



Her Majesty's
Inspectorate of
Probation

An inspection of probation services in:
West Yorkshire
Community Rehabilitation Company

HMI Probation, March 2020

Acknowledgements

This inspection was led by HM Inspector Trevor Worsfold, supported by a team of inspectors and colleagues from across the Inspectorate. We would like to thank all those who participated in any way in this inspection. Without their help and cooperation, the inspection would not have been possible.

The role of HM Inspectorate of Probation

Her Majesty's Inspectorate of Probation is the independent inspector of youth offending and probation services in England and Wales. We report on the effectiveness of probation and youth offending service work with adults and children. We inspect these services and publish inspection reports. We highlight good and poor practice, and use our data and information to encourage high-quality services. We are independent of government, and speak independently.

Please note that throughout the report the names in the practice examples have been changed to protect the individual's identity.

The fieldwork for this inspection started on Monday 28 October 2019.

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Foreword

This is the fifth of our second-round inspections of Community Rehabilitation Companies (CRCs). We previously inspected West Yorkshire CRC in summer 2018. At that time, we rated its work as 'Requires improvement'. It is disappointing that, despite a number of changes that have been implemented since then, the overall rating for this CRC remains the same.

Shortly after our last inspection, Interserve Justice began a major restructuring of service delivery in each of the five CRCs it owned, including West Yorkshire, to reduce expenditure in response to anticipated reductions in revenue. In our last inspection, we identified that deficiencies in practice were mainly due to staff capacity issues. It is concerning, therefore, that the restructuring of case supervision, with the loss of probation officer posts, has resulted in even larger workloads for unqualified probation services officers.

Following the last inspection, senior leaders in the CRC worked through an improvement plan to drive up the quality of work with individuals, but this has yet to impact on the quality of casework. Senior leaders are doing their best to improve quality but are finding their efforts undermined by the resource constraints they face, and the severe negative impact this has had on staff workload – which is directly affecting the quality of supervision that can be delivered. We have rated the cases we inspected as 'Inadequate' across all four standards for supervision: assessment; planning; implementation and delivery; and reviewing, with performance on risk of harm to others still consistently poor. A large proportion of cases involve issues of domestic abuse or safeguarding, and major improvements are needed in the way that staff use available information to assess risk factors, and work confidently and competently with other agencies to manage risk of harm.

Staffing levels and staff development require urgent attention, to raise the quality of work with individuals. It is disappointing that Interserve has been unable to deploy its new case management and assessment systems via the Ministry of Justice Strategic Partner Gateway. An alternative approach is now needed to engage individuals in assessment and planning.

A good range of services is available, including for women and individuals of South Asian heritage. Much better use should be made, however, of the suite of new group activities which were introduced recently to support desistance.

Where additional funding has been made available, the planning and implementation of the new, enhanced Through the Gate services has resulted in improved quality; these services show promise for further improvement. The delivery of unpaid work is also good.

In view of the forthcoming transfer of case management back into the NPS, senior leaders need to redouble their efforts to improve case supervision, to ensure that staff are supported and developed, and provided with effective oversight to deliver high-quality work.



Justin Russell
Chief Inspector of Probation

Ratings

West Yorkshire
Community Rehabilitation Company

Score

11/30

Overall rating

Requires improvement



1. Organisational delivery

1.1 Leadership

Good



1.2 Staff

Requires improvement



1.3 Services

Good



1.4 Information and facilities

Good



2. Case supervision

2.1 Assessment

Inadequate



2.2 Planning

Inadequate



2.3 Implementation and delivery

Inadequate



2.4 Reviewing

Inadequate



4. CRC-specific work

4.1 Unpaid work

Good



4.2 Through the Gate

Good



Executive summary

Overall, West Yorkshire Community Rehabilitation Company (CRC) is rated as: **'Requires improvement'**. This rating has been determined by inspecting this provider in three areas of its work, referred to as 'domains'. We inspect against 10 'standards', shared between the domains. These standards are based on established models and frameworks, which are grounded in evidence, learning and experience. They are designed to drive improvements in the quality of work with people who have offended.¹ Published scoring rules generate the overall provider rating.² The findings and subsequent ratings in those three domains are described here.

1. Organisational delivery



Leadership is rated as 'Good'. Senior leaders in the CRC have had to face some difficult challenges in the last year, responding to a major organisational restructure of CRC services by Interserve Justice that resulted from reductions in the funding available under the contract with the Ministry of Justice. They have attempted to mitigate the impact of these changes where possible, and have been open and responsive to the concerns of staff, the service user council, partners and suppliers – although reduced resources have clearly had an impact on the quality of the case supervision we inspected.

Where new resources have been made available – for example, for enhanced Through the Gate services – they implemented the changes effectively, and the quality was good. They have also been successful in obtaining funds from the Ministry of Justice to improve liaison with sentencers, using a dedicated team of staff operating in magistrates' courts in Leeds and Bradford. Despite the domain two scores for case supervision being rated as 'Inadequate', we have rated leadership as 'Good', as senior leaders have continued to focus on trying to improve the quality of work in the face of considerable challenges. However, without additional trained probation officers, this focus has not had the desired impact on the quality of case management.

The staffing standard is rated as 'Requires improvement', the same as in our last inspection, when we were concerned about the workload of staff. The loss of 10 probation officer posts has led to higher workloads for probation services officers, who are now supervising some cases that would previously have been managed by qualified probation officers. The majority of responsible officers now have workloads in excess of 100 per cent on the CRC's own workload management tool. While there has been training for all responsible officers on managing risk of harm and domestic violence in the last year, this has not yet adequately met the need to develop unqualified staff, who manage the bulk of case supervision.

Services are rated as 'Good'. There is a sufficient range of services available and, in particular, there are appropriate services for women and individuals of South Asian

¹ HM Inspectorate of Probation's standards can be found here:

<https://www.justiceinspectorates.gov.uk/hmiprobation/about-our-work/our-standards-and-ratings/>

² Each of the 10 standards is scored on a 0–3 scale, in which 'Inadequate' = 0; 'Requires improvement' = 1; 'Good' = 2; 'Outstanding' = 3. Adding these scores produces a total score ranging from 0 to 30, which is banded to produce the overall rating, as follows: 0–5 = 'Inadequate'; 6–15 = 'Requires improvement'; 16–25 = 'Good'; 26–30 = 'Outstanding'.

heritage. The CRC is well represented in partnership work with the Police and Crime Commissioner, the police, prisons and local authorities. Innovative work is starting with health services staff on intervening with those with attention deficit hyperactivity disorder. Information and facilities have improved from last year and are now rated as 'Good'. Work with Interserve's information and communications technology provider, Sopra Steria, has resulted in improved stability of the computer systems.

There have also been modest improvements to the reception area at the Bradford office, following consultation with the service user council.

Implementation of Interserve's new case management and assessment systems, and further improvements to premises are now unlikely in view of the decision to consolidate case management in the National Probation Service.

Key strengths of the organisation are as follows:

- A strong, cohesive management group trying to drive forward improvement and has a good understanding of the quality of delivery.
- Staff speak positively about their managers and receive regular supervision.
- The CRC has a wealth of data available, including an innovative reoffending data tool, for identifying service users' needs and priorities for commissioning services.
- The CRC has comprehensive quality management systems in place.

The main areas for improvement are as follows:

- The workloads of responsible officers are excessive, middle managers are stretched and unqualified probation services officers require more development than middle managers are able to give.
- As the Enablers of Change assessment and planning information technology system has not been implemented, the CRC needs to find an alternative way of ensuring that individuals are fully involved in developing their sentence plans, with clear links between these plans and plans to manage risk of harm to others.
- New group rehabilitation activity requirements are not yet being used sufficiently.
- Responsible officers' engagement with other organisations involved in managing risk of harm to others needs strengthening.

2. Case supervision



We inspected 64 community sentence cases and 66 post-release supervision cases. We interviewed 113 responsible officers and 14 service users. We examined the quality of assessment; planning; implementation and delivery; and reviewing. Each of these elements was inspected in respect of engaging the service user and addressing issues relevant to offending and desistance. For the 119 cases where there were factors related to harm, we also inspected work done to keep other people safe. The quality of work undertaken in relation to each element of case supervision needs to be above a specific threshold for it to be rated as satisfactory.

On each of our key standards: assessment; planning; implementation and delivery; and reviewing fewer than half of the cases we inspected were satisfactory and so this

CRC has been rated as inadequate on all four areas. While assessment of engagement was graded as 'Requires improvement', and of factors linked to offending and desistance as 'Good', assessment of keeping others safe, which drives the overall rating for this standard, was rated as 'Inadequate'. Planning to engage service users and to reduce reoffending and support desistance both scored 'Requires improvement'. The rating for planning to keep others safe was 'Inadequate', however, hence the 'Inadequate' rating for this standard.

Implementation and delivery is rated as 'Inadequate'. This is because, although efforts to engage service users and implement the sentence were 'Good', delivery of services to support desistance, and to keep others safe were both 'Inadequate'. Reviewing was rated as 'Inadequate' for all three key questions.

Engagement with individuals under supervision during the assessment process was judged as 'Requires improvement', which was worse than in the previous year and compares unfavourably with the average rating for other CRCs in the first round of inspections. Responsible officers do not take sufficient account of previous compliance and the impact that individuals' diversity and personal circumstances might have in many cases. Consequently, engagement with individuals during sentence planning is also often insufficient, and in many instances individuals were not meaningfully involved in developing their plans. Responsible officers were better at working flexibly with individuals to achieve contact during supervision, but few reviews of compliance and engagement involved individuals in any meaningful way.

Assessment of factors linked to offending and desistance was good overall. However, plans were not specific enough about the interventions required to address individuals' needs or how RAR days would be used. These contributed to a rating of 'Inadequate' for delivery and implementation, which has worsened since the previous inspection. Assessment of risk of harm has also deteriorated, and was insufficient in too many cases. This inevitably led to inadequate plans to manage risk, insufficient delivery of services to address risk, and reviews that were of insufficient quality and were not always completed when needed.

Key strengths of case supervision are as follows:

- Responsible officers engage well with individuals throughout the course of their supervision, enforcing orders and licences appropriately, and ensuring that the sentence of the court is delivered.
- Staff are good at identifying individuals' strengths and factors that will help them stay away from offending, in line with the CRC's operating model.
- In a reasonable majority of cases, responsible officers correctly identify the factors that are linked to individuals' offending and desistance, when completing layer 3 Offender Assessment System (OASys) assessments.

Areas of case supervision requiring improvement are as follows:

- In too many cases, assessments of the risk of harm that individuals pose to others are insufficient because responsible officers fail to take account of information available on file or from other agencies that can identify risk factors.
- Engagement plans are often written before OASys assessments are completed, and therefore fail to take sufficient account of offending factors and priorities for managing risk of harm to others.
- Too few assessments and plans contain analyses of an individual's diversity and personal circumstances. If addressed this would enable

services to be provided in ways that would improve compliance and engagement.

- Planning to manage risk of harm to others is frequently insufficient because assessments often fail to identify victims and potential victims. Contingency planning is weak and not specific to the risks in each case.
- In the majority of cases, although a good menu of services is potentially available, too few services are actually delivered to address offending and desistance or to manage the risk of harm to others.
- In too many cases, there is insufficient coordination with other agencies to manage risk of harm to others.

3. CRC-specific work

A blue folder icon with the letters 'CRC' in white text inside it.

Our key findings about other core activities specific to CRCs are as follows:

Unpaid work

We inspected the management of 54 unpaid work requirements, looking at assessment and planning; safety; and implementation of the court order. We also observed 4 induction sessions and 14 work parties, to examine the extent to which unpaid work was delivered in a way that supported desistance.

Of the unpaid work cases we inspected, 69 per cent met our standards. The way in which unpaid work is delivered is sound, although there are insufficient opportunities to improve the employability skills of those who are not in work. This led to the rating of 'Good' for unpaid work.

The primary focus of unpaid work in West Yorkshire is ensuring that individuals comply with orders of the court and complete their hours. This is achieved in the large majority of cases. Individuals under supervision consider that much of the work is of benefit to the community, but few consider that they themselves obtain much benefit from it. While there are some projects, such as lunch clubs and cemetery maintenance, that give individuals opportunities to learn new skills, the rehabilitative potential of some other placements is unclear.

Key strengths of unpaid work are:

- Placement coordinators and work-party supervisors are skilled, and are respected and seen as fair by those under their supervision. They are good at engaging individuals and modelling appropriate behaviour.
- A strong health and safety culture is modelled by all staff.
- There is appropriate provision for female offenders, both on group and individual placements.

Areas for improvement in unpaid work are:

- There are insufficient opportunities for individuals on group placements to learn skills or gain accreditation of learning that will help them to obtain future employment.
- Individuals and staff express frustration at the difficulties in contacting responsible officers based in the professional service centre in Liverpool who oversee those on single requirement orders. This makes it difficult for them to liaise about attendance, provide evidence of acceptable absences,

or discuss the possibility of undertaking education or training activity while on unpaid work.

Through the Gate

We inspected the management of 47 cases where the CRC had delivered pre-release Through the Gate resettlement work, looking at resettlement planning, delivery of resettlement services, and coordination of the individual's release. We also held meetings with the senior manager in the CRC responsible for Through the Gate services; two governors with responsibility for resettlement from two prison establishments; the middle manager responsible for Through the Gate services; and a group of CRC resettlement workers directly responsible for preparing resettlement plans and/or meeting identified resettlement needs. We also visited the discharge lounge at HMP Leeds.

In this CRC, 80 per cent of cases met our standards for resettlement planning. Resettlement activity is good at addressing identified needs and providing appropriate services. Coordination of resettlement activity is also good. This led to the overall judgement of 'Good' for Through the Gate work.

Planning for enhanced Through the Gate services has been effective, with new services being implemented in HMPs Leeds, Wealstun and New Hall from 01 April 2019. There is scope for further development as a range of individual and group interventions continue to be rolled out, and as staff become available and are trained to deliver them.

Key strengths of Through the Gate work are:

- Resettlement planning is detailed, with appropriate referrals made to a range of interventions and activities to support individuals' transition back into the community.
- There is effective join-up of Through the Gate activity and resettlement services in the community, supported by the use of nDelius to record activity, and the high-intensity treatment team, which provides services for the most complex individuals in prison and on release.
- Comprehensive mentoring services are provided for individuals on release by the Together Women Project, P3 and the Prison Advice and Care Trust (PACT).

Areas for improvement in Through the Gate work are:

- In a small minority of cases, resettlement planning takes insufficient account of factors related to the risk of harm to others.
- The details of appointments made for individuals following release are not always specified in their records, which makes it difficult for staff in resettlement teams to prioritise tasks.
- Too many individuals are released without a clear indication of where they will spend their first night in the community.

Recommendations

Achievement of recommendations from the previous inspection

In our previous inspection report, published in October 2018, we made six recommendations for the CRC. During this inspection, we investigated the extent to which these recommendations have been achieved.

We recommended that West Yorkshire CRC:

1. *Better manage the workloads of staff, so that they have the capacity to deliver services as intended.*

The CRC has made no progress on this recommendation.

The CRC moved away from generic teams to specialisms, as a result of feedback from staff who wanted to separate interventions from case management. This coincided with the move to the Enabling our Future operating model, and the loss of 10 probation officer posts.

Caseloads of both probation officers and probation services officers remain high. Case managers have an average of 66 cases, while caseloads of senior case managers have reduced by 1, on average, to 48. A revised workload management tool is used to monitor workload, direct new allocations and move work between staff.

2. *Improve the quality of work to assess, plan for, manage and review risk of harm.*

The CRC has made some progress on this recommendation.

The CRC has implemented an enhanced management oversight process. It has delivered a priority training plan that includes training in risk of harm, the Spousal Assault Risk Assessment (SARA) 3 tool, and domestic abuse perpetrators. The Help programme, which addresses domestic abuse, is delivered routinely. Probation officers have been trained in, and are undertaking, quality assurance using the framework of the integrated quality assurance model. The CRC has agreed direct access to police data, to interrogate domestic abuse checks via police-enabled laptop computers. This activity has not yet resulted in improved scores for managing risk of harm in the domain two case supervision data.

3. *Equip all staff with the skills and knowledge needed for work to keep people safe.*

The CRC has made some progress on this recommendation.

In addition to the training mentioned above, the CRC has delivered practice development events on Multi Agency Risk Assessment Conferences (MARAC) and safeguarding to case management teams, and partner link worker briefings to responsible officers to improve their understanding of their roles. The CRC has introduced court application teams, to improve the quality of breach applications. It has also introduced a resource allocation model, with the 'resource following risk' principle.

4. *Better involve individuals in producing and reviewing supervision plans.*

The CRC has made no progress on this recommendation.

The CRC has rolled out more in-depth, reflective quality assurance against HM Inspectorate of Probation standards. It has introduced a practice observation framework, and observations have started to take place. It has improved staff

induction, to enable new staff better to understand this area of their work. The impact of these activities is not yet evidenced in the domain two case supervision data on engagement of individuals.

5. *Enable team managers to provide effective management oversight of practice.*

The CRC has made some progress on this recommendation.

The CRC has employed two interchange support officers, to free up managers to focus on practice. It has introduced the enhanced management oversight process for reviewing cases. The domain two case supervision data, however, showed that management oversight was effective in only 24 per cent of relevant cases.

6. *Provide sentencers with the information they require.*

The CRC has made sufficient progress on this recommendation.

