



*Effective
Supervision
Inspection*

*of the
National Probation Service for
England and Wales*

Follow-up report on:
South Yorkshire Probation Area

2006

The Home Office logo consists of a thick, black, curved line above the words 'Home Office' in a bold, sans-serif font.

Home Office

FOREWORD

In April 2005 our original Effective Supervision Inspection raised a number of concerns about the standard of risk assessment, risk management and supervision planning and review within the South Yorkshire Probation Area. We advised that a limited follow-up inspection would take place in April 2006, involving a smaller sample of offenders. It is to the area's credit that the inspection's findings were accepted and that there has been a very immediate and positive response.

This report sets out the detail of where performance has improved and where changes are still required. The findings of the follow-up inspection indicate that whilst the area has put in place a number of policy and procedural changes the impact on practice has been disappointing.

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HM Chief Inspector of Probation

May 2006

ACKNOWLEDGEMENTS

We would like to express our thanks to the South Yorkshire Probation Board, its managers and staff for the considerable assistance received in enabling the inspection to proceed smoothly. Without their help the work could not have been completed successfully.

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GLOSSARY

ACE	Assessment, Case Recording and Evaluation System
ACO	Assistant chief officer
CO	Chief officer
CPO	Community punishment order
CRAMS	Case Record Administration and Management System
DRR	Drug Rehabilitation Requirement
DTO	Detention and training order
ESI	Effective Supervision Inspection
HMI Probation	HM Inspectorate of Probation
LSI-R	Level of Service Inventory-Revised
MAPPA	Multi-Agency Public Protection Arrangements
NOMS	National Offender Management Service
NPD	National Probation Directorate
NPS	National Probation Service
OASys/eOASys	Offender Assessment System/electronic OASys
OGRS2	Offender Group Reconviction Scale
PO	Probation officer
PSO	Probation service officer
PSR	Pre-sentence report
SMART	Specific, Measurable, Achievable, Realistic and Time-bounded
SMB	Strategic Management Board
SPO	Senior probation officer
SSR	Specific sentence report

REASONS FOR UNDERTAKING THE FOLLOW-UP

- ▣ The South Yorkshire ESI report, published in April 2005, concluded that the area had a number of strengths and had performed well against many of the criteria examined. There was strong and visible leadership by the Board and senior managers, an impressive system of performance management, and evidence of improvement in relation to many national targets. However, some aspects of the quality of practice in relation to risk assessment and supervision planning did not meet the inspection standards.
- ▣ These concerns were addressed in four of the report's recommendations.

The Probation Board should ensure that:

1. *policy and guidance on work with high risk of harm offenders are updated and issued to all staff*
2. *role boundaries are clear for staff completing offender assessments and reviews*
3. *the quality of and timeliness of risk of harm assessments is improved*
4. *the quality and timeliness of supervision planning is improved.*

SUMMARY OF THE FINDINGS OF THE FOLLOW-UP

Key findings

- **Quality of Management:** The area had responded positively to the recommendations of the original report by way of a detailed action plan, which had been regularly reviewed. It was clear that senior managers and the Board were committed to the improvement of practice. New public protection procedures had been introduced and staff had been well prepared for the new arrangements through a range of training and briefing events. There was also evidence that the MAPPA had developed a more strategic role within the area. Efforts had been made to clarify the roles of staff in the preparation of offender assessments and reviews against a background of significant organisational restructuring, brought about by the need to implement the offender management model.
- **Quality of Assessment:** There had been improvements in the timeliness of risk management plans and staff had become more proficient in the use of e-OASys. However, overall, the results of the follow-up inspection were disappointing. Timeliness of assessments of risk of harm and likelihood of reoffending needed to improve and, whilst there were some isolated examples of good practice, there was also little evidence that the quality of the assessments had improved.
- **Quality of Interventions:** There had been some modest improvements in the management of offenders who presented a risk of harm, but there was a need to ensure that all cases were managed to a consistently acceptable standard. Contact rates with offenders had increased and enforcement was well managed. The review of supervision planning had also improved though more work was still needed on this. The delivery of interventions was found to be sensitive to diversity issues but in some circumstances the arrangements made had not always properly taken account of these.

