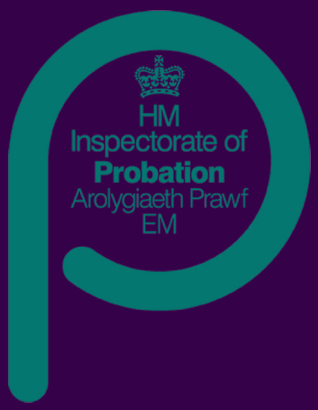

Probation Supply Chains

A thematic inspection by HM Inspectorate of Probation

April 2018

Acknowledgements

This inspection was led by HM Inspector Ruth Johnson, supported by a team of inspectors, as well as staff from our operations and research teams. The Assistant Chief Inspector responsible for this inspection programme is Helen Davies. We would like to thank all those who helped plan and took part in the inspection; without their help and cooperation, the inspection would not have been possible

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This publication is available for download at:

www.justiceinspectorates.gov.uk/hmiprobation

Published by:
Her Majesty's Inspectorate of Probation
1st Floor Civil Justice Centre
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M3 3FX

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Foreword

The voluntary sector has long delivered specialist services to people under probation supervision, but with the government's 2014 *Transforming Rehabilitation* initiative came a new expectation: that the third sector would play a key role in probation services. Almost four years on, this expectation has not been realised. It seems that the third sector is less involved than ever in probation services, despite its best efforts; yet, many under probation supervision need the sector's specialist help, to turn their lives around.

Government has allowed Community Rehabilitation Companies (CRCs) immense freedoms. 'Black box' contracts allow CRCs to decide what to offer by way of specialist services. CRCs are generally providing an insufficient range of services. As the National Probation Service (NPS) is, in turn, dependent on specialist services offered for purchase from CRCs, there is a knock-on effect: there is even less on offer to the NPS.

There are reasons for this. CRC finances have not worked out as intended, and many have had to make difficult choices between one expense or another. CRCs are uncertain about future income, and risk hefty financial penalties for failure to meet contractual targets. Her Majesty's Prison and Probation Service (HMPPS) guidance and controls over subcontracting have been contentious and are perceived to be bureaucratic, making it off-putting for all. Moreover, specialist providers often wish to do more for individuals than the CRC is prepared to pay for.

NPS managers hanker after commissioning freedoms, and feel disenfranchised. Some are finding circuitous ways to access alternative provision or have at times discouraged purchase from CRCs. Professionals making decisions in each case may sniff at prices, or fear poor-quality provision. These behaviours go against the grain of the probation delivery model, and make CRC provision yet more precarious, but they are to be expected. Probation professionals do not naturally see themselves as purchasers, and do not wish to be. It is contrary to the enduring cultural characteristics and values of the probation service.

It is an exasperating situation. Third-sector providers remain eager to work in the sector, and we found the quality of their work reasonable overall. Many are providing a more expansive service to individuals than they are paid for. Supply chains are thin, however, and set to get thinner still, as CRCs continue to review and slim down provision. There is no open book policy: we cannot be certain to what extent financial pressures justify a paucity of provision, but it seems very likely that they are largely responsible.

There has never been one body responsible for the stewardship of these specialist organisations and services, but with *Transforming Rehabilitation*, the dynamics have changed. As things stand, the future looks bleak for some, and particularly for those individuals who could benefit so much from the services they can provide.

Dame Glenys Stacey
HM Chief Inspector of Probation
April 2018

Key facts

21	Number of CRCs
8	Number of different owners
262,347	Total number of offenders subject to probation supervision across England and Wales[1]
26,410	Number of women subject to probation supervision across England and Wales[2]
6	Average number of subcontracted services available in each CRC across England and Wales[3]
1	Number of providers contracting with more than one CRC inspected
£3,431,813	NPS budget for the purchase of discretionary services from CRCs (in England) in 2017/18[4]
£750,000	Amount of additional money provided to the NPS for commissioning in 2017/18[4]

1 Offender Management Caseload Statistics as at 30 June 2017, Ministry of Justice.

2 Offender Management Statistics Quarterly, England and Wales, April to June 2017, Ministry of Justice, October 2017.

3 HMI Probation mapping exercise, see appendix 3.

4 Information provided by the NPS

Probation supply chains explained

Transforming Rehabilitation and the third sector

In June 2014, 35 self-governing probation trusts that provided probation services across England and Wales were replaced by a new public sector NPS, and 21 CRCs.[5]