The CRC has provided quarterly newsletters to sentencers, jointly produced with the National Probation Service. It has republished an electronic version of its revised directory of services, and circulated this to sentencers. It submitted a bid to the Ministry of Justice for a manager and four staff to work in magistrates' courts. This was successful, and staff have been recruited and deployed to these posts. The CRC has contributed to the training of 120 sentencers in the last year, at sentencers' training events. Senior managers attend meetings with local senior sentencers in a variety of fora.

We also made two recommendations for other organisations. During this inspection, we investigated the extent to which these recommendations have been achieved.

We recommended that Interserve:

7. *Should make sure that all buildings and information and communication technology support (both for hardware and software) enable staff to deliver effective services.*

Interserve has made sufficient progress on this recommendation.

Interserve has improved the waiting area in the Bradford office, following consultation with service users. Buildings are generally fit for purpose across the CRC. The level of outages for information and communication technology has substantially reduced, as a result of changes to the firewall. New staff, and particularly those with assisted technology, are often delayed in getting appropriate hardware. The CRC has made progress recently in obtaining a new telephone system at its administrative hub in Cunard House, and negotiated with the Ministry of Justice to ensure that it meets their information security requirements.

We recommended that the Ministry of Justice:

8. *Should promptly ensure that the Strategic Partner Gateway, or a suitable alternative, enables Interserve to deploy the case management aspects of its operating model.*

The Ministry of Justice has made some progress on this recommendation.

The CRC has achieved the required quality of data exchange between their own new case management system and national case management systems, to meet Ministry of Justice requirements for the Strategic Partner Gateway. Contract discussions are ongoing. In light of the Probation Reform Programme, this recommendation is largely redundant.

New recommendations

As a result of our inspection findings, we have made seven recommendations. A number of these have been carried over from the previous inspection, which is disappointing. We believe that, if implemented, they will have a positive impact on the quality of probation services in West Yorkshire CRC.

West Yorkshire CRC should:

1. ensure there are enough qualified and trained staff to deliver a sufficient quality of case supervision
2. improve the quality of work to assess, plan for, manage and review risk of harm (this recommendation has been repeated from the previous inspection)
3. equip all staff with the skills and knowledge needed for work to keep people safe (this recommendation has been repeated from the previous inspection)
4. better involve individuals in producing and reviewing supervision plans, taking account of their diversity and protected characteristics
5. ensure that sufficient interventions are included in supervision plans and delivered subsequently, to enable individuals to desist from offending
6. enable team managers to provide effective management oversight of practice (this recommendation has been repeated from the previous inspection)
7. provide sufficient opportunities for unemployed individuals on unpaid work requirements to participate in activities that improve their chances of gaining employment.

Background

West Yorkshire CRC

The CRC covers the area of the metropolitan county of West Yorkshire, which is served by West Yorkshire Police. The Police and Crime Commissioner chairs the local criminal justice board, which convenes a reducing reoffending board for the whole county.

The population of the area was estimated to be 2,320,214 in mid-2018. There are five local authorities: Leeds, Bradford, Kirklees, Calderdale and Wakefield. The largest centres of population are Leeds and Bradford, followed by Kirklees (Huddersfield and Dewsbury) and Wakefield. Calderdale (including Halifax) lies to the north-west and includes some more rural areas.³ The population of the county is 78.4 per cent White British or Irish, with a substantial Asian British or Asian Pakistani population in Bradford (20.4 per cent), Kirklees (9.9 per cent) and Calderdale (6.8 per cent). Leeds has a large black British population (3.5 per cent).⁴

Each local authority has a reducing reoffending board, three of which are chaired by CRC community directors. Each has a community safety partnership, which is attended by CRC middle managers.

West Yorkshire has the highest recorded crime rate in the country, at 127.6 crimes per thousand head of population for the year ending June 2019. The most frequently recorded crimes are violence against the person, followed by theft, and residential burglary.

Currently, 5,239 individuals are supervised by the CRC on community sentences or licences. The number of community sentences that began this year increased by 162 to 5,773 compared with the previous year. The number of individuals beginning licences on release from prison fell by 148 to 2,337.

The number of full-time-equivalent (FTE) staff deployed by the CRC fell from 271 in October 2018 to 264 in September 2019. This reflects a loss of 10 senior case manager (probation officer) posts, offset to some extent by the employment of more resettlement staff working on Through the Gate services. There is currently a total of 36.75 FTE senior case managers and 75.38 case managers (probation services officers) holding cases. Four probation officers are currently seconded to the National Probation Service (NPS), and the CRC has 10 trainee probation officers from the NPS working towards the Professional Qualification in Probation (PQiP). The CRC is currently fully staffed against a reduced headcount; however, recruiting the necessary quality of case managers can be a challenge.

Proven reoffending for the period July to September 2017 was 45.3 per cent, which is within the boundaries of the lower and upper confidence levels, indicating that for this cohort there has been no significant change in the binary reoffending rate⁵ compared to the 2011 baseline year. The number of offences per reoffender for this period is 4.74.

³ Office for National Statistics. United Kingdom population mid-year estimate, mid-2018.

⁴ Office for National Statistics. 2011 Census, Ethnic group, local authorities in England and Wales.

⁵ The binary reoffending rate refers to whether or not individuals have been convicted of a reoffence within a specified period.

Purple Futures' CRCs

Purple Futures took formal ownership of the West Yorkshire CRC on 01 February 2015. The five Purple Futures CRCs work collaboratively with one another, sharing learning and resources wherever practicable. The West Yorkshire Chief Executive Officer (CEO) is the senior leader of West Yorkshire; and the neighbouring Humberside, Lincolnshire and North Yorkshire CRC.

Purple Futures is a consortium led by Interserve. It comprises Interserve Justice (a subdivision of Interserve, a global support service and construction company); 3SC (a company managing public service contracts on behalf of third-sector organisations); P3 (People Potential Possibilities, a charity and social enterprise organisation); and Shelter (a charity focusing on homelessness and accommodation issues).

The CRC's organisational priorities reflect the enduring requirements of probation services. They include reducing reoffending and managing the risk of harm that offenders pose to others. The CRC takes a 'strengths-based' approach to its work. This means that it focuses on the positives in individuals' lives, to encourage them to desist from offending.

For more information about this CRC, including details of its operating model and organisational structure, please see Annexe 3 of this report.

Contextual facts

| | |
|---------------|---|
| 3,075 | The number of individuals supervised on community sentences by West Yorkshire CRC ⁶ |
| 2,164 | The number of individuals supervised post-release by West Yorkshire CRC ⁶ |
| 5,773 | The number of individuals commencing community sentences in the 12 months before this inspection for West Yorkshire CRC ⁷ |
| 2,337 | The number of individuals commencing post-release supervision in the 12 months before this inspection for West Yorkshire CRC ⁷ |
| 45.3% | The proportion of West Yorkshire CRC service users with a proven reoffence ⁸ |
| 44.7% | The proportion of CRC service users (England and Wales) with a proven reoffence ⁸ |
| £16m | Annual turnover for the 2017 financial year ⁷ |
| £17.7m | Annual turnover for the 2018 financial year ⁷ |

Performance against targets

| | |
|------------|--|
| 70% | The proportion of individuals recorded as having successfully completed their community orders or suspended sentence orders for West Yorkshire CRC. The performance figure for all England and Wales was 77%, against a target of 75% ⁹ |
| 63% | The proportion of positive compliance outcomes with licences and, where applicable, post-sentence supervision periods for West Yorkshire CRC. The performance figure for all England and Wales was 66%, against a target of 65% ¹⁰ |
| 90% | The proportion of positive completions of unpaid work requirements for West Yorkshire CRC. The performance figure for all England and Wales was 91%, against a target of 90% ¹¹ |

⁶ Ministry of Justice. (2019). *Offender management caseload statistics as at 30 June 2019*,

⁷ Data supplied by CRC.

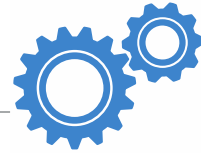
⁸ Ministry of Justice. (2019). *Proven reoffending, Payment by results, July to September 2017 cohort*

⁹ Ministry of Justice. (2019). *CRC Service Level 8, Community performance quarterly statistics, April 2018 to June 2019, Q1*.

¹⁰ Ministry of Justice. (2019). *CRC Assurance Metric J, Community performance quarterly statistics, April 2018 to June 2019, Q1*.

¹¹ Ministry of Justice. (2019). *CRC Service Level 10, Community performance quarterly statistics, April 2018 to June 2019, Q1*.

1. Organisational delivery



Since our previous inspection, the CRC has gone through a major change programme, 'Enabling our Future', as directed by Interserve Justice. This has seen the loss of 10 qualified staff (22 per cent of the total) as a result of reduced financial resources. The programme has involved a major restructuring of case management services and group interventions, with many staff moving to different teams and a large-scale reallocation of cases. This restructure was completed in March 2019, just before the orders and licences examined by inspectors for this inspection began.

Senior leaders in the CRC have worked hard to mitigate the impact of these changes on quality and performance. Reduced resources and higher caseloads for unqualified case managers, however, have had a large impact, as can be seen by the 'Inadequate' ratings for case supervision.



Leadership in the face of these resource challenges outside their control has been rated as 'Good', with senior leaders focused on trying to improve quality, although this has yet to be seen in practice. The rating for staff remains 'Requires improvement', owing to the high caseloads and insufficient staff development. Services are rated as 'Good', with a wide range of responsive services available, even if some of the group activities are underused. The rating for information and facilities has been raised from 'Requires improvement' to 'Good', as management of information and communications technology (ICT) has improved since last year.

Strengths:

- The CRC has a strong, united senior management team, who promote an open, inclusive culture in the organisation, is aware of where quality of delivery needs to improve, and is focused on driving improvement.
- There is a comprehensive quality management framework, with regular quality audits that, together with learning from inspections, drive detailed quality improvement plans. Though this has not yet fed through to our case inspection ratings.
- Effective partnership arrangements are in place with the Police and Crime Commissioner, the police, local authorities and the voluntary sector, through the reducing reoffending boards. These develop pathways to enable individuals' desistance from offending.
- The CRC uses effective tools for analysing offending-related needs and identifying those who are most likely to reoffend, in order to commission and target interventions appropriately.
- A good range of services have been commissioned from supply chain partners, and these are delivering appropriate personalised services, including specialised provision for women, people of South Asian heritage and those needing intensive mentoring support in the community and on release from prison.
- Management information systems are impressive. Data is widely available and used routinely to monitor and manage workloads and performance.

Areas for improvement:

- The majority of responsible officers have excessive workloads, as measured by the CRC's own workload measurement system. This greatly affects their ability to deliver high-quality work with individuals.
- Staff development relies heavily on the capacity of hard-pressed middle managers to deliver training and other development activity. Unqualified probation services officers require more development than middle managers are able to give.
- The reasons why management oversight in case management teams is often insufficient or ineffective need exploring, in order to improve the management of risk of harm to others.
- The CRC needs to find a way of ensuring that individuals are fully involved in developing their sentence plans. It also needs to ensure that there are clear links between these plans and those to manage risk of harm to others.
- Take-up of group rehabilitation activity requirement (RAR) activities needs substantial improvement, to ensure that individuals receive the most appropriate interventions to support their desistance from offending.
- Responsible officers' engagement with other organisations involved in managing risk of harm to others needs strengthening, to ensure that planning is improved and shared.

| | Previous inspection | Current inspection |
|---|--|---|
| 1.1. Leadership |  |  |
| The leadership of the organisation supports and promotes the delivery of a high-quality, personalised and responsive service for all service users. | Good | Good |

Key data

| | Previous inspection | Current inspection |
|--|---------------------|--------------------|
| Proportion of staff interviewed who agreed that the organisation prioritised quality ¹² | 20% | 13% |

In making a judgement about leadership, we take into account the answers to the following three questions:

¹² HMI Probation inspection data.

Is there an effective vision and strategy driving the delivery of a high-quality service for all service users?

The CRC has a clear vision and strategy. The senior leadership of the CRC is strong. Leaders worked together to try to drive forward change and improvement following our last inspection, with a focus on trying to improve work on risk of serious harm and the quality of delivery. The interchange operating model is evidence based, and focuses on strengths-based desistance theory and risk–need–responsivity principles. There is a well-developed quality assurance framework. Regular quality audits are undertaken by team managers and senior case managers; managers have a good understanding of the quality of delivery. Quality improvement initiatives had not had the necessary impact at the time the cases we inspected started, however, and we found the quality of case supervision to be inadequate.

Engagement with relevant partners, including the Police and Crime Commissioner, reducing reoffending boards, resettlement governors and the senior judiciary, is strong. Partners and suppliers report that the organisation is transparent and open to feedback.

Responsible officers and middle managers were aware of recent initiatives to improve quality and focus on risk of harm, although many responsible officers considered the organisation's priority to be managing the quantity of work and meeting targets, rather than improving the quality of services. Only 13 per cent of staff say that the organisation prioritises quality, although this, in part, reflects dissatisfaction with workloads. As one responsible officer put it succinctly:

“The vision and strategy might be there, but resource-wise, we do not have sufficient [resources] to implement the plan. Therefore, you won't get a service we would like to deliver”.

Leaders at all levels in the CRC are respected by staff and involve staff in decision-making. They have had to work against a background of reducing resources, which led Interserve to introduce a major change programme, Enabling our Future, in March 2019. Senior leaders worked together to mitigate the inevitable reduction in performance that resulted from large-scale transfer of cases and reductions in staff numbers, with the implementation of a model based on specialised teams.

There is open communication up and down the organisation; staff, unions and service users are actively encouraged to give their views, and these are acted on. The new model was welcomed by most staff. Implementation of Enabling our Future took into account staff views and preferences, and staff are involved in reviewing the progress of implementation and suggesting changes.

Leaders are responsive and adaptable, demonstrating good leadership skills. They constantly strive to find the best way of making things work, despite considerable constraints in resources and information systems. The CRC shares a management team with Humberside, Lincolnshire and North Yorkshire CRC, which provides robust governance arrangements, with strong relationships. Senior leaders are visible in offices, and plans are implemented and reviewed through local management and team meetings. The Ministry of Justice (MoJ) contract manager reports being impressed by the senior leadership team's dedication and commitment to delivering and improving the quality of services.

Are potential risks to service delivery anticipated and planned for in advance?

There is a comprehensive risk register; risks are well understood and regularly reviewed by the senior leadership team, and appropriate mitigations are put in place. A joint local NPS/CRC risk register identifies shared risks and how they are managed. Comprehensive business continuity plans are in place and adhere to contract requirements. The plan for the Leeds office was recently tested and reviewed, although the Professional Services Centre Plan does not appear to have been updated since June 2017.



A centralised (Interserve) change control board agrees changes to processes and systems, with input from local senior managers. The risks inherent in implementing Enabling our Futures were well understood. Staff were consulted and risks to delivery mitigated through a clear governance model, careful preparation and a limited transition period to enable staff to move swiftly to the new delivery model. The operating model, which is built on specialisation, has been adapted to meet the needs of smaller local offices to improve staff resilience. Cases for those staff absent for more than two weeks are reallocated, to minimise the risk of harm to others, following learning from serious further offences elsewhere.

Does the operating model support effective service delivery, meeting the needs of all service users?

Interserve’s interchange operating model is strengths based and builds on personalised assessment and planning with service users. The CRC has not implemented the full Enablers of Change assessment and planning IT tool, however, because of factors beyond its control in relation to accessing the MOJ Strategic Partner Gateway. This, combined with insufficient staffing, has restricted implementation of the model in practice.

The Enabling our Future model is being reviewed, to identify where further work is required, such as the new engagement centres for those who pose the lowest risk of reoffending and harm. The introduction of specialist interventions teams led to a phased introduction of new RAR groups; however, most did not start until June 2019 and therefore we saw little evidence of these groups being used in the cases we looked at. Use of these groups is increasing, but staff have been slow to incorporate the new RARs in sentence planning.

Of the cases sampled, 59 per cent kept the same officer throughout the period inspected. Through the Gate services are joined up. The work of the specialist resettlement teams and mentoring service delivered by P3 and PACT, has contributed to impressive performance against our domain 3 Through the Gate services standard. Specialist teams providing services for women offer an integrated service with the Together Women Project in each locality.

| | Previous inspection | Current inspection |
|---|--|---|
| 1.2. Staff |  |  |
| Staff within the organisation are empowered to deliver a high-quality, personalised and responsive service for all service users. | Requires improvement | Requires improvement |

| Key staffing data¹³ | Previous year | Current year |
|--|----------------------|---------------------|
| Total staff headcount (FTE) | 271 | 264 |
| Total number of probation officers or equivalent (FTE) | 43.85 | 36.75 |
| Total number of probation services officers or equivalent (FTE) | 91.2 | 75.4 |
| Sickness absence rate (all staff) | 13.7 days | 12.5 days |
| Staff attrition (percentage of all staff leaving in 12-month period) | 8.4% | 10.5% |

| Caseload data | Previous year | Current year |
|--|----------------------|---------------------|
| Average caseload probation officer (FTE)¹³ | 49 | 48 |
| Average caseload probation services officer (FTE) ¹³ | 56 | 66 |
| Proportion of probation officer (or equivalent) in this CRC describing workload as unmanageable ¹⁴ | 70% | 63% |
| Proportion of probation services officer (or equivalent) in this CRC describing workload as unmanageable ¹⁴ | 78% | 83% |

(For the purposes of comparison, in our inspections of all CRCs between June 2018 and June 2019, 63 per cent of POs and 56 per cent of PSOs told inspectors their workloads were unmanageable – a lower proportion than we found in this CRC).

