



*Effective
Supervision
Inspection*

*of the
National Probation Service for
England and Wales*

Report on:
West Mercia Probation Area

2005

The Home Office logo, consisting of a curved line above the text 'Home Office' in a bold, sans-serif font.

Home Office

FOREWORD

West Mercia has a number of strengths. The chief officer provides visible leadership, ably supported by the Board and senior management team, and the area is to be commended for its focus on improving performance. Whilst West Mercia is still failing to meet some national targets, the rigour with which the performance agenda is being pursued is impressive. A range of partnerships has been created to facilitate the effective supervision of offenders and plans are in place to tighten the assessment, monitoring and review of value for money provided. Links with sentencers are good at all levels of the organisation.

The attention paid to diversity issues by managers and practitioners is encouraging and there are examples of responsive and imaginative practice. We found a positive culture in respect of offender engagement, which was supported by feedback from the offenders themselves.

The available data suggest that West Mercia is having a positive impact in its work with offenders. However, like most other areas, it has made only limited use of information on the outcomes of its work with offenders. This is an issue where there is scope for improvement.

Our main concern lies in relation to the assessment and management of risk of harm, where we found reviews of risk were not always completed and managers inconsistently involved in the process. A limited follow-up will be undertaken during 2006 to ensure that issues around the assessment and management of risk of harm have been addressed. There are also a number of concerns about the area's community punishment scheme which are described in the summary at the end of the report.

Andrew Bridges
HM Chief Inspector of Probation

September 2005

ACKNOWLEDGEMENTS

We would like to express our thanks to the West Mercia Probation Board, its managers and staff for the considerable assistance received in enabling the inspection to proceed smoothly. Without their help, most especially in arranging a complicated programme of interviews with case managers, the work could not have been completed successfully.

The inspection also depended on the contribution made by local area assessors who assisted with the case manager interviews. Their participation and commitment were greatly appreciated.

HM Assistant Chief Inspector: John Hutchings

HM Inspectors: Ben Clark, Jane Attwood, Helen Boocock, John Browne, Sally Lester, Shirley Magilton

Practice Assessors: Suki Binning, Nikki Shave

Information Manager: Kevin Ball

Inspection Admin Officer: Pippa Bennett

Area Assessors: Jeff Aston, Chris Barnes, Sue Heywood, Paula Moran, Margaret Sinclair

CONTENTS

	Page
Glossary	4
Summary and recommendations	6
Scoring summary sheet	9
Inspection arrangements	10
Scoring approach	10
Overview of the area	12
SECTION A	
QUALITY OF MANAGEMENT	14
SECTION B	
QUALITY OF ASSESSMENT	24
SECTION C	
QUALITY OF INTERVENTIONS	27
SECTION D	
QUALITY OF INITIAL OUTCOMES	32
THEMATIC ELEMENT: ENHANCED COMMUNITY PUNISHMENT/ UNPAID WORK	36
Summary of the provisional findings for West Mercia	
The role of HMI Probation	52

GLOSSARY

ACE	Assessment, Case Recording and Evaluation System
ACO	Assistant chief officer
CDRP	Crime and Disorder Reduction Partnership
CO	Chief officer
COG	Chief officer group
CP/ECP	Community punishment/Enhanced community punishment
CPO	Community punishment order
CPRO	Community punishment and rehabilitation order
CRO	Community rehabilitation order
C-SOGP	Community Sex Offender Groupwork Programme
DIDs	Drink Impaired Drivers programme
DTM	District team manager
DTTO	Drug treatment and testing order
ESI	Effective Supervision Inspection
ETE	Employment, Training and Education
ETS	Enhanced Think Skills programme
FPP	Forensic Psychology Practice
GSL	Guided Skills Learning
HMI Probation	HM Inspectorate of Probation
ICCP	Intensive Control and Change Programme
ISP	Initial supervision plan
IT	Information technology
LCJB	Local Criminal Justice Board
LSI-R	Level of Service Inventory-Revised
MAPPA	Multi-Agency Public Protection Arrangements
MAPPP	Multi-Agency Public Protection Panel
MARC	Multi-Agency Risk Conference
NOMS	National Offender Management Service
NPD	National Probation Directorate
NPS	National Probation Service
OASys/eOASys	Offender Assessment System/electronic Offender Assessment System
OGRS2	Offender Group Reconviction Scale
PLC	Probation Liaison Committee
PO	Probation officer
PPWS	Pre-Placement Work Session
PSAI	Post-Sentence Assessment Interview
PSO	Probation service officer
PSR	Pre-sentence report
QAM	Quality assurance manager
QPM	Quality Performance Matrix
RDM	Resource Distribution Model
SLA	Service Level Agreement
SMART	Specific, Measurable, Achievable, Realistic and Time-bounded
SSR	Specific sentence report
TOIL	Time Off In Lieu
TPO	Trainee probation officer
WREC	Worcester Race Equality Council
YOT	Youth Offending Team

SUMMARY AND RECOMMENDATIONS

Key findings

- **Quality of Management:** The CO provided visible leadership and was ably supported by the Board and senior management team. The process for development of the business plan was clear and had ensured there was understanding across the area of performance improvement priorities, although the review of several policies and procedures, including that of risk management, had fallen behind schedule. Notable achievements against national targets had been made in the last year, but the area recognised that much remained to be done. The profile of the equality and diversity agenda had been raised and attempts were being made to find the right training to meet staff needs. Performance information was regularly broken down by race and ethnicity. A resource distribution model was in use and finance and resources were closely monitored. However, ECP was under-resourced and there had been substantial problems in obtaining places for sex offender group work, though this situation was improving. Most staff received regular supervision, but the system to ensure appraisals were completed was not sufficiently robust. A range of partnerships had been created to facilitate the effective supervision of offenders and plans were in place to tighten the assessment, monitoring and review of value for money provided. Links with sentencers were good at all levels of the organisation.
- **Quality of Assessment:** There was a close fit between planned interventions and the risk of harm and a clear likelihood of reoffending score in the vast majority of cases. However, few satisfactory reviews of risk were completed within the required timescale and this was of particular concern in relation to high risk of harm cases. In almost every criterion of assessment of risk of harm, scores were lower for high risk of harm cases than for the rest of the sample. Managers were not always sufficiently involved in the assessment of risk of harm and countersigning procedures needed attention. Case managers generally took steps to ensure that the offender understood the requirements of the order or licence and many offenders had been involved in the supervision planning process. However, the plans themselves were often not completed on time or to the required standard.
- **Quality of Interventions:** The management of attendance was generally good and there were several examples of practitioners showing sensitivity and imagination in addressing community reintegration issues and in reinforcing the work of others. The use of accredited programmes had been developed and the area had recently exceeded performance targets for programme completion. Nonetheless, a number of offenders had to wait a considerable time to start a programme. Interventions delivered were usually appropriate to the assessed risk of harm and responsive to diversity needs. There was scope, however, to improve work on victim awareness. Supervision plans were not used effectively to review interventions, and the plans for some high risk of harm offenders did not integrate multi-agency risk management discussions sufficiently. Staff also needed to be more mindful of potential changes in the risk of harm posed by offenders. The frequency of home visits required attention.
- **Quality of Initial Outcomes:** Work undertaken with offenders was having a substantial impact on criminogenic factors, with well over 65% showing progress on the most significant issue and only 2% showing deterioration, and there was a relatively low rate of reconviction. The majority of high risk of harm offenders had attended appointments and the risk of harm this sample posed was successfully contained in most cases. There needed to be

more evidence of offenders changing their attitudes, beliefs and behaviours in relation to offending. Resources used were generally appropriate to the risk of harm and likelihood of offending. OASys needed to be reassessed in more cases to enable outcome data to be produced and analysed more comprehensively. Further outcome measures could also be developed to help case managers and the area improve practice.

Recommendations

The Probation Board should ensure that:

- 1. there is improved oversight of the assessment of risk of harm and the management of high risk of harm cases*
- 2. all staff receive regular supervision and are subject to an annual appraisal*
- 3. there are improvements in the quality and timing of supervision plans*
- 4. information from MAPPA and other risk management meetings is used to inform supervision plans and reviews*
- 5. victim issues are addressed sufficiently in the supervision of all offenders*
- 6. the area is able to deliver accredited programmes to all offenders, but particularly sex offenders, who are subject to relevant conditions in orders and licences*
- 7. available outcome information is used to evaluate effectiveness and improve practice.*

Next steps

- This report has been submitted to the Secretary of State and copies provided to the Chief Executive of NOMS, the National Offender Manager, the Director of the NPS, the Probation Board and CO. Copies have also been made available to the press and are on the website of HMI Probation at:
<http://www.homeoffice.gov.uk/justice/probation/inspprob/index.html>
- The report makes a number of recommendations which are designed to encourage the area in its work, to take further some of its own good practice and to promote improvements in quality and effectiveness in the future.
- The Board will be asked to send a response to the recommendations, together with an action plan, within three months of the publication of the report. It is anticipated that the recommendations will normally be implemented within 12 months of publication which should allow sufficient time for integration with existing developments. We will also expect the NPD to ensure that recommendations to Boards are implemented.
- Unlike previous area inspection programmes, ESI does not include routine follow-up inspections unless there is an issue of serious concern that needs to be addressed quickly. In West Mercia we had particular concerns about the assessment and management of risk of harm. Although the area has now picked these up and is taking steps to effect improvement, we intend to undertake a limited follow-up inspection focusing on these issues. The timing and nature of this will be agreed with West Mercia following receipt of the action plan.
- As well as reports on individual areas we will publish periodic reports about findings across several probation areas, reflecting the fact that this is an inspection of the NPS. Such reports will include addressing race equality and wider diversity issues, bearing in mind that, for example, the number of minority ethnic offenders is typically very small in many probation areas. These reports will also include comparisons of the performance of areas with similar characteristics.
- Over the three year period of the ESI programme we will be looking at the NPS's work with about 4,500 cases. We have arranged with the Home Office Research, Development and Statistics Directorate that cases in the sample will be followed through to the two year reconviction point. This will give a longer-term picture of the effectiveness of both individual areas and of the NPS as a whole. In addition, we will be contacting the area to obtain the OASys score at the end of supervision for each case examined in the inspection. This will make it possible to examine the impact of work done with the offender, in terms of change in the OASys score, over the whole period of supervision.