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 General of the NPS, the Probation Board and CO. It is also available on the website of HMI Probation at:

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

SCORING SUMMARY SHEET

Section A: Quality of management	Original Inspection	Follow-up Inspection
A1: Leadership and planning	Satisfactorily met	Not re-scored
A3: Management and supervision of staff	Well met	Not re-scored
Section B: Quality of assessment		
B1: Assessment of risk of harm	51%	54%
B2: Assessment of likelihood of reoffending	74%	72%
B3: Case management	57%	51%
B4: Documentation	90%	80%
Score for section B	65%	62%
Section C: Quality of interventions		
C1: Managing attendance and enforcement	73%	78%
C2: Delivering appropriate supervision	60%	56%
C3: Diversity needs	86%	64%
C4: Responsivity	82%	63%
C5: Management of risk of harm	70%	78%
Score for section C	73%	68%

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.
- The South Yorkshire follow-up inspection was a limited exercise that further examined the area's assessment of and interventions with offenders one year on from the original inspection. It involved scrutiny of 30 community sentences and post-custodial licences. There was also an examination of the area's improvement plans and how these had been implemented. Meetings were held with the Board Chair, CO and senior and middle managers.
- The report uses a similar framework to the ESI report in assessing the area's performance against the criteria that are relevant to the issues addressed in the follow-up. We have re-scored those assessment and interventions criteria where it has been possible to make a direct comparison. However, the management section has not been re-scored because of the follow-up's narrower focus in comparison to the original inspection.
- Except where stated, the results reported refer to the total sample of cases examined in the follow-up inspection. The ESI figures quoted relate similarly to the total number of cases looked at in that inspection.

SECTION A QUALITY OF MANAGEMENT

A1	Leadership and planning	Original inspection	Satisfactorily met
		Follow-up inspection	N/A

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.

- The Board and senior management had worked hard to ensure that the findings and recommendations of the original ESI report were communicated to staff and acted upon. This included a comprehensive action plan and a number of briefing and training events. Particular attention had been directed towards improving the area's performance in managing high risk of harm cases.
- CRAMS had been adopted as the area's case record in the autumn of 2005 and this had improved the ability of managers to monitor practice and identify trends in performance. Considerable effort had also been directed towards a staged implementation across the area of the offender management model. This process had almost been completed at the time of the follow-up inspection.
- In the most recent NPS Performance Report (February 2006) covering the period April-December 2005, South Yorkshire had been ranked 40th out of 45 NPS areas (41 probation areas, plus London divided into four quadrants), compared with 34th position at the time of the original inspection. The area's position had been depressed by its inability to extract and supply ethnic monitoring figures from its database and thus meet the ethnic monitoring completion target. This problem has now been rectified. The majority of the other targets had been met, most notably those in respect of accredited programme completions and sickness absence. Performance still needed to improve in respect of DTO/DRR commencements and completions. Managers were aware of this and had increased treatment capacity in the Sheffield area in an effort to meet the targets.
- Work had also been undertaken to ensure that the area met the national target on the timeliness of risk of harm assessments and plans on high risk of harm offenders. This involved a sophisticated recording and monitoring system. Guidance had been developed, setting out the expectations of middle managers who countersigned the assessments and plans. The area had achieved a 'near miss' in respect of the target and was hopeful that it would be consistently met in the near future.
- MAPPA practice guidance had been updated. Clear procedures were also in place to assist staff in referring offenders to MAPPA and in managing the risk that the offenders presented, including details about the duty of agencies to cooperate. There was evidence of improved links with the police, most notably through the sharing of OASys assessments with police officers. The MAPPA SMB had been strengthened, with the CO taking over as Chair and a sub-group established to ensure quality assurance of MAPPA decision-making.