In making a judgement about staffing, we take into account the answers to the following five questions:

Do staffing and workload levels support the delivery of a high-quality service for all service users?

Caseloads for responsible officers are too high for them to deliver high-quality work consistently. Senior managers monitor workloads and emerging vacancies regularly, to try to fill gaps; however, the staffing model lacks resilience. Middle managers are stretched, and struggle to deliver all that is expected of them to a consistently high standard within the hours available.

The CRC lost 10 senior case manager posts as part of the plan for Enabling our Future. Of these, eight were seconded to the NPS, and of these, four have returned

¹³ Data supplied by CRC.

¹⁴ HMI Probation inspection data.

to fill vacancies in the CRC. Of the responsible officers interviewed, 74 per cent reported that their workloads are unmanageable; 70 per cent had more than 50 cases and 29 per cent had more than 75 cases. Average caseloads of senior case managers (the probation officer-equivalent grade) are 48, and those of case managers (the probation services officer-equivalent grade) are 66. In addition, the senior case managers are expected to mentor case managers and undertake quality assurance audits.

The CRC has a well-developed, agreed and transparent workload management tool, which is used by senior and middle managers to identify where workload is concentrated and move work around, and this is considered routinely in supervision. The tool shows that 76 per cent of responsible officers have workloads of more than 100 per cent of their capacity. A workload management tool is also being implemented for Through the Gate staff and partnership agencies.

Middle managers have wide spans of control, of up to 15 staff. They also have a range of functional responsibilities, including aspects of partnership work. They are responsible for quality assurance, and face-to-face training and staff development events, as there are no dedicated trainers. Despite the arrival of two support officers since the last inspection to assist with premises and other management support tasks, middle managers report that they are still too thinly stretched to do all that is required of them.

The experience of administrators varied, depending on location. Some felt underused, while others were hard-pressed, especially when staff were absent or there was an influx of new staff.

Do the skills and profile of staff support the delivery of a high-quality service for all service users?

The recruitment of unqualified staff continues; however, this outstrips the CRC's ability routinely to induct and bring them up to a sufficient standard to deliver high-quality work with more difficult and complex service users. Staff at all levels in the organisation are largely representative of the communities they serve.

Many new staff have been recruited to deliver the new Through the Gate model, although four vacancies remain in this team. There are some gaps in staffing data, but staff profiles generally reflect the ethnic diversity of the area, with 24 per cent of service users and 17 per cent of staff from a black and minority ethnic background.

Cases are allocated by the Professional Services Centre (PSC) in Wakefield, using a revised banding tool. The number of senior case managers was reduced, in line with the implementation of Enabling our Future, following an Interserve benchmarking exercise. This meant that more case managers were allocated domestic abuse cases, and required training for this work. While 90 per cent of the responsible officers interviewed considered that they had the abilities and skills to supervise their caseload, only 60 per cent considered that they were always allocated cases for which they had the appropriate training and experience.

Currently, 18 volunteers and peer mentors work across different functions in the CRC, following a comprehensive training programme. Ex-prisoner peer mentors work with individuals once they have completed their own sentences.

Administrative roles in the PSCs are clearly defined; however, most staff are allocated to tasks across the five Interserve CRCs. The PSCs have a strategy for succession planning to support resilience, and a number of staff have moved into case management roles.

Does the oversight of work support high-quality delivery and professional development?

Staff value the supervision they receive and are complimentary about their managers, although it is difficult to judge from the case records whether management oversight is sufficiently effective.

There is a formal induction programme for new case managers and other staff, but implementation of this is inconsistent. Staff receive an annual appraisal against objectives linked to the CRC's strategy and vision. Annual observations of practice against a defined quality standard were introduced in June 2019.

Of the responsible officers interviewed, 76 per cent said that they received supervision that enhances and sustains high-quality work with service users, and 63 per cent had received formal supervision at least seven times in the preceding 12 months. A new process for enhanced management oversight of more risky cases was introduced across the five Interserve CRCs in the last year, and its use is routinely monitored by senior managers. In the cases reviewed, however, inspectors judged that, where management oversight was required, it was absent, insufficient or ineffective in 76 per cent of cases, as recorded on nDelius. When management oversight took place, there were cases where important information had been missed, or where agreed actions had not been completed afterwards by responsible officers.

Poor performance against contract and quality measures are identified and addressed in supervision, and a register is kept of those on performance improvement plans. Ten staff left the Bradford office in late 2018 because of poor performance.

Are arrangements for learning and development comprehensive and responsive?

Key training events have been delivered to address issues identified in the previous inspection, but they do not appear to have been entirely effective. Staff development structures require improvement.

The management of training has been centralised, with a focus on core training, in response to issues identified through inspections and audits. This has included training in risk of serious harm and domestic abuse, SARA 3 training and targeted professional curiosity training. Delivery of training is limited to virtual college online learning and face-to-face training delivered by middle managers, as there is no local training team. The Professional Services Centre (PSC) has its own identified trainer. Interserve produces training materials centrally, which are then passed to middle managers to deliver. These managers generally have no specific expertise in training, or time to prepare, and evaluation is limited to routine feedback sheets.

Training of new case managers with little prior experience is limited, and is not linked to any formal qualifications. The CRC has previously trained its own PQiP candidates, who reported that they had insufficient time and space to embed their learning. The CRC has supervised 10 PQiP placements on behalf of the NPS since January 2020, with a further intake due in the summer.

Of the responsible officers interviewed, only 39 per cent said that the organisation provides them with sufficient access to in-service training to support the delivery of a high-quality service. Similarly, only 39 per cent of responsible officers said that the organisation promotes and values a culture of learning and continuous improvement.

Do managers pay sufficient attention to staff engagement?

Staff generally remain committed and motivated. Senior managers have delivered a number of initiatives to improve staff engagement, but sickness levels remain relatively high and staff feel that their wellbeing is compromised by high workloads.



A brief staff survey was conducted in November 2018. This showed a staff engagement score of 56 per cent, with a low 30 per cent participation rate. Most staff appear to be engaged and want to do a good job, often working beyond their required hours. The CRC produced a staff engagement plan (Your Voice) following focus groups with staff, with actions on improving the reliability of ICT, recruitment and training, implementing the Enabling our Future model, wellbeing initiatives and communication with the senior leadership team.

There has been a series of initiatives to recognise and reward staff; however, only 40 per cent of responsible officers interviewed said that managers recognise and reward outstanding work.

Staff voluntary turnover over the past 12 months has been 10.5 per cent. For probation officers, however, including eight secondments to the NPS, this has been relatively high, at 23 per cent. The target for staff sickness has been far from challenging, at 17 days per year per staff member. The overall sickness rate is relatively high, at 12.5 days per member of staff, and for senior case managers it has been 19.7 days (although this is distorted by some long-term absences).

Of the responsible officers interviewed, 71 per cent said that appropriate attention is given to staff safety; however, only 39 per cent indicated that appropriate attention is given to staff wellbeing, reflecting the concerns expressed about workloads. A reasonable adjustments policy was implemented in August 2019, and 82 per cent of responsible officers interviewed said that they receive the adjustments they need.

Promotion to management grades within the CRC is generally in line with staff representation in the workforce: 86 per cent of middle managers and above are female; 11 per cent come from a black and minority ethnic background; and 29 per cent have a declared disability.

| | Previous inspection | Current inspection |
|---|--|---|
| 1.3. Services |  |  |
| A comprehensive range of high-quality services is in place, supporting a tailored and responsive service for all service users. | Good | Good |

In making a judgement about services, we take into account the answers to three questions:

Is a sufficiently comprehensive and up-to-date analysis of the profile of service users used by the organisation to deliver well-targeted services?

| Characteristics of inspected domain two cases¹⁵ | All CRCs in year one | This CRC in current inspection |
|---|-----------------------------|---------------------------------------|
| Proportion of caseload who are female | 17% | 14% |
| Proportion of inspected cases who are black or minority ethnic | 14% | 28% |
| Proportion of inspected cases with a disability | 49% | 46% |
| Proportion of inspected cases where inspectors identified substance misuse problems | 72% | 61% |
| Proportion of inspected cases where inspectors identified domestic abuse issues | 41% | 48% |
| Proportion of inspected cases where inspectors identified child safeguarding issues | 32% | 32% |

The CRC has access to a wealth of data, which is used to determine priorities for commissioning services. The CRC uses data from the reoffending data tool (RDT), which draws information from nDelius to identify 'typical reoffenders' and target them for interventions. This data is supplied to reducing reoffending boards, to identify priorities for action. The RDT combines offence and sentencing data with the offender group reconviction score (OGRS) and risk flags to identify those who are most likely to reoffend, and the nature of the risk they pose. This data has been used to prioritise the new RARs to be delivered for women offenders as part of the renegotiated contract with the Together Women Project.

The CRC completes layer 3 offender assessment system (OASys) assessments on most offenders, except those subject to standalone unpaid work. This data has been used by Interserve centrally to design a new suite of RAR groups, which have been prioritised according to local need and demand. A needs analysis has been completed on the Through the Gate cohorts, along with use of the RDT, to identify the levels of provision required.

Data on protected characteristics is entered into nDelius, although there are some gaps in relation to black and minority ethnicity, religion and sexuality, which Interserve's Interlink case management system would have filled if development had continued. The data is analysed to identify any differential outcomes or unfairness in the way that particular groups are treated. No disproportionality has yet been identified in the outcomes for groups with different protected characteristics.

Specific interventions are commissioned to meet identified need, including women's centres, a pilot intervention with a health practitioner to treat services users with attention deficit hyperactivity disorder, and the SHAFa project for meeting the needs of South Asian service users in a culturally sensitive way.

¹⁵ HMI Probation inspection data.

Data on sentencing has identified the underuse of accredited programmes; however, the CRC has been unable to obtain the SMART tool data from the NPS to understand further the reasons for this.

Does the CRC provide the volume, range and quality of services to meet the needs of the service users?¹⁶

| | Previous inspection | Current inspection |
|--|---------------------|--------------------------|
| Average waiting time for BBR ¹⁷ | No data available | 21.2 weeks |
| Average waiting time for TSP ¹⁸ | No data available | 8.3 weeks |
| Average waiting time for RAR ¹⁹ | No data available | 12 weeks (approximately) |
| Successful completion BBR | 80% | 87% |
| Successful completion TSP | 48.5% | 71% |
| Successful completion of RAR | No data available | No data available |

The CRC commissions a range of supply chain organisations to support service users' desistance, including interventions for women and people of South Asian heritage. Funding for these organisations has been reduced in line with reductions in the CRC's overall resources, which has led to more targeted provision. Provision of unpaid work and enhanced Through the Gate services is good.

Of the responsible officers interviewed, 68 per cent said that, in the cases reviewed, there was access to an appropriate range of services. While a good range of services is available, however, in the view of inspectors, there are gaps in the services delivered to meet the offending-related needs of individuals. Services built on service users' strengths in only half of the cases inspected.

The CRC delivers four accredited programmes and an extensive range of RAR groups and brief interventions; however, the take-up of RAR groups has been slow in the community. In prisons, the delivery of the new brief interventions has been restricted to delivery in HMP Leeds to date. The new suite of RARs is being evaluated, including use of pre- and post- questionnaires to gauge the effectiveness of the group RARs.

The CRC commissions £1.6 million of services through its supply chain, a reduction of £100,000 on the previous level of funding. Key services include P3, which delivers intensive support for up to 150 complex cases at a time, and PACT, which provided mentoring for 306 service users in the nine months before the inspection. SHAFa provides services to South Asian service users across the area. The Together Women Project delivers women's service from five locations, including Leeds and Bradford, five days per week.

¹⁶ Data supplied by CRC.

¹⁷ Building Better Relationships.

¹⁸ Thinking Skills Programme.

¹⁹ Rehabilitation Activity Requirement structured intervention group.

The CRC operates from five main offices across the region, all of which are reasonably accessible. Bus fares are provided for unemployed offenders who have to travel more than three miles to attend. Drug and alcohol services are available in each district, delivered by a variety of providers. There are some gaps in protocols and information sharing, and some providers will now operate from CRC offices, to try to close these gaps.

Comprehensive quality assurance arrangements are in place for unpaid work, Through the Gate services, accredited programmes and RAR delivery, and the work of supply chain partners.

Are relationships with providers and other agencies established, maintained and used effectively to deliver high-quality services to service users?

Community directors chair reducing reoffending boards and, through these, aim to increase service users' access to mainstream services. Access to accommodation and education, training and employment (ETE) services requires further development. Involvement with other agencies to coordinate services to manage risk of harm to others requires improvement. Work to improve liaison with the courts is ongoing.

Of the responsible officers interviewed, 72 per cent said that there were effective relationships with other agencies to support desistance through access to mainstream services, and 67 per cent said that there were effective relationships with other agencies to manage the risk of harm to others. In the inspectors' view, however, the involvement of other agencies in managing and minimising the risk of harm was sufficiently well coordinated in only 35 per cent of relevant cases.

Staff have access to comprehensive directories of services. The supply chain providers P3, PACT, the Together Women Project and SHAFa are involved in linking service users to community facilities. OFFploy is based in the Leeds office, and provides an employability course and access to training provision.

Through the reducing reoffending boards, there are developing initiatives in the areas of accommodation, women's services, mental health and ETE. Middle managers are engaged at a strategic level with MARACs and safeguarding boards, and there are daily operational links with the MARAC panels.

The CRC has obtained funding from the MoJ to base a team of staff in Leeds and Bradford magistrates' courts to improve liaison with sentencers. The CEO and head of operations have regular meetings with senior judges and provide regular newsletters to sentencers jointly with the NPS. The CRC is involved in magistrates' training. The three sentencers we interviewed, however, expressed a lack of confidence in the services provided by the CRC.

Service user involvement

The CRC has a service user council run by User Voice, which meets monthly. The CRC has recruited and trained a small number of service users to become peer mentors to individuals in the engagement centres, and on unpaid work. Two such individuals have progressed into paid roles with the CRC.

Most of the 14 service users who inspectors contacted after reviewing their cases commented favourably on how responsible officers had taken account of their personal circumstances, and involved them in planning what they would do on supervision. A small minority had difficulties in keeping their appointments, but nearly all said that they received the help they needed to keep out of trouble. Individuals appreciated the flexibility, attention and non-judgemental support they received from staff, as in this case:

“When I came to the CRC, I was on drugs and they put me on a drug rehabilitation requirement (DDR) for 6 months, and 12 months’ probation. I have now done my DDR and had to attend groups. These have helped me and I have been clean for two months. I have also been talking with my responsible officers, and this has helped. The responsible officers have been ‘ace’. Without them, I would still be on drugs. Without them, I don’t know where I would be”.



When asked what could have been better, some identified problems with getting to the office and not having bus fares fully refunded. Others wanted more help with employment and training.

Unpaid work

There are sufficient unpaid work placements arranged across the different localities in West Yorkshire. Nominations for projects are received from a variety of community and faith organisations. Staff in Leeds have recently won an award for work done in partnership with Leeds City Council, which identifies and nominates overgrown and rubbish-strewn areas for those on unpaid work to clear. There are many opportunities for individual placements in charity shops, and some people have gone on to work in them in a voluntary or paid capacity after completing their orders.

Through the Gate

Through the Gate provision is a strength and has been implemented effectively. Services are delivered by a mix of staff from the CRC, Catch 22 and St Giles Trust. There are good links between the prisons and local reducing reoffending boards. The heads of resettlement from HMPs Leeds and Wealstun are involved with the boards in Leeds and Bradford, respectively. PACT receives over 400 referrals from the CRC each year and provides intensive mentoring for individuals for up to four weeks following release.

| | Previous inspection | Current inspection |
|--|--|---|
| 1.4. Information and facilities |  |  |
| Timely and relevant information is available, and appropriate facilities are in place to support a high-quality, personalised and responsive approach for all service users. | Requires improvement | Good |

In making a judgement about information and facilities, we take into account the answers to the following four questions:

Do the policies and guidance in place enable staff to deliver a quality service, meeting the needs of all service users?

The CRC has clear processes for producing, disseminating, storing and reviewing policy. This is largely driven by Interserve Justice, but senior and middle managers are effective at communicating and interpreting policy in ways that staff find helpful.

Policies are sent out centrally from the Interserve change control board, which maintains the schedule for revisions. Middle managers adapt and interpret these messages, which are delivered through practice development events. Practice briefs are used for communication, in order to reduce the number of long emails to staff; this follows staff feedback about receiving too much information. Policies are stored on WISDOM, the Interserve Justice and CRC intranet; however, the system has not been updated sufficiently since the information officer left, and replacement cover is limited.

Of the responsible officers interviewed, 71 per cent said that there is a clear policy about case recording that supports defensible decision-making and effective communication. This is an increase from 62 per cent in the previous year, but is below the average for CRCs, of 83 per cent.

An updated guide to interventions, 'Paths to Success', was issued in August 2019. It includes information for sentencers, and NPS and CRC staff on how to make referrals for the interventions that are routinely available in this CRC. Regular interface meetings take place with the NPS at senior management level, and a range of policies and protocols cover key interface issues. Risk escalation to the NPS appears to be working well and is not a point of conflict.