National probation standards were already on the wane and gave way to allow for innovation. Government anticipated that new probation providers would innovate and find fresh ways to rehabilitate offenders.[6] In support, community order provisions called rehabilitation activity requirements (RARs) came in, to enable probation providers to do what they thought best in those cases where such a provision was ordered by the court. Two in five community order and suspended sentence order commencements include an RAR.[7]

Probation supervision was extended for the first time to offenders released from prison sentences of under 12 months (over 40,000 people each year). And CRCs must now provide offenders with resettlement services while they are in prison, in anticipation of their release, in an initiative known as 'Though the Gate'. To incentivise CRCs, a portion of their income depends on whether those they supervise go on to reoffend.

The voluntary sector had long delivered specialist services and interventions (such as bespoke services for women) for those under probation supervision, working alongside probation trusts and their predecessors, but now came new expectations: that the third sector would play a key role in delivering probation services.

Government expected that CRCs would be a mix of third-sector organisations (such as mutual organisations) and privately owned companies, but early hopes that voluntary sector organisations would wholly own CRCs dissipated when it became clear that they were reluctant or unable to bid because of the financial guarantees required. A competitive process of tendering resulted in the awarding of contracts to eight owners, each different in constitution and outlook. A map showing CRC ownership is shown in *Appendix 2*, along with details of the composition of the CRC owners for the inspected areas.

Nevertheless, third-sector organisations can still provide services, through CRCs. For example, CRCs can subcontract the bulk of their Through the Gate obligations to third-party organisations, or others. In any event, it was assumed and expected that in their day-to-day work, CRCs would work with a diverse range of local sub-providers, coming largely from the third sector, to provide specialist rehabilitation services in a timely way and meet the diverse needs of all those under probation supervision.

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

6 2010 to 2015 government policy: reoffending and rehabilitation, https://www.gov.uk/government/publications/2010-to- 2015

7 Figure relates to requirements commenced under Community and Suspended Sentence Orders, April 2016 to June 2017, England and Wales. Source: Offender Management Statistics, Ministry of Justice, October 2017, https://www.gov.uk/government/statistics/offender-management-statistics-quarterly-april-to-june-2017

The *Transforming Rehabilitation* delivery model assumes that the NPS will purchase specialist services from CRCs. NPS divisions were to be able to select from the complete range of specialist rehabilitation services developed by all CRCs as suitable for all under supervision (by either the CRC or the NPS) or else particularly designed for the NPS. The NPS can commission rehabilitative services directly, in compliance with European Union and civil service rules. The NPS division is not resourced to do this, and in practice is reliant on directly commissioning rehabilitative interventions from a CRC. Each CRC keeps a list of what is on offer, and the fee for each service on offer, in a document known as the 'rate card'.

What do we mean by 'supply chains'?

When speaking of supply chains, people are generally referring to the sequence of processes and organisations involved in the production and distribution of a commodity. For example, we know that to be most effective, probation services need joined-up local partnership working with statutory authorities, as well-managed partnering approaches and multi-agency working are a necessary feature of good probation practice. These statutory partners and roles form part of the supply chain for individual probation services, alongside probation workers and local specialist providers.

'Supply chains' as a term, in the probation context under *Transforming Rehabilitation*, was used specifically to refer to the contracted outsourcing of probation delivery. There was an understanding that government would enter into contractual relationships with CRCs, which would in turn subcontract with other organisations. In that context, the CRC probation supply chain refers to a series of legally binding contractual relationships, starting with that between the Ministry of Justice (MoJ) and CRCs.

In this inspection, we have focused on one section of the probation supply chain: the provision of specialist community-based services (by CRCs) to the CRC and the local NPS division. In other words, those services which are provided by other organisations by commission (usually under contract) from the CRC.

It was the ministerial vision that CRCs would develop supply chains to:

- support CRC delivery of mandatory[8] Through the Gate resettlement services
- meet the rehabilitation needs of those individuals supervised by CRCs
- provide discretionary services[9] that could be purchased by the NPS to meet the specific needs of those supervised by the NPS.

8 Mandatory services are those that are contractually required to be delivered by CRCs. These services include Through the Gate resettlement services delivered by CRCs and their supply chain Tier 2 and 3 providers, to both CRC and NPS cohort prisoners in resettlement prisons. They comprise services that are paid for by the MoJ on a fee-for-service basis.