SCORING SUMMARY SHEET

Section A: Quality of management	
A1: Leadership and planning	Partly met
A2: Resource allocation	Partly met
A3: Management and supervision of staff	Partly met
A4: Partnership/contracting out	Satisfactorily met
A5: Effective communication with sentencers	Well met
Section B: Quality of assessment	
B1: Assessment of risk of harm	59%
B2: Assessment of likelihood of reoffending	81%
B3: Case management	62%
B4: Documentation	76%
Score for section B	69%
Section C: Quality of interventions	
C1: Managing attendance and enforcement	82%
C2: Delivering appropriate supervision	69%
C3: Diversity needs	89%
C4: Responsivity	78%
C5: Management of risk of harm	64%
Score for section C	76%
Section D: Quality of initial outcomes	
D1: Interventions are delivered with the desired outcomes	71%
D2: Improvements are sustainable	67%
D3: Outcomes of interventions are assessed and reviewed using available data	Partly met
D4: Interventions demonstrate value for money	80%
Score for section D	74%
OVERALL SCORE FOR SECTIONS B-D (excluding D3)	73%

INSPECTION ARRANGEMENTS

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

SCORING APPROACH

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

Quality of Management criteria

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

Quality of Assessment, Interventions and Initial Outcomes criteria

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

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

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

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

- An overall performance rating for the area is then calculated, weighted as follows:
 - Quality of Assessment 30%
 - Quality of Interventions 40%
 - Quality of Initial Outcomes 30%

- The scoring sheet shows the assessment or score recorded for each criterion, plus the overall scores for Sections B, C and D. The assessment and scores are also recorded alongside the relevant criterion in the text.

OVERVIEW OF THE AREA

- In terms of its main revenue budget of £11.9 million in 2004/2005, West Mercia is the 22nd largest probation area in England and Wales. It has a total population of some 616,369 with a population density (persons per square km) of 109, lower than the England and Wales average of 348. As such West Mercia is one of the ‘large size, lower density’ areas (outside the metropolitan areas and London) in the family grouping of areas which we currently use for making comparisons.
- The latest available data show that 2.1% of the population are from minority ethnic groups, which is lower than the average of 9% for England and Wales as a whole.
- In 2003/2004 the number of all recorded crimes per 1,000 population was 92, compared with an England and Wales figure of 113. The corresponding figure for violent crime – 19 per 1,000 population – was similar to the national figure of 18.
- In 2002 (the latest year for which data are available) 860 persons were found guilty or cautioned for indictable offences per 100,000 population, less than the England and Wales figure of 1,050.
- Data collected by the NPD on West Mercia’s performance on the main Home Office targets and on certain other key NPS and national standards targets are shown in the table overleaf. Except where indicated, the figures relate to the full year 2004/2005.
- The area had exceeded the target in relation to compliance, accredited programme, ECP and DTTO completions, basic skills awards, and victim contact. The figures for basic skills and DTTO starts and PSR timeliness were less satisfactory, although the figure for DTTO starts was still better than the England and Wales average. Sickness absence had risen since the previous year and now stood at 12.8 days, some way above the target of nine days.
- The NPD produces a weighted scorecard comparing area performance against targets for some of the above results. The latest scorecard revealed that West Mercia was 36th out of 45 NPS areas (41 areas plus London broken down into four separate quadrants), thus showing some scope for improvement. It compared with a position of 34th of the 42 areas for the full year 2003/2004.

	Target	West Mercia	England & Wales average
Enforcement: breach taken where required within ten working days (all orders/licences)	90%	88%	87%
Compliance: % of cases with no more than one unacceptable absence (community orders) or two unacceptable absences (prison licences)	70%	85%	79%
Contact levels: % appointments arranged in line with national standards	90%	91%	85%
Contact levels: % appointments kept in line with national standards	65%	63%	61%
Accredited programme completions: % performance in relation to target	100%	106%	104%
ECP completions: % performance in relation to target	100%	111%	128%
DTTO commencements: % performance in relation to target	100%	82%	79%
DTTO completions: % performance in relation to target	35%	38%	36%
Basic skills: % performance against starts target	100%	58%	107%
Basic skills: % performance against awards target	100%	102%	118%
Home Secretary's race equality employment target	11.6% (target for the West Midlands Region)	18% (target achieved by the region in 2003)	11.3%
Sickness absence: average days absence	9 days	12.8 days	12.3 days
Proportion of victims of serious sexual/violent offences (where offender sentenced to custody of 12 months or more) offered contact within eight weeks	85%	90%	93%
Proportion of magistrates' courts reports prepared in 15 working days	90%	66%	73%

SECTION A QUALITY OF MANAGEMENT

A1 Leadership and planning

Partly met

Description:

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

Strengths:

- The Business Plan for 2004/2005 set out local priorities and objectives within the national context and had been subject to review during the course of the year. It was commendable that all the improvement priorities included consideration of their impact on the Race Equality Scheme. There was a particular focus on preparedness for the transition to NOMS through three specific improvement objectives. Progress against these included: the restructuring of the senior management team to reflect better the likely division of labour between offender management and interventions; and the CO's and Chair of the Board's prominence in visiting each of the area teams to update staff on NOMS. Objectives in the business plan formed the basis of individual staff appraisal objectives that had the potential to become a robust check on whether the plan had been communicated clearly.
- There was no longer a requirement in 2004/2005 for each team to prepare a specific action plan derived from the business plan on the basis that this system was considered too bureaucratic, risked duplicating objectives across team and specialist plans and, ultimately, the output was not felt to be 'owned' by staff. Each team therefore had a greater degree of autonomy in identifying and addressing their particular weaknesses. Whilst endorsing the rationale, we were initially concerned that the current model impeded consistency in holding teams to account and tracking progress against targets, particularly as two of the three area managers had continued to prepare action plans for their teams. In spite of this, interviews with various managers went some way to reassuring us that key objectives from the business plan were cascaded down appropriately and discussed regularly at line and district team managers' meetings. Managers felt the success of the new model was evidenced by the area receiving the 'Achiever's' bonus for its year-end performance of 4% above target.
- The CO provided visible leadership through his involvement in a wide array of strategic and operational committees and meetings. With the support of the managers concerned, and in response to an ACO being seconded to another probation area for a fixed term, he had recently taken over the line management of the area managers. All parties felt that this had been a positive move, with lines of communication between the other ACOs and area managers more open.
- The Board was very much involved in the governance of performance management through representation on the 'performance committee', in which the ACO Policy, Planning and Performance acted as the link to senior and middle management. It was clear that the Board had a sound grasp of its governance role and provided strategic direction whilst avoiding direct involvement in management. For example, the Board did not support the CO's

suggestion to replace the various committees with a 'cabinet' system made up of lead members. Board members were also actively involved in promoting the work of the area in major partnerships.

- The area had taken a proactive approach to some persistently problematic issues: by employing consultants to develop an action plan to tackle attrition in accredited programmes; by ongoing audits of the timeliness of court reports; and by drafting a policy on 'Working with Women Offenders', following reports that some male POs were unclear about their role in this area. Furthermore, great strides had been made in its performance against the national target for basic skills awards. Most recently, the area had responded promptly and positively in producing an action plan to address areas for improvement identified by the inspection team that were presented in the headline feedback session.
- Comprehensive information on area performance in relation to breach, sentence proposals and outcomes was broken down by ethnicity twice yearly, reviewed by the performance committee and made available to the ACO Diversity, to ensure that interventions were being offered equitably to all offenders. Race and ethnicity monitoring was taking place in 99% of PSRs and 95% of SSRs.
- The Race Equality Scheme had been in place since 2002 and was reviewed in 2003 and again in September 2004. This recent review involved a case audit of both PSRs and community supervision and made a number of recommendations that were taken forward in the Race Equality Action Plan for 2004/2006. This plan also included the recommendations of the HMI Probation thematic inspection follow-up report *Towards Race Equality*. In addition, the Two Ticks award for disability provision had been granted. Following external assessment under the European Excellence Model, the area received the West Midlands 'Equal Opportunities Employer of the Year' award in 2003.

Areas for improvement:

- The area was ranked 36th out of 45 NPS areas on the 2004/2005 year-end NPD weighted scorecard and had missed several national targets.
- The majority of policies and procedural documents had been rewritten on the merger of the Shropshire and Hereford and Worcestershire Probation Services to form West Mercia, to try to bring the disparate practice of the two closer together. These policies were held on the area's shared drive, with dates timetabled to facilitate periodic review. However, partly due to resource pressures, the review of some policies, including the assessment and management of risk of harm, had fallen behind schedule.
- Although policies were communicated to staff via e-mail and initiatives had begun to be taken to ensure they read and understood them, there was evidence that staff in individual teams were not aware of the area's policy in respect of certain functions, e.g. home visits, supervision requirements. This had led to inconsistencies in approach between teams beyond what would be required to ensure responsiveness to diverse local needs. As a result, it was not always clear that the area, despite its shared vision and values, was acting where appropriate as a unified body in terms of practice and procedures.
- There was a diversity policy position statement but the area had not yet drafted an overarching strategy, the planned timetable for this work being autumn 2005. The intent was to formalise its commitment to wider diversity issues such as sexuality, religious understanding and age equality, whilst maintaining the central plank of race equality.

Description:

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

Strengths:

- The Workforce Planning COG closely monitored expenditure and staffing throughout the year, liaised with the unions, and regularly reported progress to the Board. The area had 'broken even' for the last two years.
- The area had responded to the recommendations of the internal audit report on Business Risk Management by developing a 'risk register' to score each identified risk, taking into account controls already in place and planned controls to further mitigate risk. Individual areas of risk were assigned to senior managers and the register was an item at each Board meeting, where action taken to address the highest risks was reviewed. Internal audit had commended the area's innovative use of its services.
- Good progress had been made in putting in place a resource distribution model. It had been effectively used to reallocate resources to meet area objectives, e.g. to improve PSR timeliness, funds were recycled back to area managers which allowed them to either contract agency staff locally or pay sessionals for PSR completion. The impact on staff morale was reportedly good as they could see there was some local autonomy on decisions being taken about workload relief. The model had recently been improved by the incorporation of long-term sickness absence.
- Major efforts to raise the profile of the equality and diversity agenda had been made and an ACO had specific responsibility for this work. There was a diversity staff group made up of representatives from minority groups, such as the Black Staff and Lesbian and Gay support groups, as well as representatives from area teams and from the Race Equality Council. Issues were fed back into the organisation by named 'diversity leaders', and members of the diversity staff group had assisted with impact assessments on two policies – bullying and harassment, and special leave. (It was concluded that both of these policies held the potential for discrimination and their implementation should be reviewed in 2006.) Senior managers had also attended regional impact assessment training in February 2004.
- The diversity strategy advisory committee was chaired by the CO and had representation from Board members, staff support groups, the WREC and the community and diversity officer for the LCJB. The area had recruited representation from community groups on disability and faith issues. Requests for services such as interpreters would always be met and where demand had begun to outstrip supply resources were reallocated to ensure greater provision.
- To support developmental work on diversity issues within both services, the area and West Mercia Police jointly funded a consultant connected to WREC (but see the area for improvement overleaf).