Court breach processes now operate more smoothly, with the introduction of dedicated staff producing breach paperwork in each team. The court pilot is designed to enhance relationships with the NPS and sentencers in the magistrates' courts.

Do the premises and offices enable staff to deliver a quality service, meeting the needs of all service users?

Premises are accessible and safe, and support personalised work. Plans to replace the less suitable Bradford office were suspended following the announcement of the future merger of NPS and CRC offender management functions from 2021.

Inspectors visited three of the five CRC offices and found them to be accessible to staff and service users. The Bradford office is shabby and requires a high level of maintenance. The reception area there has been improved following consultation with service users.

All offices visited by inspectors have sufficient confidential interview rooms, group rooms and open spaces for the new engagement centres. Staff delivering Through the Gate services said that they do not always have enough confidential spaces for interviewing prisoners. There is a regular programme of premises maintenance, and health and safety issues are routinely monitored and addressed. The premises seen were judged to provide a safe environment for staff and service users.

Case managers for standalone unpaid work requirements, based in Cunard House in Liverpool, are difficult to access because Skype is used for all telephone calls, which depends on individual members of staff being available to access calls through their computers. This is now being replaced with a telephone system that can monitor response times, and contact email addresses for the professional services centre have been provided to service users.

Unpaid work supervisors and placement coordinators conduct daily health and safety checks, and start each session with a talk on the safe use of tools. They have 'People Safe' devices, to call for assistance if required. These devices are also available for other staff; usage is monitored but is not extensive.

Do the information and communications technology (ICT) systems enable staff to deliver a quality service, meeting the needs of all service users?

The stability of ICT systems has improved. Management information systems are used to produce and display timely information in a variety of formats.

Since the last inspection, Sopra Steria is being held to account for the performance issues of the CRC's ICT systems. There can still be problems with staff getting locked out of the system, however, if they do not routinely access the system via a network cable. The reliability of Skype use was problematic but has now improved.

Interserve Justice continues to develop its new Interlink case management system, within which the Enablers of Change assessment and planning tool is designed to sit. With access to the MoJ's Strategic Partner Gateway still not agreed, however, this cannot be deployed.

There are options for remote working, with laptop computers and mobile telephones provided; however, there have been problems with new starters getting access to laptop computers within a reasonable timeframe. Reasonable adjustments are made for users of assistive technology. Some (but not all) supply chain partners can access and input directly into nDelius and OASys. Information-sharing protocols produced by the network developer are in place with most key partner agencies.

A range of up-to-date management information systems are in use. These include OPEN, a performance management system available to all staff; RDT – for identifying and targeting those who are likely to reoffend; and the workload management tool, which is available on a SharePoint site.

Is analysis, evidence and learning used effectively to drive improvement?

The CRC shares a well-developed quality management system with other Interserve CRCs, and managers have a good understanding of current performance and service quality. Senior leaders welcome inspection and are eager to take forward learning and make improvements.

They were disappointed but not surprised by our domain two findings. Integrated quality assurance model audits are completed every six months by managers and senior case managers, and are increasingly linked to HMI Probation standards.

The CRC's quality management system includes quality assurance of cases and observation of practice. This provides data for analysis, which is used to develop an overarching quality improvement plan, managed through a local cross-grade quality and performance group. Performance management is strong, and staff at all levels can use the OPEN²⁰ system to identify issues in performance. The complaints process is widely advertised, and a centralised log of complaints and responses is kept and reviewed by the quality and performance group.

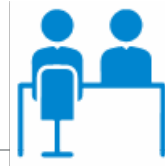
The CRC has an active service user council. This meets monthly and produces proposals to improve service delivery, such as a jargon-busting leaflet and improvements to office facilities in Bradford. Service users are routinely consulted, and are confident that their views are welcomed and proposals for change will be progressed. The Professional Services Centre is consulting service users on induction packs; however, it has not consulted them on access to case managers for unpaid work at Cunard House, in Liverpool, where customer service is poor.

²⁰ OPEN is the performance management information management system available to all staff on their computers

A community director leads on disseminating learning from local and national serious further offence reviews via the middle management group. There have been three serious further offences in the CRC this past year, a considerable reduction from the preceding years.

A detailed action plan was produced following the last HMI Probation inspection, and this was incorporated into the CRC's quality improvement plan and disseminated to staff. Some, or sufficient, progress was achieved against six of the recommendations. The lack of progress on the other two recommendations is due, in part, to resource constraints, reorganisation, the announcement of the Probation Reform Programme and the inability to deploy the new case management and assessment systems.

2. Case supervision



We inspected 64 community sentence cases and 66 post-release supervision cases. We interviewed 113 of the relevant responsible officers and 14 service users. We examined the quality of assessment; planning; implementation and delivery; and reviewing. Each of these elements was inspected in respect of the way that the service user was engaged and issues relevant to offending and desistance. For the 119 cases where there were factors related to harm, we also inspected work done to keep other people safe. The quality of work undertaken in relation to each element of case supervision needs to be above a specific threshold for it to be rated as satisfactory.

Given that less than half of the cases we inspected were satisfactory against each of our key standards for assessment; planning; implementation and delivery; and reviewing this CRC has been rated as 'Inadequate' in all four areas. While assessment of engagement has been rated as 'Requires improvement', and of factors linked to offending and desistance as 'Good', assessment to keep others safe has been rated as 'Inadequate', reducing the overall rating for this standard. Planning to engage service users and to reduce reoffending and support desistance have both been rated as 'Requires improvement'. Planning to keep others safe has been rated as 'Inadequate', however, which makes the rating for this standard 'Inadequate'.

Implementation and delivery has been rated as 'Inadequate'. This is because, although work to engage service users and implement the sentence have been rated as 'Good', delivery of services to support desistance and delivery of services to keep others safe have both been rated as 'Inadequate'. Reviewing has been rated as 'Inadequate' for all three key questions.

Performance across the whole of the domain two standards is disappointing. The quality of engagement and work to prevent risk of harm to others has declined since the last inspection. Where assessment fails to identify and analyse key factors, this inevitably leads to poor planning and even worse delivery of relevant interventions. It is perhaps surprising that an organisation that promotes a strengths-based, personalised model is not better at effectively engaging service users in assessment, planning and reviewing, although responsible officers are good at maintaining effective relationships with them during their sentence and licence periods.



The CRC's caseload includes a large proportion of cases where there are specific risks to partners and children from domestic abuse and inadequate safeguarding, and therefore the greatest priority for improvement is the need to address risk of harm to others effectively.

Strengths:

- The consistent use of level 3 OASys assessments for most cases provides a sound basis for developing good sentence and risk management plans.
- Responsible officers are good at identifying individuals' strengths and protective factors that should help them desist from offending.
- Responsible officers are good at engaging and maintaining an effective relationship with individuals, and enforcing orders and licences appropriately.
- The CRC has developed some effective tools for engaging individuals in assessment and planning.

Areas for improvement:

- In too many cases, assessments and reviews of offending-related factors and risk of harm to others were insufficient because the information available on file was missed, or was not sought and analysed from the police and social care services in a timely fashion.
- In too many cases, sentence planning did not build on OASys and other assessments, or link clearly with risk management plans.
- Too few assessments and plans analysed and took full account of individuals' diversity and personal circumstances to improve compliance and engagement.
- Too many assessments failed to identify victims and potential victims clearly, and planning to address the specific risks and contingencies in each case was weak.
- Too few sentence plans were sufficiently explicit about how sentences were to be implemented, specifying the interventions, types and level of contact required to address offending and risk of harm, individual responsibilities and timescales for achievement.
- Coordination with other agencies was frequently poor when managing risk of harm to others.

| | Previous inspection | Current inspection |
|--|--|---|
| 2.1. Assessment |  |  |
| Assessment is well informed, analytical and personalised, actively involving the service user. | Requires improvement | Inadequate |

Our rating²¹ for assessment is based on three key questions:

| Comparison with West Yorkshire in previous inspection and all CRCs | Previous inspection | Current inspection | All CRCs ²² |
|---|---------------------|--------------------|------------------------|
| Does assessment focus sufficiently on engaging the service user? ²³ | 67% | 55% | 68% |
| Does assessment focus sufficiently on the factors linked to offending and desistance? ²³ | 65% | 68% | 63% |

²¹ The rating for the standard is normally driven by the lowest score on each of the key questions, which is placed in a rating band, indicated in bold in the table. See Annexe 2 for a more detailed explanation.

²² HMI Probation inspection data, from inspections conducted between June 2018 – June 2019.

²³ The answers to these key questions are underpinned by more detailed 'prompts'. The table in Annexe 4 illustrates the percentage of the case sample with a satisfactory 'yes' response to each prompt.

| | | | |
|--|-----|------------|-----|
| Does assessment focus sufficiently on keeping other people safe? ²³ | 59% | 44% | 55% |
|--|-----|------------|-----|

Does assessment focus sufficiently on engaging the service user?

In too many cases, assessments failed to engage individuals sufficiently. Performance against this key question has fallen significantly sharply since our last inspection and is below the aggregate score for all CRCs in the first round of our inspections.

In some cases, initial appointments were rushed and induction paperwork was not completed. In most cases, there was evidence that details of protected characteristics had been provided by individuals, along with information about how they currently saw themselves and where they wanted to be in the future.

The reason for the low scores was that issues of compliance, and the impact of personal circumstances and diversity factors on compliance and engagement, were all too often not considered or explored adequately. Where there had been poor compliance previously, responsible officers did not always address the reasons for this, or what would need to change to improve engagement this time around. In many cases, although personal circumstances were noted, assessments lacked proper analysis, as in the following case:

“There is an acknowledgement of service user’s diversity needs – for example, previous trauma, care leaver, learning difficulties and parenting responsibilities. However, there is lack of assessment of how these complex needs impact on engagement”.

Awareness of diversity issues, such as language, culture and nationality, and how they might have an impact on supervision, was sometimes lacking, as in the following case:

Poor practice example

At the time of release, this practitioner’s caseload was in the high 90s. The service user has mental health issues, including self-harm. He is an immigrant from the Middle East who is unclear about his status, resulting in difficulties in claiming benefits. For years now, he has been street homeless and addicted to heroin, and he has no family or friends to speak of, according to previous records. His first language is Farsi and there has been no assessment of his English and whether he can read letters. Despite these many issues, none of them have been properly analysed to explore the impact they may have on him complying with the sentence.

Does assessment focus sufficiently on the factors linked to offending and desistance?

Assessment of factors linked to offending and desistance was good, and had improved a little since our previous inspection. The CRC uses the layer 3 OASys assessment tool for most cases, which guides staff to identify the reasons why individuals may have offended. While responsible officers were more likely to identify factors linked to offending, analysis of these factors was sufficient in only half of cases, which was a significant fall from last year. Perhaps unsurprisingly, qualified probation officers produced better analysis, on average, than probation services officers, who lacked such extensive training.

The CRC's model of assessment of individuals is strengths based, with a focus on the factors that are likely to support change, such as family and other relationships, employment and motivation. It is pleasing to note that assessment of these factors was sufficient in the large majority of cases. There were instances where responsible officers had not properly considered some of the information available in pre-sentence reports, Crown Prosecution Service papers or previous OASys assessments. This meant that important factors which would have improved assessment were missed in some cases.

The following is an example of one of the many good assessments of offending and desistance factors that inspectors found:

Good practice example

The assessment looked at past convictions and John's pattern of offending. John's offences were associated with peers who were also drug users, and the influence they had leading him to offending. However, John had also built supportive relationships with his family and managed lengthy periods of desistance which were considered in the assessment. Assessment also outlined John's struggle with his past trauma and mental health, and how this was leading to relapse into substance misuse.

Does assessment focus sufficiently on the risk of harm to others?

Assessment of risk of harm to others was assessed as 'Requires improvement' in our previous inspection. It is concerning that it has now deteriorated significantly. It is now worse than the average of other CRCs in our first round of inspections, and is considered 'Inadequate'. In nearly half of cases inspected, there were concerns about the service user being a perpetrator of domestic abuse, and in almost one-third of cases there were current child safeguarding or child protection concerns.

Checks of police callouts in relation to domestic abuse incidents were completed in the reasonable majority of cases, and plans are in place for the CRC to obtain this information directly via police-enabled laptop computers. These checks were often done late, however, and, on occasion, the information was pasted into the record without proper analysis. There was exchange of child safeguarding information in two-thirds of cases, but this was not always followed up effectively to confirm the nature and focus of any current risks.

Where there were identifiable factors for risk of harm to others, in the majority of cases responsible officers failed to identify all that were relevant. They identified who was at risk in only half of relevant cases, and in most cases the subsequent risk analysis was insufficient. Often, this was because responsible officers had not taken full account of information that was available on file. In many cases, they did not sufficiently consider past behaviour and convictions, focusing only on the current offence when making their assessments. There were examples of staff 'pulling through' old OASys assessments, without updating them to take account of current risks. There were also occasions when responsible officers displayed a lack of professional curiosity, as in this case:

Poor practice example



There was limited assessment of risk of harm, and lack of analysis, despite information being available in the pre-sentence report. A full risk of serious harm (ROSH) assessment was not completed, as this was deemed unnecessary by the responsible officer. The ROSH

summary states the rationale for risk assessment of a totally different, named, service user. There was evidence of a restraining order being made on the court result, but this was not taken into consideration or incorporated into any planning.

Assessments of domestic abuse were often insufficient. Although staff had been trained in the specialist revised SARA 3 tool, this was not always completed, as some staff said that it was too time consuming. Risk assessments were often too vague and failed to identify clearly the risk to specific victims or potential victims, as in this case:

Poor practice example

Anand had three ex-partners where there had been incidents of domestic abuse, and a current partner with whom he had a child. The assessment was unclear and did not give a picture of who was at risk from Anand or how to keep them safe. One partner had a non-molestation order against him, but it was unclear whether this was current and, as they were still having regular contact, what risk Anand posed to them.

| | Previous inspection | Current inspection |
|--|--|---|
| 2.2. Planning |  |  |
| Planning is well informed, holistic and personalised, actively involving the service user. | Inadequate | Inadequate |

Our rating²⁴ for planning is based on three key questions:

| Comparison with West Yorkshire in previous inspection and all CRCs | Previous inspection | Current inspection | All CRCs ²⁵ |
|--|---------------------|--------------------|------------------------|
| Does planning focus sufficiently on engaging the service user? ²⁶ | 61% | 55% | 63% |
| Does planning focus sufficiently on reducing reoffending and supporting the service user's desistance? ²⁶ | 52% | 56% | 64% |
| Does planning focus sufficiently on keeping other people safe? ²⁶ | 43% | 44% | 46% |

²⁴ The rating for the standard is normally driven by the lowest score on each of the key questions, which is placed in a rating band, indicated in bold in the table. See Annexe 2 for a more detailed explanation.

²⁵ HMI Probation inspection data, from inspections conducted between June 2018 – June 2019.

²⁶ The answers to these key questions are underpinned by more detailed 'prompts'. The table in Annexe 4 illustrates the percentage of the case sample with a satisfactory 'yes' response to each prompt.

Does planning focus sufficiently on engaging the service user?

Work to engage service users in planning continues to be rated as 'Requires improvement', and performance in this area is significantly poorer than the average performance of CRCs in the last round of inspections. The CRC's delivery model emphasises personalisation, and the intention is to co-produce sentence plans with individuals, using a templated engagement plan. These plans should be produced by the responsible officer within 15 working days of the sentence. In many cases, however, service users were not properly involved in the planning and their views were not taken into account. This was attributed to workload and pressure to meet the 15-day performance target, combined, on occasions, with service users failing to turn up for their initial appointments. Sometimes, the plans were completed by someone other than the responsible officer, who did not know the individual, in order to meet the target 15 days response deadline.

When service users were not properly involved in planning, plans inevitably failed to consider the individual's diversity and personal circumstances. Even when they were involved, failure to assess such factors sometimes led to poor planning on how to engage them effectively. Where there was insufficient assessment of previous compliance and motivation to change, this too was reflected in insufficient planning to address these factors.

The templated engagement plan, while encouraging input from service users to identify what they wanted to change and achieve, did not help staff to develop plans with clear timescales. Too often, plans failed to set out how RAR days or activities on licence would be delivered, who they would be delivered by and when. Consequently, plans tended to drift, as in the following case:

"There is no clear, planned structure as to the reporting expectations on the service user. The drift in compliance during implementation is, in part, due to a lack of direction in the planning phase. There are a number of issues that may impact on engagement, one of them being that the service user is a current asylum seeker, but no evidence of discussions as to how they may have been overcome. Previous compliance with orders has been poor and no strategy put in place to address this or enforce appropriately".

Levels and type of contact were often absent from plans, with occasional references to meeting national standards, with the result that contact tended to drift towards meeting minimum requirements.

Does planning focus sufficiently on reducing reoffending and supporting the service user's desistance?

Planning to reduce reoffending and support desistance, although better, requires further improvement. It is significantly poorer than the average for CRCs in the first round of inspections. There were, however, some good plans that addressed offending-related factors, supported desistance and included appropriate interventions, as in the following example:

"The service user is referred quickly to the female-specific intervention – the Together Women Programme – and the mentoring volunteer service in order to access interventions to support desistance. She is also referred to the 'Better Solutions' programme in order to undertake work on thinking skills and problem-solving deficits. The service user identifies that she wants to focus on gaining employment as

her son is now in nursery school. The responsible officer refers her to the ETE support provision”.