9 Discretionary services are those that the CRC may choose to offer the NPS for purchase. They include community interventions and services delivered directly by CRCs and their supply chain Tier 2 and 3 providers. These services are paid for by the MoJ on a fee-for-use basis.

What was expected to happen

The MoJ expected the NPS and CRCs to continue to work with statutory partners, much as before. In practice, this has not always been straightforward. Statutory partners are now working with two probation entities (the local NPS division and local CRC) with different structures, working practices and priorities.

Separately, the MoJ encouraged third-sector organisations to tell them of their interest in working with a CRC, and kept a list of those organisations. CRCs were free to develop their supply chain as they wished, to suit their individual ways of working. Her Majesty's Prison and Probation Service (HMPPS) would have oversight of the supply chains through their role as contract managers of the CRCs.

Best practice in subcontracting was encouraged through adherence to MoJ-designed Industry Standard Partnering Agreements (ISPAs). We say more about ISPAs later in this report.

Tiers of provider

There is a degree of confusion and inconsistency in the use of language surrounding CRC supply chains. This is largely due to the range of ideas canvassed in *Transforming Rehabilitation* consultations, and the speed of *Transforming Rehabilitation* implementation.

The CRC owners are regarded as 'primes' or Tier 1 providers, delivering the first level of probation provision. The hierarchical description of providers continues, with those organisations subcontracted by Tier 1 providers described as Tier 2 providers. Some Tier 2 providers then choose to enter into their own subcontracting arrangements with Tier 3 providers.

For the purposes of this inspection, organisations that are contracting at any level as a consortium or partnership are treated as a collective and have been tiered accordingly. For instance, in the circumstance that a prime is made up of several companies and third-sector organisations, all are regarded as Tier 1 providers. There are occasions when these Tier 1 providers then organise themselves in such a way as to allow themselves to subcontract service delivery to parts of their own organisations. These Tier 1 providers are therefore also acting as Tier 2 providers, and we have treated them as such. The key terms and descriptors used in this report are shown in Table 1.

Table 1: Terms and definitions

Term	HMI Probation definition	Other commonly used words that have the same meaning
Tier 1 provider	Prime CRC owner awarded an MOJ contract to deliver probation services. Owner may be one company, a mutual, collaboration or in a partnership arrangement	Prime, owner, prime provider, parent organisation, owning company, CRC, main provider, lead provider, probation provider, in-house provider
Tier 2 provider	Delivery organisation subcontracted by the Tier 1 provider to deliver a material service.[4] Includes organisations awarded a grant or innovation funding by a CRC to deliver a service-facing intervention. All have a formal contractual relationship with the CRC	Subcontractor, sub, delivery organisation, partner, supply chain provider, material subcontractor, front-line service deliverer, rate card provider, discretionary service provider
Tier 3 provider	Organisations subcontracted by Tier 2 providers	Subcontractor, sub sub, partner (possibly a non-material subcontractor)
Partner	Statutory bodies or other organisations working together to achieve the same outcomes	Co-deliverer

Performance monitoring of supply chains

The key *outcome* measure for CRCs is the extent to which they reduce reoffending. There are no specific supply chain measures. CRCs are obliged by their contract with the MoJ to measure Tier 2 performance.

CRCs may monitor the performance of their supply chain providers through their own chosen contract management approach. All CRCs in this inspection were doing some level of performance monitoring of their supply chain.

10 A material service is one that is delivered directly to service users and is substantive to the sentence of the court.

Executive Summary

Vision and strategy

The original policy intent of *Transforming Rehabilitation* was exceptionally ambitious. Government sought to reconfigure probation delivery while also requiring additional probation services to be delivered, and with wholly different payment mechanisms as well. New probation providers needed to become notably more efficient than the 35 probation trusts they replaced, to deliver all that was expected of them within their anticipated funding.

The changes to what and how probation was delivered were to be brought about very quickly. Government was successful in restructuring probation services to time and within the implementation budget.[11]

Expectations about third-sector involvement changed as evaluation progressed, and it became clear that bids for CRC ownership were not forthcoming from the sector. The government nevertheless expected the sector to be heavily involved as Tier 2 or Tier 3 providers. It was envisaged that the CRCs would enlist the expertise of specialist voluntary organisations through subcontracting arrangements.