- A new Public Protection Policy and Strategy had been produced that detailed the procedures for the assessment and management of risk of harm. This had been implemented in the summer of 2005, accompanied by briefing events to ensure staff awareness, and following implementation had been further reviewed by senior managers. The procedures were consistent with the requirements of OASys and MAPPA. Alongside the introduction of the new procedures managers had increased the level of scrutiny of OASys through regular audits in an effort to improve quality in line with the NPD requirements set out in the e-OASys Quality Management Plan.
- The responsible ACO had issued a practice instruction to staff about sentence planning. This emphasised the importance of good quality plans and, in particular, the need for clear objectives.
- The area had established a system for analysing serious further offence reports; the findings had been presented to the Board and to members of the MAPPA SMB. There was scope, however, to extend the circulation of this information to the wider staff group.

Conclusion: *We assessed the area as demonstrating improved performance in relation to the criterion.*

A3	Management and supervision of staff	Original inspection	Well met
		Follow-up inspection	N/A

Description:

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

- A practice instruction had been issued in August 2005 summarising the roles of administrative staff, PSOs and POs in relation to their contribution to the completion of OASys assessments, plans and reviews. This guidance was consistent with NPD policy on role boundaries. The instruction confirmed that although PSOs would, in many cases, be offender managers, the initial sentence plan was to be overseen and countersigned by a PO or SPO. It was clear from interviewing staff that whilst the situation had significantly improved, there were still some instances of differential practice and the situation was made more complicated by the upheaval caused by the introduction of the offender management model and the consequent changes within staff groupings. As a result of this, managers had taken further steps to clarify the policy with staff.
- As part of the training for the implementation of the offender management model, offender managers had received risk of harm training. The area intended to roll-out training on sentence planning as part of the second phase of implementation in the summer of 2006.

Conclusion: *We found evidence of improvement in relation to this criterion.*

SECTION B QUALITY OF ASSESSMENT

B1	Assessment of risk of harm	Original inspection	51%
		Follow-up inspection	54%

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.

- Risk of harm assessments had been completed in all the cases inspected. We considered that the judgment about the level of risk was appropriate in 90% of the cases and there was also evidence that case managers had gained confidence in using OASys. Overall, however, the timeliness and quality of the assessments were disappointing, with only 40% deemed adequate (compared to 43% in the original inspection). Many had been completed late and the quality of the content (41% insufficient) had also declined compared to the original inspection findings (33% insufficient).
- Whilst there was still considerable room for further improvement, HMI Probation found that the quality of risk of harm reviews had improved, with 43% considered satisfactory compared with only 18% in the original inspection.
- There had undoubtedly been improvements in the timeliness of risk management plans in high risk of harm cases but quality still remained an issue. Only one of the four plans examined in the sample was considered to be adequate. Similarly, two of five relevant cases showed no evidence of management oversight of the risk of harm assessment.
- In 69% of the cases inspected, there was a close fit between the interventions planned and the assessed risk of harm, compared to 79% of cases in the original inspection.

Conclusion: *Whilst there had been some improvements in relation to this criterion, further work was needed to ensure that all cases were assessed and reviewed to a consistently satisfactory standard.*

B2	Assessment of likelihood of reoffending	Original inspection	74%
		Follow-up inspection	72%

Description:

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

- OASys had been used in all cases in the sample and, in all but one case, there was a clearly identified likelihood of reoffending score. In 67% of cases, the content of the assessment was judged to be appropriate to the needs of the case. This compared with a figure of 78% in the original inspection.
- The assessment of reoffending and criminogenic factors was assessed as satisfactory in only 47% of cases, compared to 56% in the ESI. The timeliness of assessments remained a problem.

Conclusion: Overall we found that whilst OASys had become embedded in practice there was little evidence of improvement in performance in relation to this criterion.