Where important factors were missed or insufficiently analysed in assessments, they were likely to be absent from the plans that followed. Often, plans were prepared before the more detailed assessments of offending-related factors were completed in OASys, with the result that key factors were not specifically addressed, as in this example:

“The engagement plan completed by the responsible officer is vague; it includes work around thinking and behaviour, problem solving, keeping in contact and maintaining employment. But the criminogenic needs identified in OASys in relation to lifestyle and associates, drug use, and relationships as a protective factor are not sufficiently focused on in the plan”.

Some of these strengths-based plans focused on what the individual would do, and failed to be specific about what actions the responsible officer would complete to address offending-related factors:

“This strengths-based plan does not correspond with all identified needs in the case and does not appear directly linked to offence type. Much of the plan references external agencies, even though the responsible officer states none were to be involved and it was ‘down to him to sort those out’ – i.e. finances and employment. There is insufficient planning around problem solving, aggression and temper control, and abusive behaviour towards others, which is becoming an emerging pattern”.

Does planning address appropriately factors associated with the risk of harm to others?

This key question is only answered in cases where factors related to risk of harm to others are present.



Planning to address risk of harm to others was inadequate previously, and there is no evidence in the cases inspected that it has improved, despite responsible officers receiving specific training on managing risk of harm and domestic violence. It is particularly concerning that planning to address domestic abuse and child safeguarding was sufficient in only just over a third of relevant cases.

In some cases, plans to manage risk of harm to others were missing, including cases in which the risk had been incorrectly assessed as low rather than medium. Where assessments were insufficient or had missed important factors, planning was also inadequate. There was insufficient tie-up between engagement plans and OASys risk management plans. They were often not completed at the same time and when risk of harm assessments were done later, there were examples where the engagement plans did not include the necessary interventions to address risk of harm to others. Senior leaders had identified this as an operational risk and intend to dispense with engagement plans in 2020, when they would be replaced by sentence plans completed in OASys which will address this deficiency.

All too often, planning to address contingencies was weak. This resulted from a lack of focus on the risk to specific individuals, and a lack of understanding that contingency planning needs to relate to the specifics of the case, and the particular responses that might be required if foreseeable eventualities arise, as illustrated here:

“The plan is too generic, seemingly cut and pasted from a list of alternatives. It does not relate to the specific issues of risks to current or potential future partners of domestic abuse or any children that might be caught up in such conflicts. It does not consider the impact of alcohol on his offending. It talks in general terms, but there are no specific contingencies and so it would not help anybody picking up this case.”

Some risk management plans failed to identify and specify correctly the controls available, including restraining orders and licence requirements. Planning with other agencies was also weak, especially with children’s services, where some responsible officers appeared unsure about what information to share, or when and how they ought to work together.

| | Previous inspection | Current inspection |
|---|--|---|
| 2.3. Implementation and delivery |  |  |
| High-quality, well-focused, personalised and coordinated services are delivered, engaging the service user. | Inadequate | Inadequate |

Our rating²⁷ for implementation and delivery is based on three key questions:

| Comparison with West Yorkshire in previous inspection and all CRCs | Previous inspection | Current inspection | All CRCs ²⁸ |
|---|---------------------|--------------------|------------------------|
| Is the sentence/post-custody period implemented effectively, with a focus on engaging the service user? ²⁹ | 60% | 65% | 70% |
| Does the implementation and delivery of services effectively support the service user’s desistance? ²⁹ | 50% | 38% | 52% |
| Does the implementation and delivery of services effectively support the safety of other people? ²⁹ | 40% | 30% | 41% |

Is the sentence/post-custody period implemented appropriately, with a focus on engaging the service user?

Implementation of the sentence, and engagement with individuals, has improved since the previous inspection, and is now good, although the score is lower than the average for CRCs in the last round of inspections. Staff generally work hard to

²⁷ The rating for the standard is normally driven by the lowest score on each of the key questions, which is placed in a rating band, indicated by bold in the table. See Annexe 2 for a more detailed explanation.

²⁸ HMI Probation inspection data, from inspections conducted between June 2018 – June 2019.

²⁹ The answers to these key questions are underpinned by more detailed ‘prompts’. The table in Annexe 4 illustrates the percentage of the case sample with a satisfactory ‘yes’ response to each prompt.

engage service users and follow up missed appointments with texts and telephone calls. Occasional motivational letters to secure improved compliance were in evidence. Responsible officers showed appropriate flexibility in many cases, offering appointments that worked around work shifts. They were responsive to child care commitments and undertook home visits to engage individuals.

There were examples of volunteers and mentors being used to sustain engagement, as in the following case:

Good practice example

It is evident that the responsible officer works hard to build trust with the service user, who is reluctant to engage at the start of the community order. The service user begins to work with the volunteer mentor at the early stages of the court order and builds an effective working relationship. There is evidence of appropriate liaison between the responsible officer and the volunteer, in order to ensure that the service user is appropriately supported. The responsible officer is successful in gaining the trust of the service user, who begins to feel comfortable to provide honest disclosure relating to her relationship with her husband, which is coercive at times. The responsible officer acknowledges that the service user has a small child and that attending office appointments can be difficult. She arranges to undertake a home visit as a result, and plans to do more of these.

Monitoring of compliance is effective, and enforcement is usually timely and appropriate. Staff were generally responsive to the issues that individuals came with, which formed the basis for good engagement. Contact prior to release in licence cases was often restricted to letters, although there were examples of good engagement with individuals released on temporary licence.

Do the services delivered focus sufficiently on reducing reoffending and supporting the service user's desistance?

In the previous inspection, the delivery of services to reduce reoffending and support desistance required improvement, in line with the average rating for other CRCs. Performance has declined significantly this time, with important gaps in delivery, and we have rated this as 'Inadequate'.

There are good examples of supply chain services and accredited programmes being delivered; however, inspectors found that sufficient services to address criminal attitudes, thinking and behaviour, or improve family relationships and lifestyles, were delivered in only one-fifth or less of the cases where they were needed. This reflects the staged implementation of the new RAR groups and the slow take-up and incorporation of them into planned work with individuals.

Alcohol and drug services are available in each local area. These are delivered by a range of providers, who are commissioned by the health service and local authorities. Delivery of these services to individuals supervised by the CRC was hindered in some cases, however, by poor liaison and communication, and inadequate agreements for exchanging data. This is being addressed by co-locating delivery of these services with the Forward Leeds substance misuse agency in the Leeds office. Accommodation and ETE services were delivered in only around two-fifths of cases where these were needed, either by signposting or referral to agencies in the community.

Often, the failure to deliver appropriate services resulted from failures of planning; however, even in some cases where services were planned, delivery did not take

place. In 54 per cent of cases, there were 10 or fewer contacts with CRC staff or supply chain organisations in the six or seven months examined, and in only 12 per cent of cases were there more than 20. Often, the type and levels of contact were insufficient to address the needs of individuals, and were reduced before needs were addressed, as in this case:

Poor practice example

Paul was referred to a housing charity prior to release and, after years of being street homeless, finally got a property. There was no liaison with the integrated offender management (IOM) team, despite him being an IOM case, and no referral to the drug team, despite him having a long-standing heroin habit. There was no referral to a specialist organisation which could help him with his immigration status, nor was any support provided for him to claim benefits. He was placed on fortnightly, then three-weekly, then monthly appointments, and then not seen for over two months because the responsible officer lost track of his case, with a caseload that is now in the high 70s but was in the high 90s. He needed to be seen much more regularly, given his very high risk of reoffending, substantial needs and high likelihood of non-compliance.

There were examples of good liaison and co-working between the IOM team and the police in Huddersfield, but elsewhere coordination was patchy, as arrangements for co-location had ended.

Do the services delivered focus appropriately on managing and minimising the risk of harm to others?

This key question is only answered in cases where factors related to risk of harm to others are present.

In the previous inspection, the delivery of services to support the safety of other people was inadequate. This time, it has declined still further and is now significantly worse than the average for other CRCs in the first round of inspections. Poor planning to identify and protect potential victims, combined with insufficient levels and types of contact, leaves individuals at risk of harm, most frequently domestic abuse, with children in danger of being caught up in the middle.

In some cases, there were failures to deliver interventions to reduce the risk of harm to others, such as to reduce alcohol consumption or address issues of domestic abuse. While the Building Better Relationships (BBR) accredited programme and the non-accredited Help RAR group activity (for those with convictions for domestic abuse) are delivered in each locality for employed and unemployed individuals, there are still individuals who should be referred for such interventions but are not.



Coordination with other agencies is insufficient in the majority of relevant cases. Sometimes, this is due to a failure to follow up information on new relationships, to liaise with the police and community mental health services or to prioritise effective engagement with children and vulnerable adult services. This is illustrated in the following case:

Poor practice example

It was not until October that the responsible officer obtained copies of the restraining order in relation to Jonna and the non-molestation order in relation to Claudine, and

clarified with children’s services that cases in respect of children from both families are closed. The order has been running since 08/04/2019, and a period of six months has elapsed, during which no investigation or monitoring has taken place. There have been no home visits or contact with the third party involved in Dermot seeing his children.

The number of home visits has increased, but is not always appropriate, and is far below the level needed to monitor effectively home circumstances, and where and with whom individuals who pose a risk to identified individuals may be living.

| | Previous inspection | Current inspection |
|---|--|---|
| 2.4. Reviewing |  |  |
| Reviewing of progress is well informed, analytical and personalised, actively involving the service user. | Inadequate | Inadequate |

Our rating³⁰ for reviewing is based on three key questions:

| Comparison with West Yorkshire in previous inspection and all CRCs | Previous inspection | Current inspection | All CRCs ³¹ |
|---|------------------------------|--------------------|------------------------|
| Does reviewing focus sufficiently on supporting the service user’s compliance and engagement? ³² | No comparable data available | 49% | 65% |
| Does reviewing focus sufficiently on supporting the service user’s desistance? ³² | No comparable data available | 43% | 60% |
| Does reviewing focus sufficiently on keeping other people safe? ³² | 39% | 39% | 44% |

Does reviewing effectively support the service user’s compliance and engagement?

There were 87 cases where inspectors thought that reviewing was necessary to support individuals’ compliance and engagement. Performance in this area is judged to be inadequate. Scores are also significantly lower than the average for CRCs in the first round of inspections.

In looking at these cases, inspectors considered not only formal written reviews, but also notes of conversations with individuals in nDelius. The cases examined had

³⁰ The rating for the standard is normally driven by the lowest score on each of the key questions, which is placed in a rating band, indicated in bold in the table. See Annexe 2 for a more detailed explanation.

³¹ HMI Probation inspection data, from inspections conducted between June 2018 – June 2019.

³² The answers to these key questions are underpinned by more detailed ‘prompts’. The table in Annexe 4 illustrates the percentage of the case sample with a satisfactory ‘yes’ response to each prompt.

been running for at least six months, so, according to the Interchange Practice Guide, all enabling plans should have been reviewed at least once with the individual service user by this time; however, this was often not the case. The service user council indicated that they wanted the enabling plans to be more available when service users attended their appointments.

There were examples of effective reviewing which engaged both the individual and partner agencies delivering services. Where there were problems with engagement and compliance, the more effective reviews amended the approach to supervision – for example, involving mentors to provide additional support, changing the time or location of appointments, undertaking home visits or engaging other services. For example, in this case:

“The responsible officer has completed a thorough review, in the light of the service user’s non-compliance, to involve intensive mentoring through P3 and more engagement with the Together Women Project. However, the service user has yet to be involved in this review, because of their non-compliance”.

In the large majority of cases, inspectors found that reviews were completed without the involvement of the individual under supervision. This meant that the reviews were ineffective at improving engagement. Often, when formal reviews were conducted, insufficient attention was given to what might need to change, to improve compliance. Breach reports were now completed by a specialist court application team. While this meant that breaches proceeded more smoothly, there were examples that contained inaccuracies, as the responsible officer had not been involved in producing them.

Does reviewing effectively support progress towards desistance?

There were 63 cases where inspectors considered that a review was necessary to support progress towards desistance. This aspect of work is judged to be ‘Inadequate’, and is significantly worse than the average for all CRCs in the first round of inspections. There was a reasonable proportion of formal reviews, often completed in OASys, and there was evidence in some of these cases that more factors had been correctly identified and analysed, resulting in improved assessments.

There were some very positive reviews completed which brought together information from all those working with individuals and supported the progress they were making; for example, in this case:

“Very good review of enabling plan, informed by the agencies who have worked with the service user. Good use to identify progress with work going forward and identifies where the service user wants to be before the end of his order. Looked to be a very good motivation tool”.

Sadly, there were too many cases where reviews had not happened following important events, such as further offending or changes in accommodation or employment status, or increases in substance misuse. Some formal reviews had not been effective in identifying what needed to change. Information from other agencies was often not considered. There were missed opportunities to get a grip of some cases, to build on positive motivation and to refocus supervision, as in this case:

“There was a lack of proactive work in addressing factors linked to desistance. There was little evidence of referral to, or liaison with, key agencies such as substance misuse, mental health or accommodation services. Although the individual was

complex and chaotic, there was a sense of drift and insufficient tenacity in undertaking practical action to try to break the cycle of issues and chaos in their life. A written review would have helped to try to update and pull together the dynamic and chaotic nature of the individual's risks and lifestyle".

Does reviewing focus sufficiently on keeping other people safe?

There were 71 cases where inspectors considered that reviewing was necessary in view of changes in factors related to risk of harm to others. This aspect of work continues to be inadequate. In just over half of these cases, a formal review of risk management had been completed, usually in OASys. In 32 cases (less than half of those relevant), inspectors judged that reviewing identified these changes, and in half of the cases where changes to the risk management plans were necessary, these had been made.



There were cases where the assessment of risk of harm had improved as a result of the case being reviewed, with better use of existing information or receipt of new information. This had led to improved risk management plans, as in this case:

"A full review has been completed, utilising information from police, children's social care and the substance misuse service, which now details potential risks. For example, risks to children, partner and public have been noted. The responsible officer has provided context and nature of concerns. The risk management plan has also been updated. It is detailed and identifies appropriate agencies involved and effective contingency action".

Formal reviews of the risk management plans in all these cases should have happened, in line with CRC policy, but many had not been carried out. In some cases, the deficits in the original assessments and plans remained. Too often, enquiries were not made of relevant agencies to inform reviews, where relevant, such as the police, social care, community mental health, or substance misuse services. There were examples of information being received but not analysed or acted on, and some responsible officers displayed a lack of professional curiosity in reviewing risk of harm issues. Disclosures of new relationships, and changes in living arrangements in situations where there has been previous violence, were not always considered, as in this case:

"The service user has been in and out of a relationship with his current partner and the significance of this has not been considered. A meeting with the service user and his partner through a home visit to her address would have been appropriate".

Rarely did reviews of harm to others involve the service users themselves, although this could have improved their accuracy and relevance, and resulted in improved engagement by individuals with these plans.

| | Previous inspection | Current inspection |
|--|--|---|
| Standard 4.1. Unpaid work |  |  |
| Unpaid work is delivered safely and effectively, engaging the service user in line with the expectations of the court. | Good | Good |

*Due to changes in inspection standards and methodology between the first and second rounds of CRC inspections, the rating for unpaid work is **not** directly comparable with the rating for the previous year.*

We inspected the management of 54 unpaid work requirements, looking at assessment and planning; safety; and implementation of the court order. We also observed 4 induction sessions and 11 work parties, to examine the extent to which unpaid work was delivered in a way that supported desistance.

Assessment and planning of unpaid work achieved a score of 76 per cent, and safe delivery scored 69 per cent, both of which have been rated as 'Good'. Implementation of the sentence scored 83 per cent, which has been rated as 'Outstanding'. Although there is a substantial gap in opportunities for people to undertake training and education on unpaid work, the observations of unpaid work practice found that it is being delivered fairly, with due regard to the safety of individuals and beneficiaries. Therefore, unpaid work is rated 'Good' overall.

Unpaid work is managed by three different teams in West Yorkshire: Leeds, Bradford and Wakefield. Placement coordinators arrange, allocate and quality assure the placements, and supervisors collect their work groups, which are allocated on a daily basis, from muster stations in each locality. Individual placements are available for those assessed as presenting a low risk of harm to others. Case management of single requirement orders is undertaken remotely by responsible officers in Liverpool.

Strengths:

- The CRC has some very worthwhile projects, such as lunch clubs for the elderly and cemetery maintenance, that were clearly highly valued, both by beneficiaries and individuals undertaking unpaid work.
- Placement coordinators and supervisors are good at engaging with individuals and modelling appropriate behaviours.
- There is a strong health and safety culture, and individuals receive appropriate instruction in the safe use of tools and materials.
- Appropriate provision is made for women on unpaid work, either in single placements or in groups with female supervisors.

³³ CRC aspects of domain three work are listed in *HMI Probation's Standards* as 4.1 and 4.2.

Areas for improvement:

- Provision for unemployed individuals to learn new skills and engage in education and training is very limited, and could be improved through more embedded learning and accreditation of work placements.
- There is scope to widen the range of more imaginative placements, where individuals can use a greater variety of skills that they would find both useful and rewarding.
- There is scope to improve the recording of the work undertaken and the performance of individuals, in a form that is routinely shared electronically with responsible officers, to enhance motivation and desistance.
- Individuals on single requirement orders had difficulty in contacting their responsible officers, located in the Professional Services Centre in Liverpool.
- One-fifth of individuals were turned away on the day from attending unpaid work, and the reasons for this require examination, with a view to reducing or eliminating stand-downs.