Government intended that this mixed provider landscape of both private companies and third-sector organisations would lead to innovation, drive efficiencies, ensure value for money for the public purse and improve reoffending outcomes. Third-sector involvement and supply chain development were never an absolute requirement. Instead, the Target Operating Model (TOM 3)[12] repeatedly confirms that CRCs were not being told how to deliver. TOM 3 encourages working with local partner organisations, but it was left to the market to decide.

Transforming Rehabilitation prohibits the NPS from directly commissioning specialist rehabilitation and resettlement services, and so saves the NPS the set-up costs of procurement. Our assumption is that it was thought to be a sensible strategy for one body (the CRC) to contract with sub-providers locally, and that this would increase efficiency and effectiveness for all, but the rationale is not clearly stated in the documentation we have seen.

There was never any one national body responsible for the stewardship of specialist services across the country. To a variable extent, probation trusts and those before them assumed responsibility and nurtured local provision, with the probation value chain in mind. There is still no one body with that stewardship responsibility, but post *Transforming Rehabilitation* the dynamics have changed.

Some responding to *Transforming Rehabilitation* consultations predicted difficulties with the proposed arrangements for local specialist services – for example, a concern about how local services could meet a CRC footprint. However, we are not aware that a paucity of Tier 2 provision was foreseen by government.

11 National Audit Office (2016) Ministry of Justice, *Transforming Rehabilitation.*

12 Ministry of Justice (2014) Target Operating Model – Version 3.

Implementation

Supply chains have not been established at the scale anticipated. Most CRCs are now looking to their supply chain to find further efficiencies to shore up their own financial position, and so those supply chains that do exist look set to shrink further.

Most successful CRC bidders outlined (at the bidding stage) how they would provide services in ways and at a price that secured them contracts. Many set out their ambitions to provide a wide range of specialist services for the CRC and the NPS in the area, by developing extensive supply chains. On the other hand, at least two successful bidders indicated a preference for meeting their obligations by relying on the skills of their own probation staff, and mutually beneficial partnerships.

CRC intentions (as expressed in their bids) were not then hard wired into CRC contracts. Instead, government policy to allow CRCs freedom of design led to individualised 'black box' contracts. Precise terms were brokered with each CRC, but each contact gives the CRC the authority to design and implement their own delivery model. The contracts do not require CRCs to commission specialist services from the third sector or from others, even in those cases where CRCs expressed in bids their intentions to do that. Instead, they contain varied and somewhat vague statements of intent about CRCs developing their supply chains. These statements are not enforceable.

CRC financial incentives do little to guard against the unequal provision of services across the country, or to encourage growth. As monitoring and payment of CRC delivery is at CRC level, provision can vary across each CRC.

CRCs who originally expected to use third-sector organisations have told us that they had hoped to have more comprehensive supply chains in place by now, almost four years on. CRC incomes are significantly lower than anticipated, however, as work volumes and work types differ from those expected. All CRCs in this inspection indicated that the financial insecurities inherent in the payment mechanisms and lower than expected income have curtailed supply chain development and had a major bearing on their relationships with Tier 2 providers.

HMPPS (responsible for contract management) was not able to provide inspectors with full details of the network of Tier 2 providers. The lack of easily accessible information and confusion over terminology made it difficult to gain a thorough picture of the CRC supply chains nationally.

Are specialist services being provided?

We have reported previously on the availability of specialist services for offenders.[13] In the raft of cases we have inspected in the post *Transforming Rehabilitation* period to December 2017, we found interventions most commonly available in relation to drug and alcohol misuse, thinking and behaviour, and attitudes to reoffending, and least commonly available in relation to gang membership, financial management, discriminatory attitudes and the pressing issue of accommodation. We have found CRCs to be generally less able than NPS divisions to provide specialist interventions across the range of services we expect to see. There will be complex reasons for that disparity, related in part to the operating model within each entity, their relationships

13 HMI Probation (2017) Annual Report 2017 - Figure 44.

with statutory partners and the overall quality of probation supervision in each organisation. The NPS is able to provide its own interventions for sex offenders, with these representing a notable proportion of their overall caseload.

Limitations in probation record-keeping make it impossible to discern the contribution that specialist services are making nationally to the delivery of RARs.

Where supply chains exist, they are small in scale, and the scope of services provided by each Tier 2 provider is usually narrow. In the eight CRC local delivery unit areas inspected here, there was an average of three subcontracted Tier 2 providers in each locality, with virtually no Tier 3 providers. Tier 2 providers generally included one providing specialist services to women. The national picture (see appendix 3) showed an average of six subcontracted services, in scope for our inspection, per CRC. It was noted that there was more than double this amount in Cheshire and Greater Manchester CRC.