B3	Case management	Original inspection	57%
		Follow-up inspection	51%

Description:

The case is managed effectively and interventions coordinated to enable criminogenic factors to be addressed and any risk of harm managed. The initial supervision plan 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.

- There was no evidence that the quality of sentence planning had improved. Only 33% of initial sentence plans were considered to be of sufficient quality in terms of meeting the content and timing requirements of national standards, drawing on MAPPA assessments, those from other risk management meetings and previous probation service assessments, where appropriate. Timeliness of plans was still as significant a problem as it was at the time of the ESI.
- The ESI found that the content of the plan was insufficient in 49% of cases; in the follow-up inspection sample this had risen to 63%.
- Despite the area issuing guidance on sentence plan content, only 30% of the initial plans contained SMART objectives, compared with 42% in the ESI.
- Appropriate interventions had been identified to address offending behaviour and community reintegration in half the cases; this compared with almost three-quarters of cases in the ESI. There had also been a deterioration in the way liaison responsibilities were recorded in plans. In the ESI, these responsibilities were clearly defined in 48% of the cases, whereas in the follow-up sample of cases only 40% were judged satisfactory in this respect.
- Only 36% of initial sentence plans were assessed as being sensitive to a range of diversity issues. For example, in some cases there needed to be a greater acknowledgement of the impact of illness or literacy problems on the ability of an offender to engage with supervision.
- As in the ESI sample, it was clear that offender managers had taken steps to ensure that offenders subject to supervision understood the requirements of the order or licence. However, practice had deteriorated in ensuring that offenders had actively participated in the sentence planning process. Only 37% of cases were judged to be satisfactory in this respect, compared with 65% in the ESI.
- In all three relevant cases, the initial supervision plan sufficiently integrated the MAPPA action plan or action plan from another risk meeting or child protection conference. This was an improvement on the ESI.

Conclusion: Performance had declined in relation to this criterion.

B4	Documentation	Original inspection	90%
		Follow-up inspection	80%

Description:

All relevant documentation is available and has been satisfactorily completed.

- An electronic record of contact had been introduced and the majority of case files were well organised. However, the proportion of cases assessed as having clear and sufficient recording had declined from 92% to 70%. This was due, in part, to the unfamiliarity of staff with the new system and there were indications that as familiarity increased the quality of recording improved.

Conclusion: *We found that despite the introduction of an electronic record of contact, in the short-term, the quality of recording had declined.*

SECTION C QUALITY OF INTERVENTIONS

C1	Managing attendance and enforcement	Original inspection	73%
		Follow-up inspection	78%

Description:

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

- In 67% of cases, the frequency of arranged contact conformed to the minimum national standards, to the requirements of the order or licence, to the achievement of planned objectives and to risk of harm considerations. Whilst there was scope for improvement, the area had demonstrated progress; the ESI found that this standard had been met in only 41% of cases. There had also been an improvement in home visits to offenders. A visit had taken place as required in 64% of the relevant cases, compared to 39% in the ESI sample.
- The percentage of cases where offender attendance was well monitored across all interventions, with appropriate action taken to secure compliance, had gone down from 88% of cases to 77%. Judgements about the acceptability of absences were appropriate in 75% of cases, a similar finding to the ESI.
- There had been an improvement in ensuring that breach or recall action had taken place within the national standard timescale. In 11 out of 12 relevant cases, this requirement had been met.
- It was noted that, at some point during the period of supervision, five cases had been required to ‘sign in’ at reception without seeing a case manager or duty officer.

Conclusion: *We assessed the area as demonstrating some improvement in relation to this criterion, although further work needed to be done to ensure that contact arranged with offenders improved.*

C2	Delivering appropriate supervision	Original inspection	60%
		Follow-up inspection	56%

Description:

Interventions are delivered to achieve the objectives identified in the initial supervision plan 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.