Unpaid work key data

| | To date of current inspection | 12 months previously |
|--|-------------------------------|----------------------|
| Average unpaid work stand-down rate in previous 12 months ³⁴ | No data available | 0.4% |
| Percentage of successful completions of unpaid work requirements in previous 12 months ³⁴ | 82.7% | 87.8% |

Our rating³⁵ for unpaid work is based on four key questions:

| Current inspection | |
|--|--|
| Is the assessment and planning of unpaid work personalised? ³⁶ | 76% |
| Is unpaid work delivered safely? ³⁶ | 69% |
| Do arrangements for unpaid work maximise rehabilitative elements and support desistance? | This question produces qualitative evidence only, used to moderate the |

³⁴ Data supplied by CRC.

³⁵ The provisional rating for the standard is normally driven by the lowest score on each of the key questions, which is placed in a rating band, indicated in bold in the table.

³⁶ The answers to these key questions are underpinned by more detailed 'prompts'. The table in Annex 4 illustrates the percentage of the case sample with a satisfactory 'yes' response to each prompt.

Is the sentence of the court implemented appropriately?³⁶ 83%

Is the assessment and planning of unpaid work personalised?

In most cases, individuals complete a self-assessment of their diversity and personal circumstances – ‘Tell us more about you’ – which is then considered by the placement coordinators. In a reasonable majority of cases, this resulted in suitable placements being arranged, either in a work group or an individual placement, often in a charity shop. There were examples of interpreters being used when English was not an individual’s first language, and of information about unpaid work being translated into Polish. There were also examples, however, of individuals being turned away from induction appointments because no interpreter had been arranged.

There are good arrangements in place for female service users, who have the option of working in a group with a female supervisor, or on placement at the Together Women Project in Leeds and Bradford, if they are not suitable for an individual placement. Coordinators are usually responsive in making arrangements for individuals with a range of needs or disabilities, as in this case:

“There is evidence of personalisation, in that the service user’s epilepsy is noted and shared with the individual placement (IP) provider. A diversity form is completed with the service user, who is appropriately allocated the IP. The service user is a ‘bank nurse’, working irregular hours, and therefore can only generally commit to working one day per week on unpaid work. This is accommodated. On occasions where she can work more than the allocated one day per week, this is encouraged also”.

In just under three-fifths of the cases sampled, individuals were in employment, and unpaid work was arranged to accommodate their pattern of work, including those with irregular shifts. Where individuals were unemployed and had ETE needs, however, these were often not assessed, and the opportunity to address these issues as part of unpaid work was extremely limited due to a lack of suitable provision.

Is unpaid work delivered safely?

Assessments of risk of harm to others are made initially on the basis of information received from the NPS, which is considered at unpaid work induction sessions, before individuals are allocated to work. A colour coding system is used to highlight to unpaid work supervisors the type of risk posed. This is reviewed for group placements before supervisors collect individuals from the muster points. Individuals who present a low risk of harm may be allocated to individual placements, while those who pose a medium or high risk are managed in work groups.

Individuals are often allocated to placements and start work before OASys risk of harm assessments are completed. On occasion, risk factors are missed. There were six examples where inspectors judged that risk assessments were incorrect – four where the risk should have been medium rather than low, and one where the risk should have been high.

³⁷ The ratings panel considers the range of qualitative evidence, and decided to make no change to the provisional rating. See Annexe 2 for a more detailed explanation.

In most cases, inspectors considered that supervisors had the information they required to manage individuals safely. There were eight NPS cases in the sample, including two individuals who were assessed as posing a high risk to others, and they appeared to be placed appropriately, following a full assessment, as in this case:

“The responsible officer completed a full OASys assessment with a full risk of harm analysis of the service user, with their assessment of a high risk of serious harm. The unpaid work assessment is colour coded orange for safeguarding, in regard to the service user’s children, who live with his ex-partner, and red for mental health, due to the assessment of mental health concerns, although there is no formal diagnosis on record. The service user is assessed by unpaid work staff for a weekly group project”.

Unpaid work assessments record any health or disability issues that individuals have, although it was not always possible to judge from reading files whether placements accommodate these appropriately, as the composition of most work groups is decided on the day. Of the cases inspected, 24 were single requirement orders, and in 30 the orders contained other requirements. The single requirements were managed by responsible officers in a PSC in Liverpool, which supports all five Interserve CRCs. All other requirements were managed by responsible officers in the community, in the CRC or NPS.

Communication of information about risk, individuals’ attendance and any incidents was routine. Information on how individuals performed on unpaid work, or the type of work they had completed and the skills used, however, was often absent from the feedback provided. Staff sometimes had difficulties in getting through on the telephone to the responsible officers for standalone unpaid work orders based in Liverpool, who worked generically across all of the Interserve CRCs.

Do arrangements for unpaid work maximise rehabilitative elements and support desistance?

The large majority of individuals undertaking unpaid work considered that the work they were doing was of benefit to the community, and they appreciated the feedback they received from beneficiaries. As we were inspecting group placements during the week, most of the individuals we spoke with were unemployed. In more than half of the placements visited, individuals were unaware how they could develop skills by completing unpaid work, and did not find the work personally rewarding. They identified that some of the projects they were completing, such as the lunch club for elderly residents in Bradford and the cemetery maintenance in Batley, were useful and rewarding; however, general litter picking and clearance of an allotment site for the local council were not experienced as such.

In only one of the four induction sessions observed was there any mention of opportunities to complete education or training while on unpaid work, when a leaflet about a European Social Fund programme was shared. Many supervisors were unaware of such opportunities, and it was clear from speaking with individual workers that they did not know about the possibility of completing 20 per cent of their hours on ETE. One individual had used some of his hours to complete a fork-lift truck course, and a few people had heard of opportunities to obtain Construction Skills Certification Scheme cards, which would enable them to work on building sites, but none of the individuals spoken to had gained one while on unpaid work. For those whose responsible officers were based in Liverpool, the difficulty of getting in touch with them to discuss ETE courses was a major barrier.

There were missed opportunities for embedding learning and achieving skills accreditation for some of the work undertaken, such as catering, grounds

maintenance, and painting and decorating; these had not been pursued. Managers did not have time to engage with colleges and ETE providers to set them up.



The placement coordinators we observed undertaking the inductions, and the supervisors overseeing the work groups, were skilled at engaging with individuals and modelling appropriate behaviours. The placement coordinators addressed issues of diversity; however, some individuals needed more discreet assistance with understanding the materials presented, because of either literacy or language difficulties, and this could have been done more sensitively.

On induction, individuals were shown an unpaid work video and completed a test to demonstrate that they had understood the health and safety information. On site, supervisors started each day with a toolbox discussion, where they went through the tasks for the day and how to use the required tools safely. In the majority of cases, supervisors were aware of the risk information relating to the individuals they were supervising. Those completing unpaid work were clear about the rules and what was expected of them, and spoke highly of their placement supervisors.

Is the sentence of the court implemented appropriately?

Of the cases inspected, 94 per cent began unpaid work within 14 working days, and in a reasonable majority of cases the work happened regularly. Most of the individuals were in employment and had a regular work habit. Of the 17 per cent of cases in which the individual was clearly unemployed, there was little evidence of them working intensively. Additional days were offered to some during the week, including some who took time off work to attend, but they would be the first to be turned away if there were not enough supervisors. Of the 54 cases inspected, 22 per cent had been stood down on the day at least once, with three individuals turned away twice, and two on three occasions.

Where there were absences, the reasons for these were always recorded in only 43 per cent of cases. Those individuals who were on single requirement orders experienced considerable difficulty in liaising with their responsible officers in Liverpool, because of either their unavailability or the difficulty in contacting them by telephone, which they found enormously frustrating. Where the reasons for absence were recorded, the large majority of judgements made were considered appropriate by inspectors. Enforcement action was taken appropriately in a reasonable majority of cases, although a small minority of cases were allowed to drift.

| | Previous inspection | Current inspection |
|---|--|---|
| Standard 4.2. Through the Gate |  |  |
| Through the Gate services are personalised and coordinated, addressing the service user's resettlement needs. | Good | Good |

We inspected the management of 47 cases where the CRC had delivered pre-release Through the Gate resettlement work. We looked at resettlement planning, delivery of resettlement services and coordination of release.

Through the Gate services have been rated as 'Good', resettlement planning as 'Outstanding' and resettlement activity as 'Good', addressing identified needs and providing appropriate services. Coordination of resettlement activity has also been rated as 'Good'.

The new enhanced Through the Gate resettlement services have been implemented effectively in the three resettlement prisons served by the CRC: HMPs Leeds, Wealstun and New Hall (for women). Planning, which was strong previously, is now even more detailed and appropriately targeted. The increase in staffing resource has enabled a greater range of activities to begin to take place. Coordination of activities has been strengthened by the installation of joined-up ICT systems, and the delivery of more intensive services that continue following release, for those with the most complex needs.

Strengths:

- Resettlement planning is thorough and correctly identifies types and levels of need, and appropriate activities and referrals are prioritised for the time available before release.
- The use of nDelius in each of the resettlement prisons enables effective communication between Through the Gate staff and responsible officers in the community.
- The high intensity treatment team delivers intensive support to individuals with complex needs in prison and on release.
- Appropriate services are delivered to women in HMP New Hall who have been victims of domestic violence. Links with the Together Women Project, which provides services in the community, are good.
- The departure lounge at HMP Leeds provides a swift introduction to resettlement services for individuals who are returning to the local area.

Area for improvement:

- In 34 per cent of cases, resettlement plans did not take sufficient account of factors related to risk of harm, to ensure that individuals were not released into situations where they might pose a risk of harm to others.
- In the cases sampled, of the individuals released from prison, 23 per cent did not have a settled address to go to on the day of release.
- Brief interventions are currently unavailable in HMPs Wealstun and New Hall.
- Through the Gate records did not always state clearly the outcomes of referrals made to services in the community, and the date and times of any appointments made, which made handover to resettlement staff less effective.

Through the Gate key facts³⁸

| | Previous inspection | Current inspection |
|--|---------------------|--------------------|
| Proportion of caseload in employment or training at the start of licence/post-sentence supervision | 12% | 10% |
| Proportion of caseload in stable accommodation at the start of licence/post-sentence supervision | 75% | 69% |

Our rating³⁹ for Through the Gate is based on three key questions:

| Comparison with previous inspection and all CRCs | Previous inspection | Current inspection | All CRCs ⁴⁰ |
|---|---------------------|--------------------|------------------------|
| Does resettlement planning focus sufficiently on the service user's resettlement needs and on factors linked to offending and desistance? ⁴¹ | 93% | 80% | 69% |
| Does resettlement activity focus sufficiently on supporting the service user's resettlement? ⁴¹ | 88% | 77% | 62% |
| Is there effective coordination of resettlement activity? ⁴¹ | 67% | 79% | 59% |

³⁸ Data supplied by CRC for the period October 2018 to September 2019 compared with October 2017 to September 2018

³⁹ The rating for the standard is normally driven by the lowest score on each of the key questions, which is placed in a rating band, indicated in bold in the table. See Annexe 2 for a more detailed explanation.

⁴⁰ HMI Probation inspection data, from inspections conducted between June 2018 – June 2019.

⁴¹ The answers to these key questions are underpinned by more detailed 'prompts'. The table in Annexe 4 illustrates the percentage of the case sample with a satisfactory 'yes' response to each prompt.

Does resettlement planning focus sufficiently on the service user's resettlement needs and on factors linked to offending and desistance?

Resettlement planning has been rated as 'Outstanding'. The large majority of plans were clear and timely, allowing opportunities for the required interventions to take place. In most cases, individuals had been interviewed and were meaningfully involved in planning for their resettlement, if they wished to engage.

With the introduction of enhanced Through the Gate services from April 2019, individual needs for each resettlement pathway are assessed at three levels: generic, specialist and complex. To this, the CRC has added a higher level of intervention, through its high intensity treatment team members, who work with those with the greatest number of complex needs. In the opinion of the inspectors, resettlement staff identified the correct level of need in most cases, and appropriate actions were agreed.

The most important area for further development remains taking into account all the information relating to risk of harm factors when making plans for where and with whom individuals will live. There were instances where the most recent OASys risk of harm assessments and plans had not been fully considered, with the result that the resettlement plans were not always consistent with the risks posed.

Does resettlement activity focus sufficiently on supporting the service user's resettlement?

Inspectors considered that the large majority of individuals' resettlement issues were addressed by Through the Gate services with over three quarters rated as sufficient on this aspect of resettlement.

Accommodation needs had been prioritised and addressed in 88 per cent of relevant cases. In HMP Leeds, Through the Gate staff work with the MoJ-funded Horizons accommodation pilot, to access private sector rented accommodation, which is combined with floating support. Individuals are linked into local authority services, in line with the duty to refer under the Homelessness Prevention Act. In HMP Wealstun, one-to-one support is provided to any prisoner with an identified accommodation need. Twenty-three per cent of individuals in the inspection sample were released without a fixed address, however, and a further 19 per cent were released to temporary accommodation, which reflects the difficulty of securing permanent accommodation before release.

In HMP New Hall, appropriate resettlement services were delivered in the large majority of cases to women who had been victims of domestic violence or who had previously been sex workers. Services were delivered in conjunction with the Together Women Project, and there has been a successful bid for lottery funding to finance an independent sexual and domestic violence adviser there.

ETE services were available in each prison. They were not always prioritised, given the often-short period that individuals had before release; however, they were delivered in conjunction with Jobcentre Plus, and service providers such as Novus and Tempus Nova, in two-fifths of cases where they were considered a priority for action. Resettlement fairs are held regularly in HMPs Leeds and Wealstun, where individuals can engage with a wide range of services, and there was an employment fair in progress when inspectors visited HMP Leeds.

Intensive support was delivered to most individuals who presented with complex needs, including mental health and substance misuse problems. They were linked to relevant services, and given Through the Gate mentoring with P3 and PACT, as in this case:

Good practice example

Keith is a 26-year-old white male who received a six-month custodial sentence for shoplifting offences. He had a number of resettlement needs, which were identified correctly, targeted appropriately and effectively addressed. This built on his current level of motivation to change his life around for the better and offered him the support he needed to begin this process. There was excellent liaison with the housing association, which avoided repossession of the property, so Keith was able to return upon release. Keith engaged with drug and alcohol services within custody, engaged in education and work to improve his future employability and attended a brief intervention on thinking skills. There was evidence of good coordination of this, and resettlement activities continued seamlessly into the community. Keith was seen by the high intensity treatment team worker immediately on release, appointments had already been arranged for the job centre, and the community responsible officer was able to build on the resettlement plan, encouraging support from PACT and P3 for ongoing issues.

The new CRC delivery model incorporates the delivery of a suite of brief interventions, and to date 87 have been delivered on an individual basis in HMP Leeds, and further group interventions will be added when a classroom becomes available. In the small minority of cases where planning failed to take into account of all factors related to risk of harm, however, this was often not addressed sufficiently in how services were delivered.

Is there effective coordination of resettlement activity?

There was effective coordination of resettlement activity in 79 per cent of cases, which is very good. The installation of nDelius in the three resettlement prisons enables Through the Gate teams in the prisons and responsible officers in the community to exchange data. The high intensity treatment team workers engage the most complex cases in activity on both sides of the prison gate. And there is a departure lounge immediately outside HMP Leeds, where Through the Gate staff link individuals to resettlement staff, to complete their induction before they attend other appointments on the day of release.

The new CRC operating model includes a specialist resettlement service, which has been designed to work seamlessly with the new enhanced Through the Gate services. This shared responsibility for individuals is illustrated in this case:

“Olivia is a 34-year-old white British female subject to 10 weeks in custody for public indecency. The resettlement plan is reviewed and the required levels of support are appropriately assessed. The service user was already working with the CRC prior to her custodial sentence, so the responsible officer has taken the lead in organising community appointments post-release. However, there is a good level of communication between the responsible officer, services already involved and the Through the Gate team. The plan developed is collaborative with all services, and the Through the Gate staff have provided additional support in custody as well as additional referrals for housing. PACT has agreed to organise a gate pick-up”.

In about one-fifth of cases, however, records were unclear about the outcome of referrals to services in the community, and whether and when appointments had actually been made with substance misuse services or Jobcentre Plus. This inhibited the effective handover to services in the community. Responsible officers followed up outstanding actions in a reasonable majority of cases after release.

Annexe 1: Background of probation services

Around 255,000 adults are supervised by probation services annually.⁴² Probation services supervise individuals serving community orders, provide offenders with resettlement services while they are in prison (in anticipation of their release), and supervise, for a minimum of 12 months, all individuals released from prison.⁴³

To protect the public, probation staff assess and manage the risks that offenders pose to the community. They help to rehabilitate these individuals by dealing with problems such as drug and alcohol misuse and lack of employment or housing, to reduce the prospect of reoffending. They monitor whether individuals are complying with court requirements, to make sure they abide by their sentence. If offenders fail to comply, probation staff generally report them to court or request recall to prison.

These services are currently provided by a publicly owned National Probation Service (NPS) and 18 privately owned CRCs that provide services under contract. The government has announced its intention to change the arrangements for delivering probation services, and has given notice to CRCs that it will terminate their contracts early, by the middle of 2021, with responsibility for offender management passing to the NPS at that point.