GOOD PRACTICE EXAMPLE

Telford and Wrekin Council and the Local Strategic Partnership, of which West Mercia Probation Area was a member, had commissioned a theatre company to produce a play on the theme of diversity. Nearly 1,000 individuals from 18 organisations had participated in the training, including 21 area staff members. Their feedback about the event suggested that it was a positive experience.

Areas for improvement:

- Although the resource distribution model had enabled resources to be distributed to teams more equitably, it did not yet take account of rurality, which was a significant factor in the effective supervision of offenders in the area. There also continued to be gaps in provision in different parts of the area. CP for example was significantly under-resourced (this is covered at greater length in the thematic section of this report) and there had been staffing shortages in some teams, e.g. Worcester as a result of unfilled vacancies or sickness.
- It was recognised by the area that it had no formally recorded fixed criteria against which workforce-planning decisions were made. We were told that having such criteria written down would not necessarily help make such decisions, as the often complex nature of the resourcing issues required consideration as they arose, this being achieved through discussion in the Workforce Planning COG. There was also a fear that DTMs would lose their autonomy if the process became too prescriptive. However, given the fact that some DTMs and staff felt that they had been insufficiently consulted in the development of the RDM and consequently lacked confidence in it, the use and function of the tool needed to become more transparent.
- A possible consequence of the above arrangements for resource allocation was the reported practice of DTMs making decisions about workload priorities in isolation, seemingly without a central steer. We had some concerns about the dilemma certain managers said they faced between working to achieve cash linked targets and managing risk of harm.
- Despite the area's success in delivering supervision through accredited programmes, there were substantial problems with obtaining start dates for sex offenders listed for the C-SOGP. This was due to a chronic lack of facilitators. The situation had recently been tackled and the programme was now coordinated on a regional basis. The area was confident that by the end of July 2005 every person on the waiting list would be given a start date for inclusion on the programme, even if the start was not immediate. There was also an understanding with the providers that all offenders would have the opportunity to complete the programme, prior to the termination of their supervision.
- The area was aware that it had been less successful at monitoring the impact of diversity activity upon performance and value for money, and needed to continue to develop in this capacity. For example, a substantial programme of training for staff on racially motivated offending had been in operation since 2001 and feedback from participants on the quality of the training was collated. Although some thought had been given to how the training's impact on performance could be measured, a strategy had not yet been determined.
- The jointly funded WREC consultant was meant to provide strategic advice on issues such as the recruitment of minority ethnic staff, but problems within that organisation meant that the area was not receiving what it had paid for. The CO had taken the decision to continue funding the post pending WREC's ability to recruit to it, but recognised that the area might be obliged to move toward having an internal secondment. There did not appear to have been

a SLA at the start of this joint-funded venture, though one was now in the process of being set up and would be implemented by the ACO Diversity, once WREC had appointed a new Chief Executive.

A3 Management and supervision of staff

Partly met

Description:

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

Strengths:

- Staffing levels were effectively managed, an example being the regular projections of the number of vacancies needed to facilitate posts for TPOs. The area was at full staff complement and had been advised by the NPD not to recruit any more TPOs. As a consequence, when posts became vacant a business case needed to be made before they could be filled. The area's commitment to staffing local prisons was to be reviewed in the context of NOMS, in order to determine the most appropriate staffing model for implementing offender management.
- The area had introduced a new Performance and Development Record in 2004 that linked objectives for the individual with organisational objectives and included an 'equality' objective. The supervision log enabled progress to be recorded and training needs to be identified and monitored. Of the 44 staff interviewed during the inspection, an encouraging 89% reported that they received supervision with their line manager at least every two months. Formal supervision was with a line manager, although staff also had access to advice from a risk manager if they wanted to discuss issues around the assessment and management of risk of harm.
- An annual 'Learning Development Plan' was produced and approved by the human resources committee, which identified and costed training objectives for all operational and administrative staff. Two new IT posts had been created to support the IT unit in delivering training to facilitate the introduction of eOASys, the recent roll-out of this across the area having been a priority. Whilst training resources had necessarily been diverted into raising awareness of the Criminal Justice Act 2003, the majority of offender management related training had continued. Induction for new staff was held three times a year and included one day on diversity. The area had retained its Investor in People status in 2003.
- Diversity training was responsive to staff needs: the current format for training with a new supplier was designed to meet the differing staff needs around race equality. A review of a recent pilot was taking place at the time of the inspection, the intent being that other aspects of diversity would be addressed as part of a rolling programme if the race equality session was deemed a success.
- A substantial programme of training for staff on racially motivated offending had been in operation since 2001 and feedback from participants on the quality of the training was collated. The area had given some thought to how the training's impact on performance could be measured, but had not yet determined a strategy.
- Commendably, the area had exceeded the local target for the proportion of minority ethnic staff employed and had set an improvement objective to address concerns about the level of recruitment from minority ethnic groups at PSO and TPO level. However, the proportion of minority ethnic applicants attending assessment centres stood at under 10%, despite Board

attempts to publicise the opportunities available on radio and local media, thus limiting the pool from which the area could recruit.

- Senior managers voiced a commitment to recognising the good work of staff in the area and referred to the High Sheriff awards, which they said were enthusiastically received. There was also a 'Staff Suggestion Scheme' in place, whereby staff who contributed innovative ideas about how to make the area more effective received monetary rewards.

Areas for improvement:

- Sick absence had risen to 12.8 days, above both the national target and the average for England and Wales. The area had made attempts to tackle escalating absence, primarily through use of the 'Positive Absence Policy' that outlined the area's philosophy of looking after the health and well being of staff, as well as clearly outlining staff and management responsibilities during the absence process. Examples of good absence management strategies included monthly statistical feedback from area managers to COG meetings, tailored 'return to work programmes', consideration of referral to occupational health for those absent for longer than four weeks, and the availability of an 'employee assistance programme and counselling service'. Despite these measures, the levels of continued sick absence was perplexing senior managers and had recently led to a number of more radical options for better management being proposed for discussion, e.g. rewards for not taking sick leave, such as book tokens. For the time being, the area intended to monitor its implementation of the policy and to assess the extent to which the increase in sick absence was the result of better recording.
- There was inconsistency in the frequency of supervision delivered across the area and confusion regarding the required number of sessions. This was compounded by the lack of a supervision policy. It was intended that all established staff should receive a minimum of quarterly supervision focusing on professional development, with practice issues addressed in other fora such as team meetings. We questioned whether quarterly sessions would be sufficient to provide guidance and monitor progress satisfactorily.
- Despite a constructive format, the system for appraisal was not clear. The percentage of completed appraisals collated by headquarters was low at around 50%, which compared unfavourably with the 91% (of 34) staff interviewed who reported to inspectors that they had received a written appraisal in the last 12 months. This second figure also matched much more closely with the estimates of area managers, who were adamant that the vast majority of appraisals were carried out (although we were unsure whether new appraisal objectives were set in a timely fashion). Managers speculated that the shortfall was due to appraisals 'going missing' during the countersigning process, a point of view echoed by the CO, who explained that he had underestimated the countersigning caseload he was taking on when he assumed responsibility for the direct supervision of the area managers. This apparent breakdown in administrative systems was of concern, as without the completed appraisals the area was not able to adequately evidence that staff understood, owned or had achieved their individual objectives. Responses in the 2004 West Mercia Staff Survey further emphasised that both engagement with the process of appraisal and the quality of monitoring required improvement.
- Whilst acknowledging that a comprehensive roll-out of eOASys had been the area's priority (with quality to be addressed once staff started to use the system), work was required to mainstream its use. There was a particular need to ensure that eOASys was seen by practitioners as an aid to effective offender management, rather than as an administrative

obstacle. Encouragingly, the area planned to bring forward its scheduled audit of eOASys implementation from January 2006 to November 2005.

- There had not been any recent training on raising offenders' victim awareness and, according to the learning development plan, none was planned for the forthcoming year. This gap in provision needed to be addressed, particularly given the insufficiency of victim awareness work identified in week one of the inspection (see Section C2 for further details).

A4 Partnership/contracting out

Satisfactorily met

Description:

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

Strengths:

- The CO was a strong advocate of the value of partnerships. He had written a discussion paper for the Board on the future of 'External Relations', inviting it to consider the different options available to the area for the delivery of services, both during and after the transition to NOMS. This document sought to place the issue of commissioning in the centre of any planned strategy. The area's commitment to partnership working was demonstrated by there being an ACO with lead responsibility for external relations.
- Partnership agencies were clear about how they contributed to the effective supervision of offenders, mainly by addressing criminogenic factors. They had a sound understanding of probation targets. Good links with the area at both strategic and operational level were reported, the consensus being that the area was a 'true partner: candid with a can-do attitude'.
- Partners whose appointments were enforceable were happy with the liaison arrangements and knew how to notify area staff of unacceptable absences. For example, the ICCP mentors had a number they could ring and understood that they had 24 hours to inform staff.
- Reliable and timely information was available on the proportion of the budget spent on partnerships each month.
- Positive collaborative working relationships existed within the MAPPAs and Level 3 meetings were well established and attended. There was an information sharing protocol between partners on risk of harm. Partners reported that enhanced working relationships forged with probation through MAPPAs involvement had benefited other aspects of their work, such as within CDRPs and LCJBs.
- The Connect 2 project was a groundbreaking partnership between West Midlands's prisons and the four Probation Boards in the region aimed at the resettlement of short sentence prisoners. West Mercia hosted the project that provided offenders in the community with a personal mentor to help them find employment.