- There had been modest improvements in some aspects of supervision planning. In 43% of cases, progress against supervision plan objectives had been satisfactorily reviewed in line with national standards, compared with a figure of only 15% in the original ESI. There had also been slight improvements in the quality of the content of the plans (47%) and in the percentage that contained SMART objectives (64%).

- ▣ Problems remained in ensuring that offenders commenced accredited programmes within the national standard’s timescale. This was only achieved in six out of 13 relevant cases.
- ▣ Appropriate interventions, with the timing and sequencing reflecting the offender’s risk of harm, were judged to have been carried out in only 45% of cases. This reflected a decline in performance.
- ▣ Victim issues, in general, were addressed satisfactorily in half the cases. Where there was a direct victim, only 36% of cases were judged to be satisfactory. This was a similar finding to the ESI.
- ▣ Active liaison with the providers of interventions was a strength in both the ESI and the follow-up inspection. A total of 15 out of 19 relevant cases were judged as satisfactory in the follow-up inspection. However, in only 52% of cases had case managers motivated the offender by reinforcing work undertaken by others and by engaging with them to prevent reoffending. This was a significantly poorer level of performance than found in the ESI.
- ▣ In the one relevant case, the sentence plan properly integrated the MAPPA action plan or action plan from another risk management meeting or child protection conference.

Conclusion: *We assessed the area as demonstrating some modest improvements in relation to this criterion but, overall, the findings were disappointing and more work was needed to ensure that appropriate supervision was delivered.*

C3	Diversity needs	Original inspection	86%
		Follow-up inspection	64%

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.

- ▣ It was disappointing (as it had been a strength in the original inspection) that the arrangements for interventions took diversity into account in only 57% of the cases in the follow-up sample. The main cause for concern was the difficulty in ensuring the provision of accredited programmes in the evening to meet the needs of employed offenders. Set against this, however, was the positive finding that the interventions themselves were assessed as having been delivered in a way which was sensitive to race and other diversity issues in 83% of the cases.
- ▣ Issues of literacy and dyslexia were appropriately addressed in a little over half the relevant cases.

Conclusion: *We assessed the area as demonstrating a poorer level of performance in relation to this criterion. Further work was required to ensure that interventions took diversity into account and that issues of literacy and dyslexia were properly addressed.*

C4	Responsivity	Original inspection	82%
		Follow-up inspection	63%

Description:

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

- ▣ Consideration had been given to the methods most likely to be effective with individual offenders in 67% of the cases, compared to 89% of cases in the original ESI.
- ▣ In three out of five prison licence cases, the quality of pre-release work was found to be consistent with the assessment of risk and need, and the offender's motivation and capacity for change.

Conclusion: *We assessed the area as demonstrating poorer performance in relation to this criterion. Greater attention needed to be paid to the need to ensure that full consideration was given to the methods most likely to be effective with individual offenders.*

C5	Management of risk of harm	Original inspection	70%
		Follow-up inspection	78%

Description:

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

- ▣ In 22 out of the sample of 30 cases interventions and their level were assessed as consistent with the risk of harm posed. A change in the level of risk of harm had been identified in one case and had been appropriately dealt with.
- ▣ A small number of high risk of harm cases required risk management plans. One of these was not executed properly and two had not been reviewed. Of the three child protection cases in the sample, two were deemed to have had sufficient probation involvement in the child protection arrangements.
- ▣ The required home visit had taken place in two out of the three high risk of harm cases.
- ▣ A total of four cases required management oversight in line with national standards and area policy. There was evidence of such oversight in three of the cases.
- ▣ In the one relevant case, appropriate action had taken place when public protection issues had arisen.

Conclusion: *We assessed the area as demonstrating improved performance in relation to this criterion, although further work needed to be done to ensure that all high risk of harm cases were managed to a consistent standard.*

THE ROLE OF HMI PROBATION

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

Home Office Objectives

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

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

Role

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

Code of Practice

HMI Probation aims to achieve its purpose by:

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

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

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