The NPS advises courts on sentencing all offenders, and manages those who present a high or very high risk of serious harm or who are managed under Multi-Agency Public Protection Arrangements. CRCs supervise most other offenders who present a low or medium risk of harm.

⁴² Offender management caseload statistics as at 30 September 2019, Ministry of Justice (based on the average number of total offenders supervised in the previous four quarters to the end of September 2019).

⁴³ All those sentenced, for offences committed after the implementation of the *Offender Rehabilitation Act 2014*, to more than 1 day and less than 24 months in custody, are supervised in the community for 12 months post-release. Others serving longer custodial sentences may have longer total periods of supervision on licence.

Annexe 2: Methodology

The inspection methodology is summarised below, linked to the three domains in our standards framework. We focused on obtaining evidence against the standards, key questions and prompts in our inspection framework.

Domain one: organisational delivery

The provider submitted evidence in advance and the CRC's chief executive officer delivered a presentation covering the following areas:

- How does the leadership of the organisation support and promote the delivery of a high-quality, personalised and responsive service for all service users?
- How are staff in the organisation empowered to deliver a high-quality, personalised and responsive service for all service users?
- Is there a comprehensive range of high-quality services in place, supporting a tailored and responsive service for all service users?
- Is timely and relevant information available, and are there appropriate facilities to support a high-quality, personalised and responsive approach for all service users?
- What are your priorities for further improvement, and why?

During the main fieldwork phase, we interviewed 49 individual responsible officers, asking them about their experiences of training, development, management supervision and leadership. We held various meetings with groups and individuals, which allowed us to triangulate evidence and information. In total, we conducted 39 meetings, which included meetings with senior managers, operational partners and stakeholders, and with middle managers and frontline staff. The evidence collected under this domain was judged against our published ratings characteristics.⁴⁴

Domain two: case supervision

We completed case assessments over a two-week period, examining service users' files and interviewing responsible officers and service users. The cases selected were those of individuals who had been under community supervision for approximately six to seven months (either through a community sentence or following release from custody). This enabled us to examine work in relation to assessing, planning, implementing and reviewing. Where necessary, interviews with other people closely involved in the case also took place.

We examined 130 cases from across all local delivery units. The sample size was set to achieve a confidence level of 80 per cent (with a margin of error of 5), and we ensured that the ratios in relation to gender, type of disposal and risk of serious harm level matched those in the eligible population.

In some areas of this report, data may have been split into smaller sub-samples – for example, male/female cases, PO/PSO cases. Where this is the case, the margin of error for the sub-sample findings may be higher than 5.

⁴⁴ HMI Probation domain one ratings characteristics can be found here: <https://www.justiceinspectors.gov.uk/hmiprobation/wp-content/uploads/sites/5/2018/05/Probation-Domain-One-rating-characteristics-March-18-final.pdf>

Domain three: CRC work

We completed case assessments for two further samples: unpaid work and Through the Gate. As in domain two, the sample size for unpaid work is set to achieve a confidence level of 80 per cent (with a margin of error of 5).

Published data is insufficient to calculate accurate margins of error for Through the Gate work, so the size of the case sample for that element of work is estimated, based on overall workload and previous inspection data.

Unpaid work

We examined 54 cases with unpaid work requirements that had begun at least three months previously. The sample included cases managed by the NPS, as well as those managed by the CRC. We ensured that the ratios in relation to gender and risk of serious harm level matched those in the eligible population. We used the case management and assessment systems to inspect these cases.

We observed 11 unpaid work projects and 4 unpaid work induction sessions to gather qualitative evidence.

We also held meetings with the following individuals/groups, which allowed us to triangulate evidence and gather additional information:

- the senior manager with overall responsibility for the delivery of unpaid work
- the middle manager with responsibilities for unpaid work
- a group of supervisors of unpaid work, from a range of geographical locations.

Through the Gate

We examined 47 custodial cases in which the individual had been released on licence or post-sentence supervision from the CRC's resettlement prisons over a four-week period, shortly before the inspection fieldwork. The sample included those entitled to pre-release Through the Gate services from the CRC who were then supervised post-release by the CRC being inspected. We used the case management and assessment systems to inspect these cases.

We also held meetings with the following individuals/groups:

- the senior manager in the CRC responsible for Through the Gate services
- the heads of resettlement from HMPs Leeds and Wealstun
- the middle manager responsible for Through the Gate services in specific prisons
- a group of CRC resettlement workers directly responsible for preparing resettlement plans and/or meeting identified resettlement needs.

Ratings explained

Domain one ratings are proposed by the lead inspector for each standard. They will be a single judgement, using all the relevant sources of evidence. More detailed information can be found in the probation inspection domain one rules and guidance on the website.

Domain two and three standard ratings are based on the results of the inspection of individual cases. Ratings are at the standard level, and based on consolidated results (at key question level) of all cases inspected in the relevant domain. In CRC inspections only, the rating for unpaid work in domain three may also be influenced by evidence from observations.

For each standard, the rating is aligned to the lowest banding at the key question level, recognising that each key question is an integral part of the standard.

| Lowest banding (key question level) | Rating (standard) |
|-------------------------------------|----------------------|
| Minority: <50% | Inadequate |
| Too few: 50-64% | Requires improvement |
| Reasonable majority: 65-79% | Good |
| Large majority: 80%+ | Outstanding ☆ |

We use case sub-samples for some of the key questions in domains two and three. For example, when judging whether planning focused sufficiently on keeping other people safe, we exclude those cases where the inspector deemed the risk of serious harm to be low. This approach is justified on the basis that we focus on those cases where we expect meaningful work to take place.

An element of professional judgement may be applied to the standards ratings in domains two and three. Exceptionally, the ratings panel considers whether professional discretion should be exercised where the lowest percentage at the key question level is close to the rating boundary, for example between 'requires improvement' and 'good' (specifically, within five percentage points of the boundary or where a differing judgement in one case would result in a change in rating). The panel considers the sizes of any sub-samples used and the percentages for the other key questions within that standard, such as whether they fall within different bandings and the level of divergence, to make this decision.

Rating unpaid work

For the unpaid work standard, domain three case inspections provide data on key questions 4.1.1, 4.1.2 and 4.1.4. Analysis of that data provides an indicative rating for the unpaid work standard, aligned with banding, as above. Qualitative evidence for key question 4.1.3 is obtained from observations during the fieldwork, other written evidence provided by the CRC, and evidence obtained from relevant meetings. This qualitative evidence may be used to increase or decrease the indicative rating for unpaid work by one band. If the lead inspector believes that is justified, the proposal is put to the ratings panel, for ratification or rejection.

Overall provider rating

Straightforward scoring rules are used to generate the overall provider rating. Each of the ten standards will be scored on a 0-3 scale as listed in the following table.

| Score | Rating (standard) |
|-------|----------------------|
| 0 | Inadequate |
| 1 | Requires improvement |
| 2 | Good |
| 3 | Outstanding ☆ |

Adding the scores for each standard together produces the overall rating on a 0-30 scale as listed in the following table.

| Score | Rating (overall) |
|-------|----------------------|
| 0-5 | Inadequate |
| 6-15 | Requires improvement |
| 16-25 | Good |
| 26-30 | Outstanding ☆ |

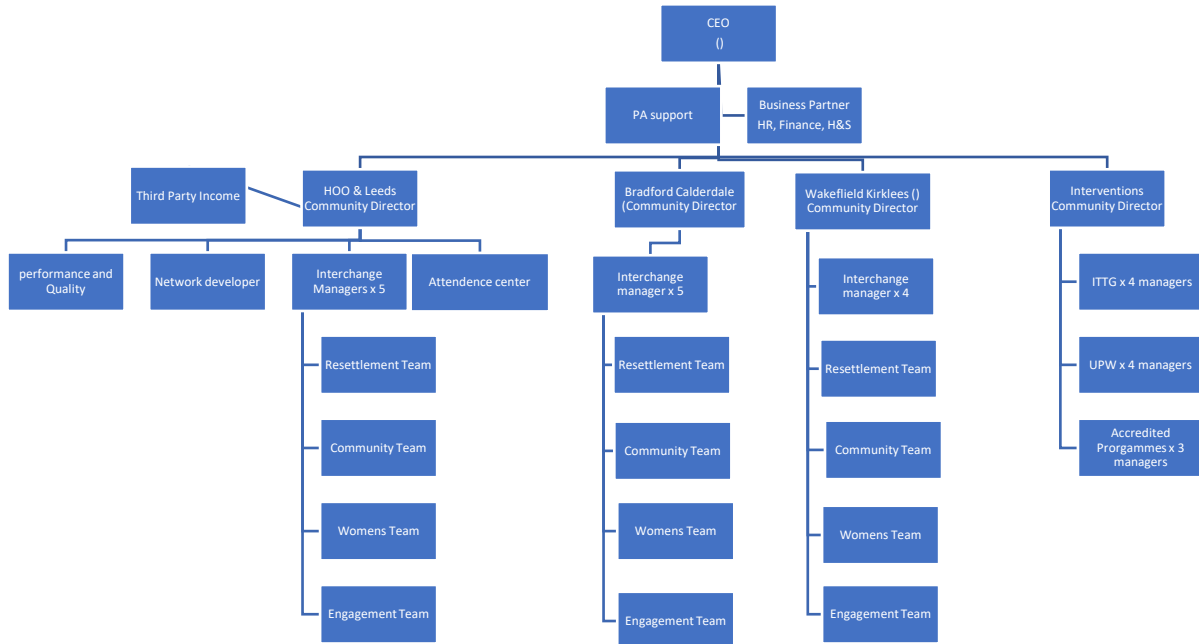
We do not include any weightings in the scoring rules. The rationale for this is that all parts of the standards framework are strongly linked to effective service delivery and positive outcomes, and we have restricted ourselves to those that are most essential. Our view is that providers need to focus across all the standards, and we do not want to distort behaviours in any undesirable ways. Furthermore, the underpinning evidence supports including all standards/key questions in the rating, rather than weighting individual elements.

Comparative data

Where HMI Probation have comparative data, our internal data analysis calculates whether any changes are statistically significant or not (using the Z-score test, with a significance level of 0.1). We do not publish that level of detail, but where inspectors are referring to changes in data that meet this significance test, they will use the word 'significant'. They use different words to describe other changes in data, which do not meet the significance test.

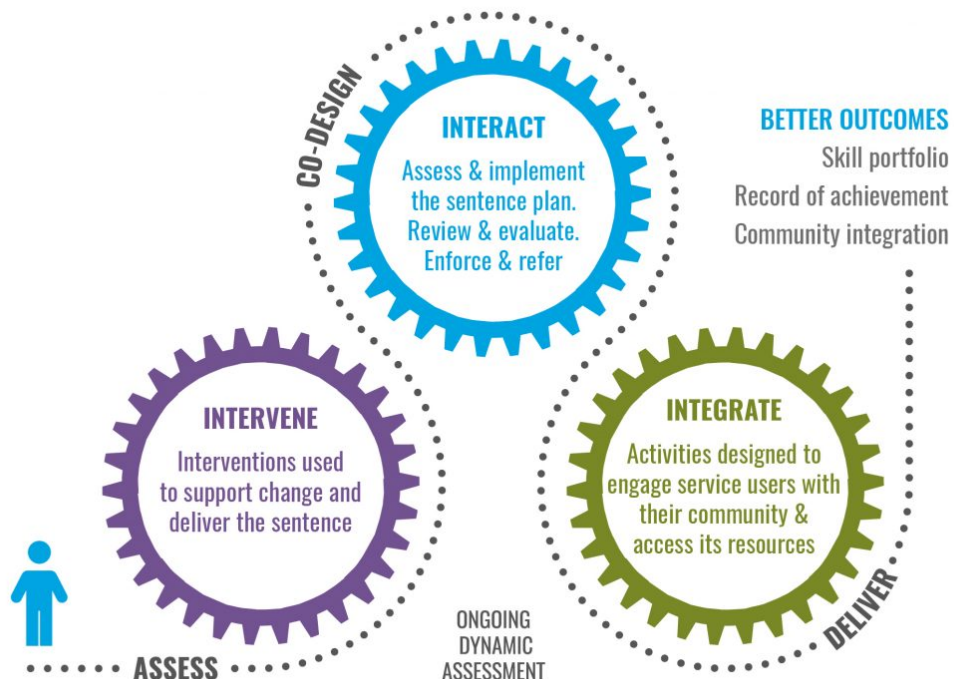
Annexe 3: Organisational design and map

Information supplied by West Yorkshire CRC.



The operating model in practice

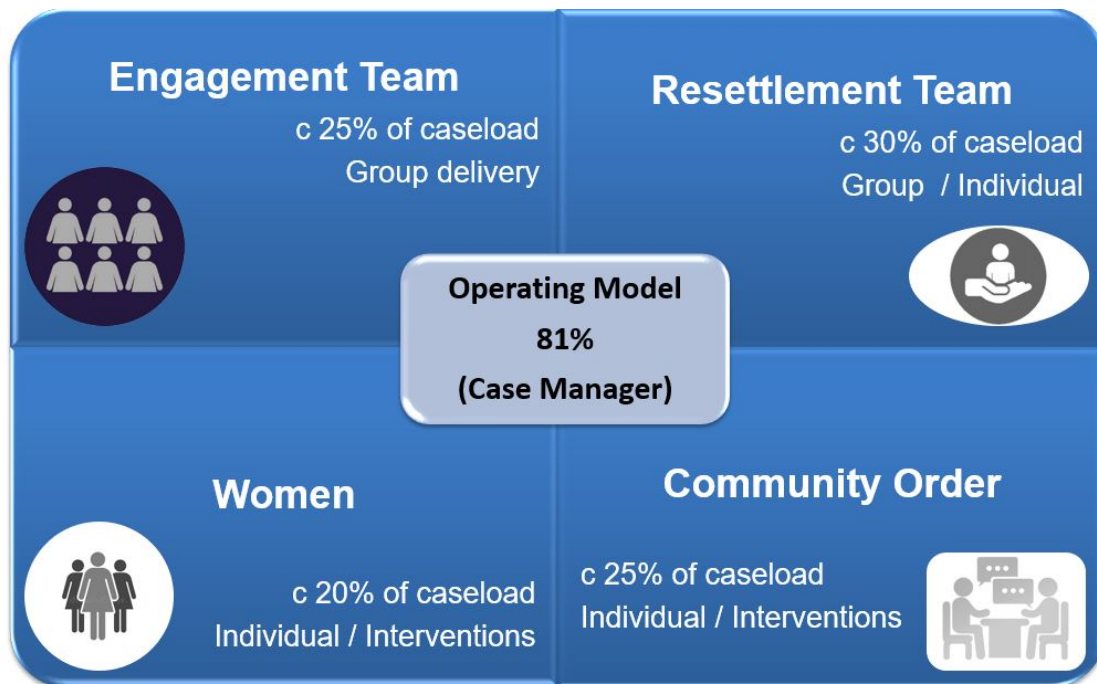
Interchange, our model of service delivery, provides us with a strength-based desistance approach to working with Service Users to achieve positive rehabilitative outcomes. Seeing every interaction with our Service Users as an opportunity to help, motivate and support them in achieving their goals is fundamental to the model.





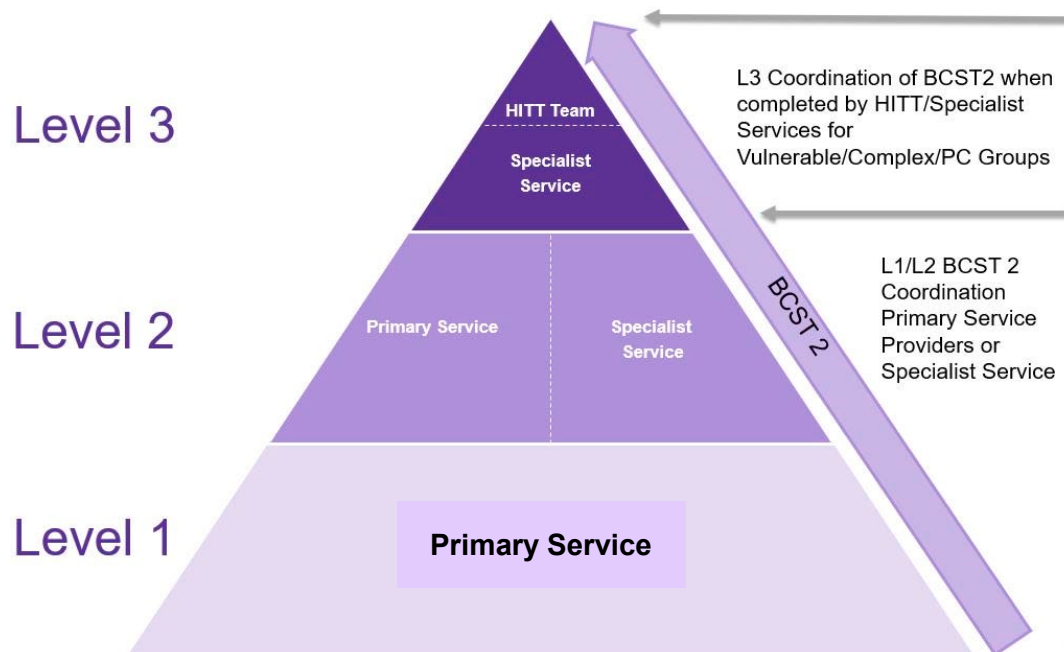
Core Modules: Key elements of practice that guide our co-developed personalised approach. Enabling Service Users to understand their sentence, play a role in their assessment, co-develop their plan and work collaboratively to establish positive networks, review achievements and prepare for their life beyond our time working together. The modules are Induction, assessment, Plan, Networks, Review and Exit. Each are explained fully in the Interchange practice guidance.