GOOD PRACTICE EXAMPLE

West Mercia was one of the pilot areas for 'learndirect' and e-learning was available at all the area's offices. Skill gaps were identified quickly and offenders signed up to the right course promptly. All 'Skills for Life' learners were signposted via a learning support worker, provision being determined according to individual need and learning style, with one to one, group and college based interventions available.

- The area had a partnership with FPP to provide an offender risk and wider needs assessment. Several managers and practitioners that we spoke to valued this service.
- A partnership with Asha Women's Centre had been developed to provide a safe and constructive environment for women offenders in Worcester and Herefordshire to address offending behaviour issues, such as thinking skills and substance misuse. The area was also an active partner in the Telford Race Equality and Diversity Executive that provided a pooled-budget funded racial harassment post, to which probation staff could refer offenders. In addition, there was a multi-agency Anti-Harassment Project in Redditch that could contribute to probation's management of offenders who had been either perpetrators or victims of harassment.
- Although there was no area-wide scheme to support the location of accommodation for offenders, an accommodation strategy had recently been produced which went some way to addressing the concerns raised in the Supporting People inspection. There was also provision for offenders with accommodation needs to be housed in approved premises, particularly those assessed as posing a high risk of harm.

Areas for improvement:

- The Commissioning ACO and team assessed the content and appropriateness of contracts/SLAs, although the question of whether the performance committee was required to monitor the performance of contracted partner organisations more closely had only recently been raised. Historically, the quality of delivery of services by partnerships had not been systematically assessed, monitored or reviewed, making decision making on whether to continue with existing partnership arrangements more difficult. At the time of the inspection, the ACO Policy, Planning and Performance had produced a list of organisations and a timetable for performance review, with the first two partnerships on the list to be reviewed next month. It was hoped that this oversight would encourage partners to anticipate better what performance information was required of them and when, thus enabling this information to feed into contract reviews more reliably.
- Partnership agencies confirmed generally good working relationships between practitioners in all areas, but some expressed a degree of frustration at probation staff not always understanding processes and procedures. This may have been linked to the area not having produced an overarching partnership strategy.
- A representative of a community mental health team described problems with inappropriate referrals to mental health services being made by some POs, which suggested that referral criteria and liaison responsibilities were not clear. This was borne out by a case manager interview in week one. Absence of both a SLA with mental health providers and area guidance to staff on working with mentally disordered offenders may have added to this problem. Nevertheless, it was encouraging that developing a strategy to improve links with mental health services in West Mercia featured as an improvement objective in the current business plan.

- We had some concern around possible drift of the contract with FPP, especially in respect of the extent to which its assessment:
 - was complementary to the OASys risk assessment
 - provided added value, given the file-based process, and
 - was appropriately used within MAPPPs.

Consequently, we felt that use of these assessments needed to be reviewed and conclusions drawn about what the area required from this partnership.

- There was limited specialist provision available for minority groups, particularly around disability and ethnicity. The area was aware that this required further work.

A5

Effective communication with sentencers

Well met

Description:

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

Strengths:

- Good quality communication between local staff and magistrates was achieved through well-attended quarterly probation fora throughout the area. The issues to be addressed were determined by a steering group that met three times a year, ensuring that the 11 magistrates' courts in the area had a consistent flow of information. Magistrates completed an 'evaluation report' at the end of each forum on the extent to which stated objectives had been met. The steering group included area legal managers, the clerk to the justices, bench representatives, the director of legal services and was attended by probation area managers. Furthermore, the responsible ACO met regularly with the director of legal services, area legal managers and the liaison judge, to discuss current issues.
- Area managers met regularly with the Chairs of probation fora and legal advisors.
- There was evidence of jointly funded training initiatives for court and probation staff that had helped to create a sense of joint ownership of changes brought about as part of the Criminal Justice Act 2003 Act. New magistrates were invited to field probation offices to shadow staff during their work for a day as part of their induction and also attended annual training days. Occasional events were set up for all sentencers to discuss issues such as NOMS; the latter's Chief Executive having attended the most recent event in 2004.
- New format PSRs had been piloted in two teams between July and September 2004. The subsequent evaluation suggested that the majority of sentencers and area staff preferred the new format and this had now been rolled out across the area.
- A West Mercia inter-agency protocol on the management and enforcement of breach proceedings was to be implemented on the 4 July 2005, to help ensure that all agencies continued to work together to facilitate consistent and effective enforcement.
- The most recent sentencer satisfaction survey in 2003 showed improvement in their satisfaction regarding the quality of reports to court, the figure improving from 91% to 97%. This figure compared favourably with other areas in the region at the time. Similarly, satisfaction with the area's overall service to courts had improved from 88% in 2002 to 92% in 2003.

Areas for improvement:

- There was no SLA with the courts around the production of court reports. Whilst lines of communication appeared to be sufficient to keep sentencers informed of anticipated problems in PSR timeliness, e.g. due to staff shortages, such an agreement would ensure that sentencers were clear about the minimum level of service they should expect.
- Sentencer satisfaction surveys were not undertaken regularly: senior managers felt that existing liaison arrangements were adequate to maintain their awareness of sentencers' opinions and that surveys were therefore an unnecessary burden on sentencers' time. In support of this stance, a judge had expressed his preference not to use a questionnaire regarding feedback on use of the electronic report, preferring the 'usual channels'. In spite of this, we felt a more regular, targeted survey would afford all sentencers the opportunity to comment on the area's service to them in confidence, and would assist the area to hone the good working relationship that was clearly valued on both sides.
- Probation court cover in one area was said to be variable, possibly as a result of delays in submitting a business case to fill a vacant post.

SECTION B QUALITY OF ASSESSMENT

B1 Assessment of risk of harm

59%

Description:

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

Strengths:

- There was a close fit between the interventions planned and the assessed risk of harm in 82% of cases.
- In 87% of cases we considered the assessment of the level of risk of harm to be correct. Whilst obviously not ideal, we felt this to be an encouraging score, given the reportedly differing approach to risk classification of the two pre-merger areas.

Areas for improvement:

- Over a third of risk of harm assessments were not completed within national standards timescales, and over a quarter were not of satisfactory quality.
- A satisfactory review of risk of harm was completed every 16 weeks as required by the national standard in only 22% of all cases and in only 20% of high risk of harm cases. Some case managers in the area appeared to be working to a four month target for reviews instead of 16 weeks, but we found that a number of reviews had not been completed within this four month period either.
- In high risk of harm cases where a risk management plan was required within five working days, this was achieved in only 29%.
- In almost every criterion of assessment of risk of harm, scores were lower for high risk of harm cases than for the rest of the sample. Although high risk of harm cases were necessarily subject to a more stringent level of assessment during the case file read, one would expect the management of these cases to have received correspondingly high levels of monitoring. This was not borne out by the evidence available to us and was of concern.
- There was no evidence of appropriate management involvement in the assessment of about a third of the high risk of harm cases. Although a risk manager countersigned the majority of full risk of harm analyses, some were signed-off inappropriately, in that issues around the quality of the recording had not been picked up. In over 50% of high risk of harm cases we saw examples where factors that could indicate increasing risk had not been recognised as such.

B2 Assessment of likelihood of reoffending**81%****Description:**

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

Strength:

- There was a clear likelihood of reoffending score in 95% of cases.

Area for improvement:

- In 33% of cases there was an unsatisfactory use of OASys in relation to assessing the likelihood of reoffending. In some cases this was as a result of the assessment being late or not being done, but in 23% of the whole sample the quality of the content was insufficient. In one case seen there was an issue about eOASys not being locked, i.e. completed, until the offender had signed. Whilst we felt it was good in principle to engage the offender in the assessment, this approach could cause delay in dating and completing OASys.

B3 Case management**62%****Description:**

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

Strengths:

- Appropriate interventions were identified to address the offender's behaviour and community reintegration needs in 79% of cases, although this figure dropped to 64% in the high risk of harm sample.
- In 88% of cases, case managers had taken steps to ensure that the offender understood the requirements of the order or licence.

GOOD PRACTICE EXAMPLE

P was a sex offender who had offended against adolescent boys. He wanted to attend church but the case manager identified a risk of grooming of children and young people of other church families, as well as altar boys. She prepared a document outlining the boundaries of attending church (e.g. not accepting family hospitality, etc.) and included informing relevant senior church officials of his status. Although he would not sign the document because he objected to one particular individual knowing his status, it was a good, clear way of spelling out expectations of him.

GOOD PRACTICE EXAMPLE

We were impressed with the user-friendly leaflet 'You and the probation service' to be given out to offenders at the start of supervision. It gave basic information about what offenders could expect and contained a brief section in other languages, including Welsh. Offenders were expected to sign it to demonstrate that the contents had been understood.

Areas for improvement:

- Nearly two-thirds of ISPs failed to meet national standards in respect of their quality and timeliness. The figure was slightly better for high risk of harm cases.
- SMART objectives were evident in 53% of cases overall and in 40% of high risk of harm cases. One team ran a programme for all offenders during the first 12 weeks of their order called 'PASS' – Process for Assessment and Structured Supervision. The programme included core modules on victims, making changes and problem solving, with optional ones on relationships, self-esteem, alcohol, anger management, employment skills, finance and preparation for the ETS programme. There was a template of standard SMART objectives that related to these modules. This approach seemed to work quite well, and we felt it probably ensured that victim awareness was dealt with more adequately than might otherwise have been the case. However, the disadvantage was that case managers simply copied these objectives into the ISP template. Whilst this was a useful starting point, in some cases they did not adequately meet the needs of individual offenders.
- Liaison responsibilities with supervision partners were clearly defined in only 52% of cases. This figure dropped to 40% for high risk of harm cases.
- There was insufficient evidence that the supervision plan integrated the risk management plan from an inter-agency meeting in 76% of relevant cases.

B4 Documentation

76%

Description:

All relevant documentation is available and has been satisfactorily completed.

Area for improvement:

- Case records were well organised and complete in 77% of cases, and recording was clear and sufficient in 76%. The use in some teams of plastic wallets that soon became over-full did not aid the organisation of case records.

SECTION C QUALITY OF INTERVENTIONS

C1 Managing attendance and enforcement

82%

Description:

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

Strengths:

- Attendance was monitored satisfactorily and action taken to ensure compliance in 89% of all cases and 86% of high risk of harm cases.
- Judgements about the acceptability of reasons for absence were satisfactory in most cases.

