes of the order		
j) The use of relevant and accredited programmes of supervision – <i>if not available enter "8"</i>		
k) The use of partnerships, including treatment providers – <i>if not available/applicable enter '8'</i>		
64. Timeliness of first supervision plan: ¹² Was a written supervision plan ¹² completed within 15 working days of the order being made?	Yes No Supervision plan not, or imprecisely, dated No supervision plan	1 2 3 4
¹² The DTTO assessment for the original sentencing court counts as part of the PSR for the purpose of assessing the PSR, but it can also count as the first supervision plan for the purpose of this exercise.		
65. Regularity of supervision plans: Was the supervision plan always reviewed at least every four months?	Yes No Order ran for less than four months No supervision plan	1 2 3 4
66. (T) Is there a final review on termination?	Yes No No supervision plan	1 2 3
67. Use of OASys: Is there evidence that OASys was used in this case?	Yes No OASys not yet in use in area	1 2 3
68. Quality of joint management of case: Overall, how would you rate the joint management of the various elements of supervision? (Probation supervision, treatment provider, concurrent order(s))	Very good Satisfactory Not satisfactory Very poor	1 2 3 4

**Use of accredited programmes
(for completion at termination only)**

69. (T) Availability of accredited substance misuse programmes: Were any accredited substance misuse programmes <u>available</u> for use for this case?	Yes	1
	No	2
70. (T) Use of any accredited programmes: Have <u>any</u> accredited programmes been used to tackle offending behaviour?	Yes	1
	No	2
71. (T) Which accredited programmes were used?	Substance misuse (e.g.) ASRO, PRISM or OSAP	1
	Offending behaviour (e.g. Think First, R & R)	2
	Combination of substance misuse and offending behaviour	3
	Other (e.g. Basic Skills or Employment)	4
	None	5
ASRO = Addressing Substance Related Offending PRISM = OSAP = R&R = Reasoning and Rehabilitation		

**Employment, Education and Accommodation
(for completion at termination only – for 70 & 71 circle one from each column)**

72. (T) Employment status	Immediately prior to order	At termination
Employed (full or part-time)	1	1
Temporary or casual work	2	2
Education or training	3	3
Unemployed currently but has been in employment at some stage during supervision on order		4
Unemployed but appointment made for job interview	5	5
Unemployed	6	6
Unavailable for work	7	7
Unclear from record	8	8
73. (T) Accommodation status		
Settled	1	1
Not settled	2	2
Unclear from record	3	3
74. (T) In your view, from what is apparent from the record, was the offender's accommodation at termination suitable in the individual circumstances of the case (including offence-related and any public protection issues)?	Yes/no obvious problems	1
	Probably	2
	Possibly not	3
	Definitely not	4
75. (T) Was offender in education or training <u>at some stage</u> during supervision (whether or not at start or end)?	Yes	1
	No	2

**Departures from National Standards
(for completion at termination only)**

76. (T) If any (exceptional) departures from national standards were considered by supervisor or other staff: Was the line manager consulted in advance?	Yes always	1
	Sometimes but not always	2
	No, never	3
	Not applicable	4
77. (T) Did the line manager agree these departures?	Yes always	1
	Sometimes but not always	2
	No, never	3
	Not applicable	4
78. (T) If 'always' or 'sometimes', did you endorse the departure(s) on the offender's case record, giving full	Yes always	1
	Sometimes but not always	2
	No, never	3

reasons?	Not applicable	4
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Notes: Please use this page for making brief observations in exceptional cases only

Strengths:

Weaknesses/areas for improvement:

Glossary of abbreviations

ASRO	Addressing Substance Related Offending
CDT	Community drugs team
CO	Chief officer
CRAMS	Case Record Administration and Management System
CSR	Comprehensive Spending Review
DAT	Drug action team
DPAS	Drug Prevention Advisory Service
DTTO	Drug treatment and testing order
EEM	European Excellence Model
HMCIP	HM Chief Inspector of Probation
HMIP	HM Inspectorate of Probation
IT	Information technology
JCG	Joint commissioning group
NAO	National Audit Office
NPD	National Probation Directorate
NPS	National Probation Service
NTA	National Treatment Agency
OASys	Offender Assessment System
PCT	Primary Care Trust
PO	Probation officer
PSR	Pre-sentence report
RDS	Research, Development and Statistics
REM	Race and ethnic monitoring
SDA	Service Delivery Agreement
SPO	Senior probation officer
SR 2000	Spending Review 2000
SSR	Specific sentence report