There was unequal provision across the country, and in some local areas there were no Tier 2 providers. While we saw some valuable holistic support being provided, there were few examples of true innovation.

Is the NPS buying services?

The NPS is not buying services from CRCs to anywhere near the extent expected, for many reasons. Some NPS local delivery areas had made no purchases.

We found little evidence of CRCs conducting a periodic, robust user needs analysis, first of all. They are not required to do so, but without it CRCs cannot be sure to commission the right services in the right places. Probation trusts conducted such analyses routinely.

NPS divisions are reliant on CRCs setting out (in a rate card) the price and range of services they have on offer to the NPS. Some CRCs took many months to publish agreed rate cards and service directories. Of course, rate cards and directories should be kept up to date as provision changes. We found that many in NPS divisions and even within CRCs were unaware of the services on offer.

Both NPS and CRC staff are frustrated by the rate card process and the way it inevitably constrains how services can be commissioned. Organisational efforts are being made to make the system work by employing workarounds, but the extent of some of these could undermine the system.

These frustrations, and the (often) limited range of services on offer, lead to the pursuit of alternative options, or else apathy among responsible officers in the NPS and in CRCs.

Finally, we have found some NPS staff and leaders reluctant to purchase services from CRCs because of concerns about the quality of services to be provided, or whether they represent value for money, or because of an instinctive reluctance to pay. In addition, there is an enduring cultural dimension: professional probation staff do not see themselves as purchasers, and most do not want to be.

Quality of provision

We found that the quality of services was variable, but reasonable overall. Tier 2 providers gave due consideration to meeting specific individual needs, and took appropriate action on matters relating to the risk of serious harm to others. Where probation workers had made referrals to Tier 2 providers, the referrals were appropriate in our view. However, CRCs and Tier 2 providers do not work in a sufficiently integrated way, case by case. Many Tier 2 providers are doing more for individuals than required by their Tier 2 contracts, so as to make a difference to people's lives and life chances.

The feedback from those under probation supervision and receiving specialist services was generally very positive. In the cases we inspected, the work undertaken by Tier 2 providers was making a positive difference to the lives of two out of three individuals, although this did not necessarily result in sufficient progress on the factors related to offending. Across the range of work being done, the least effective work was in the field of education, training and employment. There, Tier 2 providers were generally not doing enough.

The provision of information by CRCs (responsible officers) to Tier 2 workers could be better, so as best to enable Tier 2 providers to deliver well. The work of Tier 2 providers is not sufficiently integrated with probation case management, with responsible officers too often failing to incorporate (in sentence planning documentation) the work being done. We found examples of responsible officers and Tier 2 provider staff working well together, but both coordination and delivery were inconsistent overall. Managers needed to be more consistent in their support and guidance regarding joint working, and better record keeping would improve the extent and quality of work in many cases.

We found these differences particularly apparent in the services made available to women, with clear disparities in how the needs of women service users are assessed, cases coordinated and information exchanged between workers. CRCs receive no more funding for supervising women than for supervising men, even though the work most likely to support women to change their lives differs from that most likely to work for men, with holistic approaches more likely to work for women.[14] Generally, Tier 2 provider organisations delivering holistic women's services are financially fragile, with many seeking to provide services beyond the more limited scope of their CRC contracts.

Peer mentoring

TOM 3 provides that 'the reformed [probation] system is designed to deliver more effective rehabilitation and mentoring to more offenders'. Many CRCs set out their plans for mentoring services. In this inspection, we found very little actual provision. In two-thirds of the inspected cases where mentoring was provided, we judged that it was making a positive difference. Feedback from individuals being mentored was overwhelmingly positive.

Available research on mentoring paints a mixed picture, with some evidence of both positive and negative impact on reoffending, and some suggesting that only when

14 HMI Probation (2016a) A Thematic Inspection of the Provision and Quality of Services in the Community for Women Who Offend, London: Her Majesty's Inspectorate of Probation.

mentoring was offered alongside other interventions (such as ensuring employment or education) was there a desirable impact on reoffending.[15] No robust data exist to determine its impact on rehabilitation outcomes. Evaluating the value of mentoring is not straightforward, as what constitutes mentoring varies hugely, with aims often unclear and delivery highly individualised.