Areas for improvement:

- The frequency of appointments offered was appropriate to the needs of the case in only 63% of all cases and 68% of high risk of harm cases.
- In seven high risk of harm cases there had been instances where the offender was apparently just required to report to reception to 'sign in' rather than receive a proper interview.
- Where a home visit was required this was carried out in 37% of cases, although the figure was slightly higher for high risk of harm cases. There was also evidence of inconsistency of approach to home visiting between different practitioners, even within the same team. Some staff seemed to believe that there was a policy preventing home visits, although area managers described this as a 'myth'. A number of other staff felt that whether to visit or not was at their own discretion, whilst others did not appear to understand the purpose of such a visit or recognise the wider benefits of doing so. Lack of home visits was an issue that the area was already aware of following its own internal audit and it was therefore well placed to act. Clear health and safety procedures for home visits already existed.
- National figures showed that the area had a 'near miss' in respect of the enforcement target of 90%, although in the inspection sample the figure dropped to 70%. The area was aware that enforcement varied between teams and was in the process of reviewing procedures across the area with a view to identifying best practice.

C2 Delivering appropriate supervision

69%

Description:

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

Strengths:

- Although liaison responsibilities were insufficiently defined in supervision planning, contact with others working with the offender did take place: case managers liaised actively with

others providing interventions to 86% of all offenders, and 83% of offenders assessed as presenting a high risk of harm.

- Work was satisfactorily directed at community reintegration issues in 78% of all cases.
- In 81% of CP cases the work was judged to be demanding and fully occupied the offender.
- In 88% of high risk of harm cases the interventions were appropriate to the offender's risk of harm and likelihood of reoffending.

GOOD PRACTICE EXAMPLE

E was on a CPRO. He was the father of a young son, who lived in another part of the country, and was applying for custody. E needed to travel there so that regular contact and meetings with social services could take place. This was the most important factor in his life and supervision took this into account. Through good liaison with both CP and community rehabilitation elements in the other probation area, E got through the order, and the two areas even managed to ensure that contact levels met national standards.

GOOD PRACTICE EXAMPLE

B claimed he was a football fan. The case manager asked him about a particular match and it emerged that he hadn't attended, but had just gone to the pubs in the area with a group of friends. The case manager was suspicious and rang the local police who identified B as a member of a far-right organisation with links to other racist groups. The case manager discussed this with B, who openly agreed that he was a member of the organisation. The case manager then started to work with B on his views, using Murmur to Murder material (originally a resource pack designed by POs for work with racially motivated offenders), with the result that B was able to recognise his distorted thinking and understand how it affected his actions.

Areas for improvement:

- Supervision plan reviews met the national standard in 22% of cases in the whole sample and in only 8% of the high risk of harm cases. Although the main reason for this was the failure to meet the 16 week timescale, the content of the reviews was also an issue, particularly in high risk of harm cases. In a number of cases, review objectives simply repeated those from the ISP and did not take into account the recorded progress.
- In only one of 16 relevant cases was there a review that incorporated a risk management plan from an inter-agency meeting. Some case managers said that they were unclear about how best to represent incoming information from MAPPA Level 2 and 3 meetings.
- Appropriate interventions addressing the offender's risk of harm and likelihood of reoffending were not present in 36% of all cases.
- In the 69 cases where there was an identified victim, work to raise the offender's awareness of the victim was not sufficient in 39%. In high risk of harm cases this figure increased to 41%, which was particularly unsatisfactory given the nature of these cases.
- Accredited programmes had commenced within the national standard timescale in 19 out of 43 (44%) of cases and two out of 15 (13%) high risk of harm cases. The reasons for this are referred to in Section A2. There was also a long waiting list for the Priestley one-to-one programme.

Description:

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

Strength:

- In 90% of cases the delivery of interventions was sensitive to diversity. We saw some good examples of case managers taking into account a range of individual needs and personal circumstances, including employment and transport difficulties, sexuality, and the need for interpreters.

GOOD PRACTICE EXAMPLE

M was a single mother who worked part-time. The case manager was able to arrange appointments for when M had taken the children to school and before her part-time job started.

Area for improvement:

- Where literacy or dyslexia was identified as needing attention, this was satisfactorily addressed in supervision in 77% of cases.

Description:

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

Strengths:

- In 84% of the sample consideration had been given to the methods that would be most effective with offenders, e.g. the type and pace of work, accredited programme or supported accommodation.
- There was a current policy on the use of interpreters in the area.

Areas for improvement:

- The quality of pre-release work was assessed as sufficient in relation to the assessment in 62% of cases overall and in 53% of the high risk of harm sample. The area policy was to allocate cases on sentence. However, a shortfall of staff throughout the year until TPOs were ready to come into post, coupled with periods of high staff sickness in some teams, may have contributed to this finding. In addition, we found that OASys had not been reviewed for several months prior to release on a few of those offenders serving long sentences.
- In some high-risk cases, MAPPA were not involved in planning for release. Accommodation of sex offenders seemed to be a particular issue in one team, with confusion around whether or not male sex offenders were a priority for accommodation impeding the efficient use of limited housing resources.

Description:

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

Strengths:

- Interventions appropriate to the assessment of risk of harm had been delivered in 88% of cases, with some examples of case managers increasing the level of contact as the perceived level of risk increased.
- There was satisfactory probation area involvement in child protection arrangements in all four of the relevant cases.

Areas for improvement:

- Although a large proportion of case managers had responded appropriately to potential changes in the level of risk of harm posed, this had not happened in 32% of cases. The figure for high risk of harm cases was poorer, with insufficient work in 47% of cases.
- Good quality inter-agency risk management plans were present in only 28% of relevant cases. The extent to which this figure was due to: a) an absence of paperwork, although that was certainly the issue in a number of cases; b) high risk of harm offenders not being referred into MAPPA Level 2 or above; c) insufficient quality of Level 2 plans; or d) insufficient quality of Level 3 plans; was not clear from the data. However, the majority of high-risk cases seen were being managed at Level 2, through a MARC chaired by the risk manager. It was encouraging that, in response to these findings, the area called a meeting with key managers and staff involved in the assessment and management of high risk of harm and had sought to identify more clearly what the issues were. As a result, a 'Management of Risk Improvement Action Plan' had been produced.
- There was evidence that an inter-agency risk management plan was being followed in 33% of cases. Although this suggested slightly more joint working and liaison than the previous finding, it was still of some concern to note that the plan was not being executed sufficiently in 12 high risk of harm cases.
- Management oversight was not sufficient in over half of the high risk of harm cases. Whilst we were initially encouraged to learn that the area had invested in specialist risk managers to help supervise high risk of harm offenders, the value of their input was not always apparent. For example, strategies agreed in supervision were not followed up, cases were reduced from high to medium without the risk manager's endorsement and reviews of risk assessments were countersigned in the absence of risk management plans. At least one team had been using its own format for reviewing risk, although we understood from case managers that eOASys had now made this redundant. We did see evidence on files of risk managers reminding practitioners that risk management and supervision plans required updating, but this was not consistent across all high risk of harm cases. However, managers were always involved in MAPPP meetings.

- A regular summary of the number of high and very high risk of harm offenders held by the area and broken down by type of order was produced periodically. These data informed risk reviews but did not seek to address compliance or quality issues. A thorough audit of high and very high-risk cases had been undertaken in August 2003, and this was good practice, but there had been nothing similar in the 22 months since.
- In two of the nine cases where potential public protection issues had arisen, we considered the action taken to have been insufficient.

SECTION D QUALITY OF INITIAL OUTCOMES

D1 Interventions are delivered with the desired outcomes

71%

Description:

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

Strengths:

- 83% of offenders had not been convicted of a further offence since the commencement of the order/licence. This was a higher figure than the average for probation areas in the ESI programme to date.
- Case managers identified a number of criminogenic factors associated with offenders subject to supervision. The factors most frequently identified were deficits in thinking skills, followed by employment issues, alcohol misuse, and problems with mental health, relationships, peer influences, accommodation, drug misuse, anger management and financial matters. An analysis showed progress on 69% of cases in relation to the factor regarded as the most significant, and deterioration in only 2%.
- In 41% of high risk of harm cases it was found that there was some reduction in the risk of harm posed and in 77% of these cases the risk of harm had been successfully contained.
- In the high risk of harm sample, 84% of offenders had attended all or most of their appointments.
- In 16 out of the 25 cases where OASys was reassessed at some stage during supervision, the latest score showed improvement.

GOOD PRACTICE EXAMPLE

S was placed on a CRO for his third offence of excess alcohol with a condition to attend the DIDs programme. He attended the programme very reliably with his case manager continuing to see him and motivate him accordingly. There was every evidence that DIDs was having a substantial impact and S gave very positive feedback about it to his supervisor. A progress report to the Crown Court judge who had made the order led to the judge writing a personal note of thanks and congratulations to the case manager and S.

GOOD PRACTICE EXAMPLE

W was a sex offender who had been abused as a child in a residential setting. The case manager arranged for him to receive counselling from an organisation that specialised in working with adult victims. W felt very strongly that this was proving helpful to him.

- There had been a satisfactory improvement in community ties and social circumstances in 63% of cases in the full sample.
- In comparison with the figures in the ESI programme to date, a high number of offenders (40) in the sample were interviewed as part of the inspection process, which we felt was

indicative of a good level of engagement with offenders by the area. The majority felt that they had received assistance with the factors linked to their offending and most (82%) felt that the work undertaken by probation staff had been helpful.

- 94% of offenders interviewed believed to a greater or lesser extent that their work with probation staff had taken account of their diversity and individual needs, while 82% believed that they were now more aware of the impact of their offending on victims and the wider community. Furthermore, 94% of offenders felt that, as a result of this work, they were now less likely to reoffend.

Areas for improvement:

- The extent of the offender’s change in attitudes, beliefs and behaviour in relation to offending was assessed by reference to the file and in discussion with the case manager. There was felt to have been sufficient evidence of progress in only 50% of the high risk of harm cases, although this figure increased to 53% in the whole sample.
- Evidence that learning outcomes from supervision had been applied was found in 53% of cases, and in only 44% of the high risk of harm sample.
- Offenders were asked in interview not only whether the problems they had were raised in supervision, but whether they subsequently received help with these problems. One common problem that was reportedly raised (comparatively) infrequently in supervision was health/mental health. As a possible consequence of this, less than 50% of the 14 offenders for whom health/mental health was described as a ‘big problem’ felt that they received the help they would have liked.