Enabling our Futures: In September 2018, we launched our Enabling our Future programme. The programme aims to achieve better outcomes for Service Users and create a more sustainable operating model that works for Interserve and the communities we work in. The programme has five work streams including Interchange and the Operating Model. The approach changes the way in which we deploy Interchange to align resources to risk and enabling areas, focusing our approach in programme delivery, group work, resettlement, community orders and specific cohorts of service users such as our female service user teams.



This operating model allows for the development of specialisms and supports the implementation and embedding of ITTG, whilst ensuring the resource follows the right service users. The most significant change is the implementation of an Interventions team separate to case management teams. Working together the teams will be able to maximise positive outcomes for service users.

ITTG Model



The new specification for TTG was launched in April. We have a model which has introduced key innovative new approaches to delivery of through the gate activity, unique to our approach. This includes, purpose designed Brief and Group

interventions that are delivered in custody, that can be continued in the community as part of a licence, coordination throughout the journey by a named case manager from our supply chain or specialist service, and a High Intensity Officer working with smaller caseloads of complex cases to reduce reoffending in custody and on release.

Work with Courts

The Court Application Team was introduced as part of the Enabling our Futures Programme. It mirrors the Enforcement Hub operates by the NPS. The Court Application Team completes, quality assures all enforcement activity. This has improved enforcement, breach rejections and local interface activity with courts.

To support better targeting of RAR, Accredited Programmes and improve Sentencer Confidence, in April 2019 we introduced Court Officers within the busiest courts in West Yorkshire (Bradford Magistrates and Leeds Magistrates). They are embedded as part of the NPS court team and offer a bridge between NPS Court staff and our CRC teams. They do not have rights of audience but do support, when requested, information for sentencers about information about interventions as well information to support the court about CRC cases. Both initiatives have been received positively by NPS and the Courts.

Banding and Allocation: Effective banding and allocation is reliant on the PSC and CRCs working effectively together, sharing information in a timely and efficient way to ensure its right first time. The Service User should remain at the heart of the process, be well communicated with, feel that we are professional and that we will work flexibly to deliver the sentence of the court to achieve positive changes. Cases are allocated as per geographical address, to the closest possible delivery unit unless a better service can be delivered elsewhere such as in the women's offer. Cases are generically allocated unless there are concentrator modules within the LDU such as women's, 18-15 years, resettlement specialist.



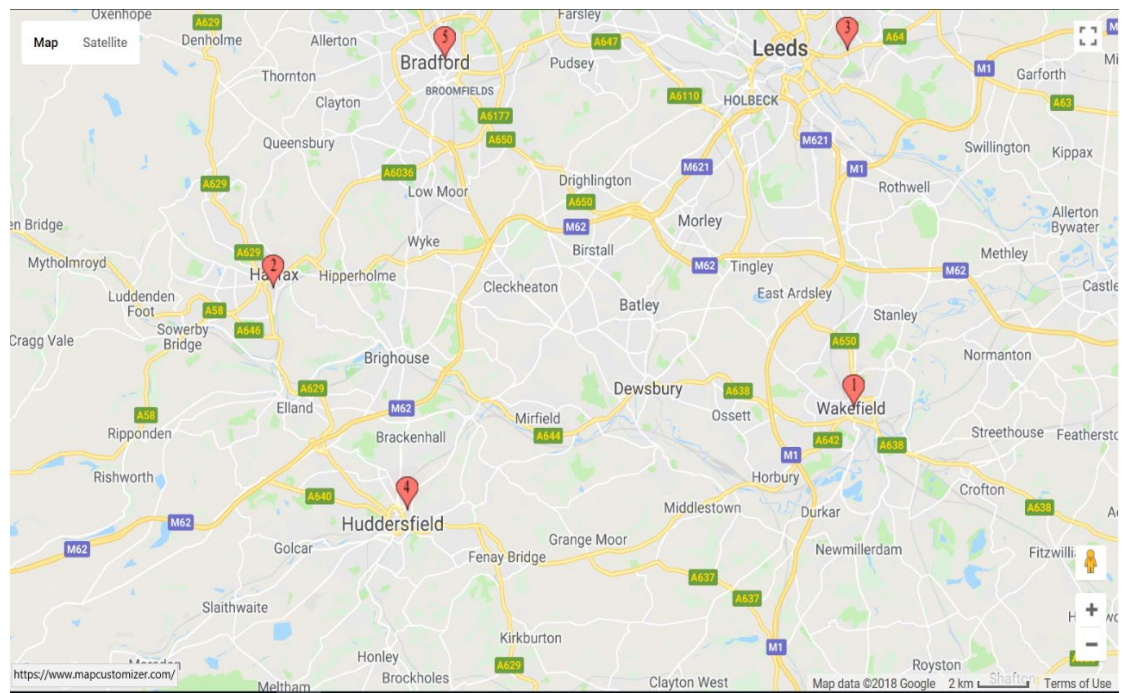
The revised **IBAT** (tool) directs that any cases with the following exceptions will be allocated to a Senior Case Manager:

- RSR 3.0 or over
- PREVENT The case is being managed under the Government's PREVENT Strategy
- CSE Any case where there is evidence of Child Sexual Exploitation
- The case has a current Safeguarding Child Protection Register
- The case has a current index offence of a sexual nature

- The case has a current Gangs and Guns register
- DA register and 75+ OGRS (note all Band 1 DA are up-banded to band 2)
- Stalking (An offence under 4A The Protection of Freedoms Act 2012)
- Wounding (related to Domestic Abuse)

Community Payback: Standalone cases that have RSR 3.0 or above will be allocated to a Case Manager within the Community Payback Unit in the Cunard building with practice oversight from the Community Payback Manager.

Map of Area and Details of Offices



| | |
|----|--|
| 1. | 1 Burgage Square, Merchant Gate, Wakefield, WF1 2TS |
| 2. | First Floor, Westgate House, Market Street, Halifax, HX1 1PJ |
| 3. | 379 York Road, Leeds, LS9 6TA |
| 4. | Church House, 17 Old Leeds Road, Huddersfield, HD1 1SG |
| 5. | Fraternal House, 45 Cheapside, Bradford, BD1 4HP |

Annexe 4: Inspection data⁴⁵

The answers to the key questions that determine the ratings for each standard are underpinned by answers to more detailed 'prompts'. These tables illustrate the proportions of the case sample with a satisfactory 'yes' response to the prompt questions. It should be noted that there is no mechanistic connection between the proportion of prompt questions answered positively, and the overall score at the key question level. The 'total' does not necessarily equal the 'sum of the parts'. The summary judgement is the overall finding made by the inspector, having taken consideration of the answers to all the prompts, weighing up the relative impact of the strengths and weaknesses.

Where we have changed the standard, key question or prompt since the previous round of inspections, no comparative data is available.

| 2.1. Assessment | | |
|--|------------------------------|--------------------|
| Does assessment focus sufficiently on engaging the service user? | Previous inspection | Current inspection |
| Does assessment analyse the service user's motivation and readiness to engage and comply with the sentence? | 66% | 57% |
| Does assessment analyse the service user's diversity and personal circumstances, and consider the impact these have on their ability to comply and engage with service delivery? | No comparable data available | 36% |
| Is the service user meaningfully involved in their assessment, and are their views taken into account? | 61% | 64% |
| Does assessment focus sufficiently on the factors linked to offending and desistance? | | |
| Does assessment identify and analyse offending-related factors? | 62% | 48% |
| Does assessment identify the service user's strengths and protective factors? | No comparable data available | 83% |
| Does assessment draw sufficiently on available sources of information? | 66% | 61% |

⁴⁵ HMI Probation inspection data.

| Does assessment focus sufficiently on the risk of harm to others? | | |
|--|------------------------------|-----|
| Does assessment clearly identify and analyse any risk of harm to others, including identifying who is at risk and the nature of that risk? | No comparable data available | 33% |
| Does assessment analyse any specific concerns and risks related to actual and potential victims? | No comparable data available | 42% |
| Does assessment draw sufficiently on available sources of information, including past behaviour and convictions, and involve other agencies where appropriate? | No comparable data available | 35% |
| Were domestic abuse checks undertaken? ⁴⁶ | No comparable data available | 84% |
| Did child safeguarding information sharing take place in cases where required? ⁴⁷ | No comparable data available | 65% |

2.2. Planning

| Does planning focus sufficiently on engaging the service user? | Previous inspection | Current inspection |
|---|------------------------------|---------------------------|
| Is the service user meaningfully involved in planning, and are their views taken into account? | 63% | 56% |
| Does planning take sufficient account of the service user's diversity and personal circumstances, which may affect engagement and compliance? | No comparable data available | 46% |
| Does planning take sufficient account of the service user's readiness and motivation to change, which may affect engagement and compliance? | 63% | 61% |
| Does planning set out how all the requirements of the sentence or | 54% | 52% |

⁴⁶ Expected in all cases.

⁴⁷ Expected in all cases where the service user has children, is in contact with children or presents a potential risk of harm to children.

| | | |
|--|------------------------------|-----|
| licence/post-sentence supervision will be delivered within the available timescales? | | |
| Does planning set a level, pattern and type of contact sufficient to engage the service user and to support the effectiveness of specific interventions? | 46% | 47% |
| Does planning focus sufficiently on reducing reoffending and supporting the service user's desistance? | | |
| Does planning sufficiently reflect offending-related factors and prioritise those which are most critical? | 53% | 58% |
| Does planning build on the service user's strengths and protective factors, utilising potential sources of support? | No comparable data available | 59% |
| Does planning set out the services most likely to reduce reoffending and support desistance? | 52% | 62% |
| Does planning address appropriately factors associated with the risk of harm to others? | | |
| Does planning sufficiently address risk of harm factors and prioritise those which are most critical? | 42% | 43% |
| Does planning set out the necessary constructive and/or restrictive interventions to manage the risk of harm? | 46% | 54% |
| Does planning make appropriate links to the work of other agencies involved with the service user and any multi-agency plans? | No comparable data available | 46% |
| Does planning set out necessary and effective contingency arrangements to manage those risks that have been identified? | 51% | 38% |

| 2.3. Implementation and delivery | | |
|--|------------------------------|--------------------|
| Is the sentence/post-custody period implemented appropriately, with a focus on engaging the service user? | Previous inspection | Current inspection |
| Do the requirements of the sentence start promptly, or at an appropriate time? | 61% | 68% |
| Is sufficient focus given to maintaining an effective working relationship with the service user? | 61% | 69% |
| Are sufficient efforts made to enable the service user to complete the sentence, including flexibility to take appropriate account of their personal circumstances? | 74% | 77% |
| Post-custody cases only: Was there a proportionate level of contact with the prisoner before release? | 60% | 55% |
| Are risks of non-compliance identified and addressed in a timely fashion to reduce the need for enforcement actions? | 63% | 65% |
| Are enforcement actions taken when appropriate? | No comparable data available | 70% |
| Are sufficient efforts made to re-engage the service user after enforcement actions or recall? | 78% | 70% |
| Do the services delivered focus sufficiently on reducing reoffending and supporting the service user's desistance? | | |
| Are the delivered services those most likely to reduce reoffending and support desistance, with sufficient attention given to sequencing and the available timescales? | 51% | 38% |
| Wherever possible, does the delivery of services build upon the service user's strengths and enhance protective factors? | No comparable data available | 50% |
| Is the involvement of other organisations in the delivery of services sufficiently well coordinated? | No comparable data available | 47% |
| Are key individuals in the service user's life engaged, where appropriate, to support their desistance? | No comparable data available | 36% |

| | | |
|---|------------------------------|-----|
| Is the level and nature of contact sufficient to reduce reoffending and support desistance? | 44% | 37% |
| Are local services engaged to support and sustain desistance during the sentence and beyond? | No comparable data available | 47% |
| Do the services delivered focus appropriately on managing and minimising the risk of harm to others? | | |
| Is the level and nature of contact offered sufficient to manage and minimise the risk of harm? | 52% | 41% |
| Is sufficient attention given to protecting actual and potential victims? | No comparable data available | 26% |
| Is the involvement of other agencies in managing and minimising the risk of harm sufficiently well coordinated? | No comparable data available | 35% |
| Are key individuals in the service user's life engaged, where appropriate, to support the effective management of risk of harm? | No comparable data available | 28% |
| Are home visits undertaken, where necessary, to support the effective management of risk of harm? | No comparable data available | 28% |

2.4. Reviewing

| Does reviewing effectively support the service user's compliance and engagement? | Previous inspection | Current inspection |
|--|------------------------------|---------------------------|
| In cases where it is needed, does reviewing consider compliance and engagement levels and any relevant barriers? | No comparable data available | 62% |
| In cases where it was needed, were any necessary adjustments made to the ongoing plan of work to take account of compliance and engagement levels and any relevant barriers? | No comparable data available | 44% |
| Is the service user meaningfully involved in reviewing their progress and engagement? | No comparable data available | 30% |

| | | |
|--|------------------------------|-----|
| Are written reviews completed as appropriate as a formal record of actions to implement the sentence? | No comparable data available | 63% |
| Does reviewing effectively support progress towards desistance? | | |
| Does reviewing identify and address changes in factors linked to offending behaviour, with the necessary adjustments being made to the ongoing plan of work? | No comparable data available | 32% |
| Does reviewing focus sufficiently on building upon the service user's strengths and enhancing protective factors? | No comparable data available | 33% |
| Is reviewing informed by the necessary input from other agencies working with the service user? | No comparable data available | 42% |
| Are written reviews completed as appropriate as a formal record of the progress towards desistance? | No comparable data available | 59% |
| Does reviewing focus sufficiently on keeping other people safe? | | |
| Does reviewing identify and address changes in factors related to risk of harm, with the necessary adjustments being made to the ongoing plan of work? | No comparable data available | 28% |
| Is reviewing informed by the necessary input from other agencies involved in managing the service user's risk of harm? | No comparable data available | 49% |
| Is the service user (and, where appropriate, key individuals in the service user's life) meaningfully involved in reviewing their risk of harm? | 33% | 20% |
| Are written reviews completed as appropriate as a formal record of the management of the service user's risk of harm? | No comparable data available | 51% |

| 4.1 Unpaid work | | |
|---|------------------------------|--------------------|
| Is the assessment and planning of unpaid work personalised? | Previous inspection | Current inspection |
| Does assessment consider the service user's diversity and personal circumstances, and the impact these have on their ability to comply and engage with unpaid work? | No comparable data available | 67% |
| Does unpaid work build upon a service user's strengths and enhance their protective factors? | No comparable data available | 75% |
| Is the allocated work suitable, taking account of the service user's diversity and personal circumstances? | No comparable data available | 78% |
| Is unpaid work delivered safely? | | |
| Does the delivery of unpaid work take account of risk of harm to other service users, staff or the public? | No comparable data available | 68% |
| Does unpaid work consider issues relating to the health and safety or potential vulnerability of the service user? | No comparable data available | 70% |
| Where the responsible officer is engaged in other activity/work with the service user, does regular communication take place? | No comparable data available | 82% |
| Is the sentence of the court implemented appropriately? | | |
| Does unpaid work commence promptly and happen regularly? | No comparable data available | 57% |
| Do arrangements for unpaid work encourage the service user's engagement and compliance with the order? | No comparable data available | 81% |
| Are professional judgements made in relation to decisions about missed appointments? | No comparable data available | 85% |
| Are enforcement actions taken when appropriate? | No comparable data available | 71% |

| 4.2 Through the Gate | | |
|---|------------------------------|------------------------------|
| Does resettlement planning focus sufficiently on the service user's resettlement needs and on factors linked to offending and desistance? | Previous inspection | Current inspection |
| Is there a clear and timely plan for how the service user's resettlement needs will be addressed? | 100% | 87% |
| Does the plan sufficiently draw on available sources of information? | 83% | 72% |
| Is the service user meaningfully involved in planning their resettlement and are their views considered? | 98% | 91% |
| Does the resettlement plan identify the service user's strengths and protective factors and consider ways to build upon these? | 90% | 80% |
| Does the plan take sufficient account of the service user's diversity and personal circumstances? | 98% | 85% |
| Does the resettlement plan take account of factors related to risk of harm? | No comparable data available | 66% |
| Does resettlement activity focus sufficiently on supporting the service user's resettlement? | | |
| Are resettlement services delivered in line with the service user's resettlement needs, prioritising those which are most critical? | No comparable data available | No comparable data available |
| Wherever possible, do resettlement services build upon the service user's strengths and enhance their protective factors? | No comparable data available | 79% |
| Does resettlement activity take sufficient account of the service user's diversity and personal circumstances? | No comparable data available | 83% |
| Does resettlement activity take sufficient account of any factors related to risk of harm? | No comparable data available | 70% |

| Is there effective coordination of resettlement activity? | | |
|---|------------------------------|-----|
| Is there effective coordination of resettlement activity with other services being delivered in the prison? | No comparable data available | 76% |
| Is there effective communication with the responsible officer in the community, prior to and at the point of release? | 71% | 77% |
| Do resettlement services support effective handover to local services in the community? | No comparable data available | 55% |



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