A small number of in-house schemes are being nurtured and there are a handful of specialist subcontractors. Some have extended Through the Gate mentoring schemes to include those under supervision in the community. There are just a few organisations offering specialist peer mentoring specifically to women. As in other areas of Tier 2 delivery, we found poor recording and variable information exchange between mentors and responsible officers, with potential risk implications.

Recommendations

The Ministry of Justice should:

- ensure the continued availability of sufficient specialist services locally, through stewardship of those third-sector organisations and services currently available and/or in other ways
- produce a national framework that promotes local joint commissioning arrangements to meet the needs of service users and enables the better targeting of resources.

Her Majesty's Prison and Probation Service should:

- reappraise the probation delivery model, to enable more effective commissioning of specialist and innovative services. In particular:
  - ◇ review whether the rate card mechanism is fit for purpose
  - ◇ ensure that accurate data is available to determine the needs of service users subject to probation intervention, and is used to inform both strategic decision making and contract management
  - ◇ hold CRCs to account regarding their contractual obligations to develop and deliver services of sufficient quality and meet service user needs.

Community Rehabilitation Companies should:

- undertake service user needs gap analyses to ensure the provision of the appropriate range of services, available in the right places
- ensure that information about the content, suitability and availability of interventions delivered by subcontracted providers is kept up to date and is easily available to responsible officers within CRCs and the NPS
- support and promote the well-integrated, consistent delivery of services by subcontracted Tier 2 providers
- continue to improve the evidence base that demonstrates the effectiveness of service delivery by Tier 2 providers, in achieving identifiable outcomes.

15 Jolliffe, D. and Farrington, D.P. (2007) A Rapid Evidence Assessment of the Impact of Mentoring on Re-offending: A Summary. Home Office Online Report 11/07.

The National Probation Service should:

- maximise referrals to interventions of the right quality available from the CRC, including those delivered by subcontracted providers.

Community Rehabilitation Companies, subcontracted providers and the National Probation Service should:

- work together to improve the exchange of information between workers, particularly concerning matters of child safeguarding and domestic abuse
- engage service users more fully in planning their sentence, improve the coordination of intervention delivery and ensure that objectives accurately incorporate the work of providers
- ensure that case management systems give an accurate record of interventions and services delivered by providers and, where applicable, clearly indicate rehabilitation activity requirement activity days.

1. Introduction

1.1. Why this thematic?

There is little information in the public domain about the extent of subcontracting by probation providers and how effective subcontractors are. In other inspections and reports[16] we have questioned the availability of specialist services for offenders, with CRCs generally less able than NPS divisions to provide the range of specialist services we expect to see.

In other inspections, we have found tensions between the NPS and CRCs in relation to the provision and NPS purchase (or not) of specialist services. The intention of this inspection was to take stock: to identify the extent of provision, and review how subcontracting is working.

The role of mentoring in supporting rehabilitation was especially prominent in the *Transforming Rehabilitation* strategy. Indeed, it was the only type of service that CRCs consistently expressed an intention to provide. We have looked particularly at peer mentoring in the community, to assess how far this aspect of the government's vision has been realised.

1.2. Background

As part of the *Transforming Rehabilitation* bid process, potential CRC owners were asked to outline their service delivery solution, which (when accepted) would form the basis of their contracts. Within these documents, each Tier 1 provider outlined their intentions to establish and manage a supply chain of Tier 2 providers. Commitments to pursue contractual relationships with other organisations varied.

Typical contract commitments made by the CRC owners included: ensuring that offender needs are met; ensuring that quality services are provided; providing value for money; creating a diverse supply chain, with subcontractors delivering specialist interventions; operating within the template designed by the Ministry of Justice to support the subcontracting arrangements (ISPAs); and investing in and implementing innovation.

The intention from the outset was that the NPS would deliver its own specialised interventions to those individuals under its supervision, and access other services from the CRCs as well. The NPS was, in effect, the designated customer, able (in theory) to purchase services from a myriad of organisations available via a choice of CRCs. The NPS was allocated a specific budget from HMPPS to purchase CRC services, an arrangement reminiscent of the past: probation trusts had been required to spend a proportion of their funds on local specialist services.

The *Transforming Rehabilitation* strategy made specific reference to the 'important contribution' that the voluntary sector could make in 'mentoring and turning offenders' lives around' (MOJ, 2013a; MOJ, 2014c; Wheeler, 2012; Justice Secretary's Speech, 2013). Seven of the eight winning bids directly addressed the matter of mentoring, with Tier 1 providers stating their intentions to ensure that a range of peer mentors and volunteers would be put in place to work with individuals under probation supervision.