D2	Improvements are sustainable	67%
----	------------------------------	-----

Description:
Results are capable of being sustained beyond the end of supervision.

Strength:

- Sufficient attention had been given to long-term community reintegration issues in 72% of applicable cases in the whole sample.

Areas for improvement:

- Sufficient attention had been given to long-term community reintegration issues in only 55% of cases in the high risk of harm sample.
- Work to link offenders in with mainstream organisations so that their needs could be addressed after supervision ended was insufficient in 39% of relevant cases in the whole sample, and 47% of cases in the high risk of harm sample.

Description:

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

Strengths:

- The area had made substantial investments in information management, employing an information manager and assistant information officer who produced a range of performance reports on aspects of service delivery from their internal database, which were readily available on an individual officer, team and area-wide basis. These reports were discussed in a number of settings across the organisation. In addition, a senior information officer, three information officers and an information support officer worked exclusively on the Connect 2 Project.
- Performance data had been used to analyse programme attrition and a working party set up to address the situation with the aid of an external consultant.
- A number of internal audits on performance against national standards had been used to improve procedures. For example, an ICCP audit had taken place, which revealed that ICCP seemed “somewhat disjointed from the mainstream work of the service”. This finding had resulted in new guidance on ICCP being provided, together with enhanced referral forms.
- A member of the support team drew-off eOASys figures for quality control purposes, which included random selection of cases for more in-depth review.
- Research information had been used to inform practice in promoting work with racially motivated offenders and the area had drawn upon work commissioned locally resulting in the pack ‘From Murrmur to Murder’. Wider research literature had informed the development of the area’s ongoing ‘Working with Racially Motivated Offenders’ training.
- OASys was beginning to be used to provide information on the extent of criminogenic need. The number of offenders assessed as having an accommodation need had been collated and the data used to inform the Reducing Re-offending Regional Action Plan.
- Negotiations were taking place with the West of Midlands Government Office for the Region and the relevant CDRPs to determine outcome measures for the Persistent and Prolific Offender scheme.

Areas for improvement:

- Information relating to the outcomes of interventions with offenders did not seem to be systematically gathered and used by the area. Monitoring and evaluation were largely focused on performance issues in respect of national priorities. Only 27% of OASys assessments had been reassessed at some point during supervision. The area could make greater use of the information available from OASys to inform outcome-related practice development. It was intended that eOASys would facilitate this.
- The area did not have access to locally held initial and longer-term reconviction data and therefore such information could not be used to inform practice.

Description:

Interventions are delivered with efficient and appropriate use of resources.

Strengths:

- In 83% of cases the resources allocated to a case were assessed as consistent with the risk of harm, and in 82% they were consistent with the likelihood of reoffending. However, the figures for the high risk of harm sample were 56% and 68% respectively.
- Resources allocated were judged to have been used efficiently in 77% of cases in the whole sample.

Area for improvement:

- Resources allocated were judged to have been used efficiently in 52% of the high risk of harm sample.

THEMATIC ELEMENT: ENHANCED COMMUNITY PUNISHMENT/ UNPAID WORK

SUMMARY OF THE PROVISIONAL FINDINGS FOR WEST MERCIA

Introduction

Every inspection in the ESI programme includes a thematic element. In the first group of probation areas being inspected in 2005/2006 the thematic element was on ECP/Unpaid Work. A full report on the whole thematic inspection will be published as soon as possible after the visit to the last of these areas.

Pending publication of the thematic report, each of the area ESI reports includes a summary of the provisional ECP/Unpaid Work findings for the area. The summary for West Mercia is given below.

Thematic element inspection arrangements

The inspection took place during the first six months after the implementation of the Criminal Justice Act 2003, which introduced the new community order with unpaid work as one of its possible requirements. Although the cases inspected were all CPOs and CPROs that had started before the Act's implementation, we expected areas to be preparing for the new legislation and beginning to respond to the new sentencing arrangements.

There was no separate case sample for the thematic element, and the findings relate to the 23 CPO and ten CPRO cases in the whole area group of cases. In addition we spent two days visiting placements and interviewing offenders, supervisors and beneficiaries, followed by a day of meetings with senior and middle managers, case managers and supervisors.

Quality ratings

Quality of ECP/Unpaid Work Management: Of the six Management criteria (A1-A5 and D3), two were satisfactorily met, three were partly met and one was not met.

The other criteria were scored by analysing the work done by the area in the 33 cases inspected. The scores for the individual questions were weighted and aggregated to produce the following three quality ratings.

<i>Quality of ECP/Unpaid Work Assessment</i>	71%
<i>Quality of ECP/Unpaid Work Interventions</i>	71%
<i>Quality of ECP/Unpaid Work Initial Outcomes</i>	67%

Overall assessment

- We had concerns about the way in which the CP scheme was currently managed.
- There were inadequate resources invested in CP/Unpaid Work to ensure the necessary level of supervisors for the effective running of the scheme.
- The implementation of ECP was found to have been inconsistent.
- Supervision plans and reviews were not routinely completed.
- Offender need was not matched to placement quality in many cases.
- Most CP staff were working positively and providing a good standard of supervision to offenders on work parties.
- The range of placements available was inadequate, with agency placements under developed.

Recommendations

The Probation Board should ensure that:

- *the management of the scheme is reviewed*
- *the roles of all staff are reviewed with a view to creating a flexible staff mix which is fit for purpose*
- *the range of placements is extended*
- *PPWS requirements are met in all units*
- *proper use is made of placement and offender matching*
- *procedures for the management of CPROs include the proper enforcement of orders*
- *all CP staff receive regular supervision.*

OVERVIEW OF THE WEST MERCIA ECP/UNPAID WORK SCHEME

- An ACO had overall responsibility for interventions including CP, with one of the area managers having operational responsibility for ECP/Unpaid work itself among his other tasks. There were five units based in the six main probation centres, each led by a unit manager. A full-time QAM and a health and safety coordinator had been appointed who acted outside of the line management structure.
- West Mercia is a large size, lower density area with centres of population often over 20 miles apart and with inadequate public transport between them. The decision had been taken to maintain five separate units (including one unit split over two sites) to reflect the needs of the different towns and communities served. In order to manage this within the resources available, hard choices had been made around management arrangements, transport and equipment. Some of these whilst solving one problem had created others, e.g. to optimise the supervisor to offender ratio, the use of minibuses was being extended but this would have a negative impact on the amount of time offenders spent travelling to worksites.
- On implementing ECP the area had created a new community punishment officer role which combined those of case manager, placement manager and supervisor. There were dedicated CP administrative posts in each unit.
- Community punishment officers had responsibility for the assessment and planning of orders and for OASys completion where this was necessary. This was done on a duty basis and, where an order was completed successfully, it was likely that the case manager would have no further contact with an offender. Only one unit ran the PPWS (two community punishment officers and one supervisor working together) so basic health and safety information continued to be given during the PSAI. It was also intended that all community punishment officers would work one weekend day per week as a supervisor, although it was apparent that this was still not happening in all cases.
- It was acknowledged by the area that the CP scheme was seriously underfunded and that by its own calculation there needed to be a further eight full-time equivalent supervisor/community punishment officer posts created to manage current workloads. The outcome of present staffing levels and the management of the scheme meant that there was an unacceptably high level of offenders sent home from work each week.

FACTUAL INFORMATION:

Investment

Investment in CP* as a % of total budget spend	2003/2004	2004/2005	2005/2006
Staff	6.96%	8.73%	8.55%
Workshops	–	–	–
Vehicles	–	0.87%	0.56%
Equipment	0.16%	0.39%	0.36%
Staff travel and subsistence	0.13%	0.24%	0.21%
Partnership contracts	0.12%	0.20%	0.18%
Total	7.37%	10.43%	9.86%

* In order to facilitate comparison over the whole thematic inspection, no central costs are included.

Workload

Commencements by order type as a % of all commencements	2003/2004	2004/2005
CPO	22%	24%
CPRO	8%	9%
Total	30%	33%

Key headlines from the NPS placement survey undertaken in November 2004

Type of agency	
Retail	30%
Faith institution	10%
Local authority	10%
Social care	12%
Housing provision	2%
Education	4%
Environmental	16%
Building construction	5%
Crime reduction/community safety	1%
Animal care	4%
Other	6%

Which groups benefited from ECP work in West Mercia in 2004	
Children and young persons	23
Disabled persons	18
Homeless persons	4
Minority ethnic populations	12
Elderly persons	19
Animal welfare	9
Total	85

Caseload detail

Overall West Mercia ECP caseload March 2005	ESI sample West Mercia April 2005 (33 cases)
50% had an OGRS2 of under 41%	67% of the sample had an OGRS2 of under 41% (22 cases)
66% were assessed as low risk of harm	13 cases (39%) were assessed as low risk of harm.
2% were assessed as high risk of harm	21% (seven cases) were assessed as high risk of harm.

SECTION A QUALITY OF ECP/UNPAID WORK MANAGEMENT

A1: Leadership and planning:	Assessment
<p><i>The Board and CO lead the area in the achievement of ECP targets through the production of local policies and procedures which are regularly monitored and reviewed. The senior management team is committed to the implementation of these national and local targets, including case management, risk management and promoting diversity.</i></p>	<p>PARTLY MET</p>

Strengths:

- According to the latest NPS Performance Report published in May 2005 for the full year 2004/2005 West Mercia had, along with the majority of areas, exceeded its ECP completions target. In other targets relevant to CP it had exceeded the compliance target, and had been close to that for enforcement.
- To cope with the size and rural nature of the area, the decision was taken to maintain five separate CP units (including one unit split over two sites) to reflect the needs of the different towns and communities served. In order to manage this within the resources available, hard choices had been made around management arrangements, transport and equipment. Some of these whilst solving one problem had created others, e.g. to optimise the supervisor to offender ratio the use of minibuses was being extended but this would have a negative impact on the amount of time offenders spent travelling to worksites. A move to fewer but better quality equipment stores would have a similar impact but was essential in terms of health and safety for staff.
- The area had planned to implement ECP fully across the area and had invested in some of the features of the scheme in order to achieve this. A dedicated health and safety coordinator was part of the management of the CP scheme. The post holder worked collaboratively with unit managers and staff to ensure that legislation was addressed and safe working practices maintained. There was a full-time QAM who acted outside of the line management structure in order to ensure objectivity.
- There were regular meetings between managers, chaired by the area manager. The area produced useful performance management information that was used regularly in meetings to monitor achievement of targets.
- The area Race Equality Action Plan included CP specific recommendations.
- The required protocols were in place with the two West Mercia YOTs.

Areas for improvement:

- The ECP scheme had been signed off by the NPD in September 2003 despite significant shortfalls in meeting some standards. Most notably, it was stated in the pre-sign off assessment that the area was not meeting the then national standard in relation to offenders completing an average of five hours work per week due to the high level of stand downs.
- Implementation of ECP was inconsistent across the area. The detail will be found in Sections B and C.
- Given the level of resources in CP overall, the management structure seemed top heavy. There was no dedicated overall scheme manager which contributed to the faults in the management of the scheme, yet there were five unit managers, three of whom had a relatively small span of responsibility. Their time was often consumed by attempts to make up for the shortfall in supervisors and community punishment officers. Whilst the area

viewed this flexibility as a positive feature, we found that it contributed to the overall weakness of the management of the scheme.

- It had been hoped that the creation of the mixed responsibility community punishment officer role would introduce flexibility into the scheme. However, there were insufficient staff in post to put this into practice and the area had had to continue to employ some sessional staff.
- The level of stand downs, particularly at weekends, had been entered on to the Area Business Risk Register in March 2005 as a high level risk in terms of both likelihood and impact. The issue had been raised in all but one of the Courts/Probation Fora, as sentencers were increasingly aware of the area's failure to supervise orders as required. An action plan to address and rectify the problem had been drawn up and was due to be reviewed in July. Observations in the inspection were that out of the eight actions planned to address the risk, only five were being fully implemented.
- The area had been unable to introduce the PPWS as an integral feature of ECP across the whole of the area. As a consequence, the level of health and safety information given to offenders prior to attending for work was inadequate. However, further information was given on site by supervisors and this was monitored by the health and safety coordinator. The advantages of a detailed and consistent introduction to CP/Unpaid Work and the benefits of basic skills and other employment related activities were also lost. Whilst there had been plans to extend the group based PPWS beyond the single unit where it currently operated, it was acknowledged that they could not be implemented within the current level of resources. As an acceptable compromise, consideration was being given to improving the quality and consistency of health and safety information given.

A2: Resource allocation:	Assessment
<i>The area demonstrates a strategic approach in allocating resources to deliver effective performance and shows positive results in relation to value for money.</i>	NOT MET

Strengths:

- There was a dedicated health and safety coordinator who worked with unit managers and staff to ensure the safe running of all aspects of CP/Unpaid Work.
- A CP administrator had responsibility for management information and the purchase of equipment.

Area for improvement:

- It was acknowledged by the area that the CP scheme was seriously underfunded and that by its own calculation there needed to be a further eight full-time equivalent supervisor/community punishment officer posts created to manage current workloads.
- An unacceptably high level of offenders were sent home from work each week. Monitoring over a ten week period from February 2005 showed that in every week between 3% and 6% of the current caseload had been stood down, i.e. sent home from a work party due to lack of supervisors. These figures did not include those who had been instructed in advance not to attend where it was known that there would be insufficient supervisors.
- The proportion of each unit's caseload sent home in this way varied, with no offenders being stood down anywhere in some weeks. Hereford had a negligible overall stand down rate within what was the smallest caseload, while Shropshire had the highest with 15% stood down in one week and over 11% on two other occasions. Telford and South Worcestershire also had significantly high rates. Given that supervisors normally took out between six and

eight offenders, staff knew they could be faced with this dilemma each week if every offender was instructed to attend. They had been told to give priority to offenders subject to CPROs and ICCPs. Inevitably those on 'straight' CPOs felt discriminated against, especially if sent home on more than one occasion. Whilst the CO had issued an instruction that those sent home previously should also be given priority, this did not appear to have been implemented: in our sample of 33, six (18%) had been stood down three to four times and two had been stood down five to six times.

- The lack of staff also meant that community punishment officers were unable to invest much time in placement development or in finding and supporting agency placements. They were particularly low on single agency placements. Finding good quality placements seemed to be at the discretion of the individual community punishment officer or unit manager with no apparent corporate approach.

A3: Management and supervision of staff:	Assessment
<i>The Board and CO have human resources planning strategies that ensure delivery of an effective CP scheme.</i>	PARTLY MET

Strengths:

- ECP training had been undertaken by existing staff.
- Managers, including those holding specialist posts, met every month to review the operation of the scheme.
- Most staff had had an appraisal written in the previous year.

Areas for improvement:

- Unit managers were open about the level of formal supervision given to staff. Out of five, one did not supervise at all believing that was not necessary, and one had felt unable to supervise due to staff's high workloads. Most managers felt obliged to fill in for gaps in their units so were themselves under pressure. The area manager was aware of this situation but had not taken action to rectify it before the inspection.
- Ensuring that all community punishment officers worked one day per weekend was part of the business risk management plan. Some staff were reluctant to do this. Whilst most community punishment officers were working to their contract, it was clear that some were not and that some managers were unable or unwilling to exercise their authority over this matter.
- A number of community punishment officers reported that they had not had eOASys training and were therefore unable to use it. Several had been offered training but had declined to go as they were too busy which had been agreed to by managers. There was also an example of an officer who had been appointed in November 2004 only being allocated a place on a course in June 2005.
- West Mercia recruited PSO grade staff, including community punishment officers, once a year through a generic advertisement and selection process. Candidates would be assessed as being appointable, put on a waiting list and when a vacancy became available they would be told in which part of the organisation they were required to work. A further informal interview would then take place with a manager to assess suitability for that particular post. Unit managers were critical of this procedure stating that it did not always meet their needs. Whilst some candidates might express a preference to wait until a more attractive post became vacant and others might be deemed unsuitable, there was also the possibility that some might choose to take what was immediately on offer. Given the unique blend of skills

and experience required to fulfil the person specification of the generic community punishment officer role, including practical skills to a good DIY level and ability to take out a group of six offenders alone in a minibus, etc., it was unlikely that all on the list would meet the requirements. Examples were given of staff appointed who were not comfortable with or sufficiently skilled to carry out the role satisfactorily. Whilst they could be taught to drive a minibus, other skills would be less easy to acquire. This further affected the area's ability to manage the scheme effectively.

A4: Communities and beneficiaries:	Assessment
<i>The Board and CO have strategies and procedures in place to ensure that the area's partnerships with both voluntary and statutory agencies support service delivery and are value for money.</i>	SATISFACTORILY MET

Strengths:

- The area was involved at a strategic level with CDRPs that led to some benefits in CP units being asked to undertake work on their behalf. Examples included fitting locks and bolts to vulnerable local authority properties and a number of placements clearing otherwise overgrown public areas.
- Two contracted partnerships at a cost this financial year of almost £21,000 involved the collection, repair and distribution of furniture and offered GSL. One project (Oldington and Foley Park Community Network) was visited as part of the inspection and was seen to offer a quality placement incorporating the elements of ECP. This project was well used, particularly during the week. In the MAGGS Day Centre and Droitwich Canal Project (also well used projects and visited during the inspection) some offender supervision was provided by the agency at an hourly rate per offender.
- Despite the low proportion of the West Mercia population made up of people from black and minority ethnic groups, the area had identified 14% of the groups benefiting from ECP work in 2004 as coming from those communities. There was also some work currently under way to establish a project to benefit the Traveller community.

Areas for improvement:

- The area was aware of the need to review the value for money provided by the funded projects. There had been a few GSL commencements in the previous year but no awards.
- Despite some good examples of community-based projects, overall there was an insufficient range due to the lack of resources available to invest in establishing new ones. In one unit, some effort to do this had been made in the previous year but, unfortunately, potential new beneficiaries were now feeling let down by the area's inability to supervise work parties to carry out the tasks identified.

A5: Effective communication with sentencers:	Assessment
<i>There is high quality, proactive communication by the area, with local sentencers and clerks to the justices about the CP scheme.</i>	SATISFACTORILY MET

Strength:

- There were regular meetings between sentencers and staff of the area, as well as with senior managers and the Board Chair. Progress in, and changes to CP were featured in examples of minutes seen.

Area for improvement:

- Recognising the likelihood of sentencers continuing to use CP as a popular option, the area had targeted its efforts towards persuading them to make shorter orders. This strategy appeared to have been unsuccessful as, although the increase in orders made in the previous year was small (24), there had been an increase of 12,170 in the hours ordered.

SECTION B QUALITY OF ECP/UNPAID WORK ASSESSMENT

B1: Assessment of risk of harm:	Score
<i>Risk of harm is satisfactorily assessed using an approved instrument (OASys where available), specialist assessment tools, where relevant, and draws on MAPPA, other agencies' and previous probation service assessments.</i>	64%

Strengths:

- Risk assessments were of sufficient quality in a higher proportion of CPO and CPRO cases than in the main sample (73% as opposed to 61%).
- The scheme was primarily designed to manage low and medium risk of harm offenders as they made up the vast majority of cases. There were suitable arrangements in place to assess and review high risk of harm cases, including advice and countersigning by the divisional risk manager.
- Supervisors were informed verbally about cases where there was a high risk of harm to the public.

Areas for improvement:

- There were six cases (18%) where there had been no risk of harm assessment but where offenders had been allocated to work.
- It was of concern that despite the system's apparent strengths, of the seven high risk of harm cases in the sample, only three had had a satisfactory risk of harm assessment, none had had a risk management plan completed within the national standard timescale and in only three had interventions been identified that fitted the risk of harm.
- In 42% of the cases there was no review of the level of risk and in a further 33% the assessment was inadequate. A number of case managers reported to inspectors that either they had not been trained to use eOASys or they chose not to use it and therefore did not undertake reviews of any cases.

B2: Assessment of likelihood of reoffending:	Score
<i>The likelihood of reoffending and criminogenic factors are satisfactorily identified and assessed using an approved instrument (OASys, OGRS2, LSI-R, ACE).</i>	91%

Strength:

- CPO and CPRO cases were more likely to have had the likelihood of reoffending assessed than the main sample (85% as opposed to 67%), but the level of appropriate assessment was similar at 79%.

B3: Case management:	Score
<i>The case is managed effectively and interventions coordinated to enable criminogenic factors to be addressed (combined order cases) and any risk of harm managed. The ISP takes account of the PSR or SSR and describes an overall plan of work for each offender, in line with the assessments of risk of harm and need and the likelihood of reoffending.</i>	62%

Areas for improvement:

- In 30% of cases there was no ISP or complete CP assessment, and in a further 18% the quality of the plan was insufficient. Despite this we found some examples of very good practice among individual case managers.
- The PSAI was conducted by the duty community punishment officer who in all but one unit combined this with giving limited information about health and safety and the expectations both on the offender and the probation service. This was because only one unit provided a PPWS, run on a fortnightly basis. In over 50% of the cases we considered that the content of the individual interview did not meet the requirements of the PPWS.
- Some community punishment officers did not produce QPMs as they said that they did not understand them, despite having completed the relevant training. Others did not complete them as they were aware that placements could change every week. In one unit there was a generic QPM which stated ‘Various placements all have top marks’. In all of these examples there was therefore no attempt at actually matching offender need to the placement – allocation was based solely on what was available on the day. In only nine cases (27%) was there found to be a suitable match.
- The ISP was considered sufficiently sensitive to race equality and wider diversity issues in only just over half the relevant cases.

B4: Documentation:	Score
<i>All relevant documentation is available and has been satisfactorily completed.</i>	62%

Strength:

- An old fashioned approach to case recording lent itself to offenders being given an attendance record with a self-carbonating copy being put straightaway into the case file.

Area for improvement:

- CPO/CPRO case records were assessed as being less satisfactory than the main sample (58% as opposed to 77%) due to there being documents missing (e.g. the QPM) and for the sparse level of information on the running case record.

SECTION C QUALITY OF ECP/UNPAID WORK INTERVENTIONS

C1: Managing attendance and enforcement:	Score
<i>Contact with the offender and enforcement of the order is planned and implemented to meet the requirements of national standards.</i>	78%

Strength:

- Discussions with offenders indicated that there was a clear understanding of the expectations about absences and the evidence to be provided to make it acceptable, e.g. medical confirmation of sickness.

Areas for improvement:

- Appointments were arranged to conform with national standards at a higher level than in the main sample, but at 79% this was still not sufficient.
- Attendance monitoring and judgements about the acceptability of reasons for absence were satisfactory in less than 80% of cases which was a lower rate than for the main sample.
- In 17 cases where breach action was necessary, in seven cases it was not carried out within the required timescale.
- Whilst a decision had been taken to continue to instruct offenders to work every week, 31% of cases had at some point in their order been notified in advance not to report to work as instructed due to a lack of supervisors.
- 58% of the cases in the sample had also reported for work only to be stood down for lack of supervisors. Discussions with offenders out on placement highlighted the fact that this was the single greatest cause for complaint amongst them. In particular, offenders instructed to attend for CP at the weekend were in employment, often working six days per week and were angry that: a) they had turned up on what should have been their only rest day; b) they wanted to get their order completed; and c) for the self-employed this was costing them money as they would otherwise be using the day for some aspect of their business. Often a lone supervisor had to make decisions about how many offenders could be supervised safely and about whom to send home. They had to deal with the consequent anger and it was a tribute to their skill that there had been no violent incidents reported.
- There was an inconsistent approach between supervisors to dealing with lateness. This was in part due to an acknowledgement that some offenders had to travel long distances to get to the pick-up point.
- CP staff were frustrated by the inconsistent application of the enforcement policy between themselves and the PO case managers of CPROs who had responsibility for judgements about the acceptability of reasons for absence on the CP element. Not only did this slow down the enforcement process but CP staff also believed unacceptable absences were more likely to be accepted. This caused problems on work parties where offenders breached for similar excuses felt this was a discriminatory approach. There was generally a poor level of communication between CP staff and PO case managers despite being based in the same offices.

C2: Delivering appropriate supervision:	Score
<i>The principles of Integrated Case Management are applied consistently in ECP. Interventions are delivered to achieve the objectives identified in the ISP and recorded according to the requirements of national standards. Case managers oversee and coordinate the work of other staff and partner organisations and all staff play an active part in motivating and supporting offenders throughout their supervision.</i>	74%

Strengths:

- We considered that in 94% of cases the work carried out on CP was demanding and occupied the offender fully.
- Most offenders seen on placement believed that they were undertaking worthwhile work and that they were being motivated by their supervisor to get through the order. There were good examples of the community punishment officer/supervisor investing a great deal in setting up placements and teaching new skills and problem solving in an informal way to offenders, e.g. the canal restoration project at Ayselstone and the new allotment project at Aggborough.
- Another placement which offered a full range of opportunities to offenders, including use of practical skills and significant contact with beneficiaries, was the MAGGS Day Centre in Worcester. This was run for the benefit of homeless people. The funded furniture project at Oldington and Foley Park, referred to earlier, likewise provided offenders with a good quality experience of supervision.
- There had been problems in setting up GSL opportunities across the area. However, plans were in hand and the two contracted partnership projects were able to make provision available. All offenders had a basic skills screening and were able to undertake learning as part of their order.

Areas for improvement:

- Where there was no ISP or an inadequate one, there could be no attempt at integrated case management. This applied in almost half the sample. 71% of cases participated in more than one placement, with 42% participating in over five. In two-thirds of these no explanation was recorded for the change and in almost 90% there was no new QPM completed. Clearly the practice of having one generic QPM was an attempt to fulfil this requirement but this was not satisfactory.
- CP/Unpaid Work was organised in such a way that unless enforcement action was required, the case manager was unlikely to meet the offender once the initial interview had been undertaken. However, case managers did not tend to make use of information on file in order to review the progress of orders. Reviews were not completed in 45% of the sample and in only 30% were they assessed as being satisfactory. There were however some individual case managers whose practice was good.
- Some offenders and staff interviewed believed that the allowance for ETE activity was still 10% rather than the 20% to which it had been increased by the NPD in December 2004.
- Several offenders on placement complained that having been offered the opportunity to learn new skills, they subsequently heard nothing more about it.
- The area also recognised that crisis point had been reached in some districts and was making short-term arrangements for the supervision of offenders which were not always satisfactory. Non-CP staff had been offered overtime to take out groups; one observed during the inspection was viewed by both the inspector and unit manager as not having the requisite practical or group supervision skills. The area was asked to investigate the situation with a

view to stopping this arrangement. There were at the same time CP staff who were accruing TOIL and were prepared to work for payment but a decision had been taken not to use them.

C3: Diversity needs:	Score
<i>There is a full range of interventions to meet diverse needs. There is evidence of appropriate support arrangements for women, minority ethnic and disabled offenders.</i>	81%

Strength:

- Arrangements for supervision took account of the needs of offenders in 88% of cases. For most offenders this meant that they were not instructed to work on a day that interfered with their paid employment. There were also some placements available for people with childcare commitments for whom a shorter working day was more achievable.

Areas for improvement:

- Whilst almost half of the CP group of staff and managers were female, due to the dispersed nature of work locations, it was not possible for the area to ensure that women who were unable to work in male only work parties could have another woman present. Instructions to staff were that women who did not want to work in such circumstances should be invited to wait until the next week to work when a more acceptable arrangement might be available. The same instruction applied to lone black offenders. However, managers reported to us that this was a problem for them as suitable alternatives were not always possible to arrange. There were also insufficient agency placements to accommodate offenders, especially women and minority ethnic offenders.
- West Mercia overall has a low level of population from minority ethnic groups (2.1%), although there are significant local populations in Telford, Redditch and Worcester. Only two members of CP staff classified themselves as from a minority ethnic background.
- The area had a policy to address arrangements where a toilet was not available to staff and offenders. This included offenders being told of this at the PSAI and given the choice of waiting for an alternative on another day if this was not acceptable. None of the outside placements seen had toilets available on site and it was not practical to go off site to find them. We did not consider that the area had sufficient placements available to them to make this choice a viable one and that availability of toilets within a short time from the worksite should be a criterion for acceptability in a proportion of their placements. This would also be addressed by an increase in agency placements.

C4: Responsivity:	Score
<i>Offenders' learning style, motivation and capacity to engage with work are taken into account in the assessment and intervention plan.</i>	82%

Strength:

- The supervisor on the work party carried out motivational work. Offenders were often able to stay with the same supervisor on each work day, although the venue and focus of the work party would change.

C5: Management of risk of harm:	Score
<i>Risk of harm is actively managed in consultation with other agencies.</i>	44%

Strength:

- In 88% of cases the placement was assessed as appropriate to the risk of harm.

Areas for improvement:

- There were eight cases where there had been changes in the assessed level of risk of harm. It was of concern that in two these had not been sufficiently well managed.
- In four of the high risk of harm cases there had been insufficient management oversight.

SECTION D QUALITY OF ECP/UNPAID WORK INITIAL OUTCOMES

D1: Interventions are delivered with the desired outcomes:	Score
<i>Planned objectives are achieved and the risk of harm/likelihood of reoffending is demonstrably reduced.</i>	62%

Strengths:

- The majority of offenders had not been convicted for a further offence committed since the start of the order.
- It was positive that 52% of offenders had made progress on their first priority criminogenic factor. Whilst not in a position to offer direct help, there were examples of case managers referring offenders to the relevant agencies that could assist with criminogenic needs such as substance misuse.

Area for improvement:

- In two of the high risk of harm cases it was judged that the risk of harm posed by the offender had not been successfully contained during their supervision.

D2: Improvements are sustainable:	Score
<i>Results are capable of being sustained beyond the end of supervision.</i>	51%

Area for improvement:

- Attention had been given to long-term community reintegration issues in 56% of the sample, and attention given to ensuring that the offender maintained contact with mainstream organisations to address criminogenic need in 46%. These contrasted with figures of 72% and 61% in the main sample.

D3: Outcomes of interventions are assessed and reviewed using available data:	Assessment
<i>All available data are used to assess the effectiveness of interventions.</i>	PARTLY MET

Strength:

- Exit interviews were carried out and data produced by the QAM that was fed back to unit managers and case managers. There was evidence that these data were used to review the quality of placements.

D4: Interventions demonstrate value for money:	Score
<i>Interventions are delivered with efficient and appropriate use of resources.</i>	79%

Strength:

- Resources used were consistent with the assessed likelihood of reoffending and risk of harm in the majority of cases.

THE ROLE OF HMI PROBATION

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

Home Office Objectives

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

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

Role

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

Code of Practice

HMI Probation aims to achieve its purpose by:

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

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

*HM Chief Inspector of Probation
2nd Floor, Ashley House*

*2 Monck Street
London SW1P 2BQ*