16 HMI Probation (2017) An Inspection of Through the Gate Resettlement Services for Prisoners Serving 12 Months or More, London: Her Majesty's Inspectorate of Probation and our Quality and Impact inspection reports 2016-2017.

1.3. Aims and objectives

This thematic report examines the delivery of probation services via supply chains, within the community. The central questions to be addressed are:

- Have Tier 1 providers developed and implemented supply chains as they said they would?
- How are the supply chains established and managed?
- Are Tier 2 (subcontracted) providers delivering quality services?
- What impact are Tier 2 providers having?
- What difference is peer mentoring making?

Providers solely of resettlement services were out of scope, having been covered in our recent inspections of Through the Gate services (HMI Probation, 2016a). At the point of inspection, the NPS was not subcontracting their service delivery, except for maintaining a few legacy contracts. The focus of this inspection was therefore on CRC Tier 2 providers delivering an intervention directly to a service user. The areas inspected included a CRC from each of the eight owners. The NPS was inspected, in their role as the purchaser and receiver of such services.

1.4. Report outline

Chapter	Content
2. Vision and strategy	An overview of the government vision for probation service delivery, role of the third sector and interface between NPS and CRC
3. Delivery models and implementation	Outline of the CRC delivery models and how supply chains have been developed. The enablers and barriers to working effectively with providers are identified
4. The rate card and associated processes	The rate card is considered in detail, including how the payment for services operates
5. Quality of provision	Our findings on the impact of Tier 2 providers in meeting the needs of service users and delivering the sentence of the court
6. Case study – peer mentoring	The approaches currently being taken to peer mentoring in the community

2. Vision and strategy

This chapter covers the ministerial vision, the role of the third sector and how the working arrangements between the NPS and CRC were intended to work.

2.1. Vision for supply chains

The overall *Transforming Rehabilitation* vision appeared to combine a desire to drive efficiencies – by increasing the influence of privately owned companies within the criminal justice system – with the political appetite underpinning the concept of the 'Big Society' (Cabinet Office, 2010), to recognise and support the contribution of the voluntary sector in delivering public services. The creation of a commercial market of probation providers was seen as critical to the transformation of the sector, and it was intended that this would trigger improved outcomes.

In total, 21 contract package areas (geographical areas or CPAs) were designated by government, each to be managed by a newly created CRC. Eight Tier 1 providers were selected, to own between one and six CRCs each.[17] The owning companies mainly consisted of specially formed consortia or partnership entities that had a primary or major private company at their centre. The exception was Achieving Real Change in Communities (ARCC), a consortium that included a staff mutual, local councils and third-sector organisations.

CRC owners determined the service delivery models and influenced the culture and operational approach of their CRCs. There are sizeable multinational private companies at the heart of the majority of CRCs.

Former probation trusts were dissolved, new organisations created and owners awarded contracts within just two years. The speed of change and the way it was carried out had a major bearing on probation practitioners, and explains some of the frustrations and limitations inherent in the model itself.

2.2. Role of the third sector

During the CRC bidding process, the MoJ encouraged third-sector organisations to express to them their interest in working with the newly formed CRCs. Among these were several national voluntary organisations but also smaller, localised or more specialist charities. Potential Tier 1 providers were encouraged to refer to this list for possible partnership options and subcontracting relationships.

CRCs indicated the names of organisations that were likely to become part of their supply chains. These were recorded in Schedule 6 of the contracts. The MoJ press releases during this time gave the impression that there would be a wide array of organisations involved in the delivery of probation services (MoJ, 2013; MoJ, 2014; 3SC, 2013). Organisations that were named had high hopes about prospective contracts.

The language used by the CRC owners in the contracts finally agreed was non-specific, by and large. Several service delivery models (contained within Schedule 8 of the contracts) emphasised that they would be using the partners contained within their owning consortium to deliver services. In effect, Tier 1 providers would also be acting as prioritised Tier 2 providers. Others wrote in generic terms about their intention to deliver by engaging with a local supply chain and specialist providers, while being non-committal about how proactive they would be in pursuing the development of those supply chains or entering into contracts with Tier 2 providers.

17 A limit on how many CPAs could be owned by any one prime provider was set, using market share principles (MoJ, 2013).

Four of the eight gave a more explicit indication that their intent was to subcontract with Tier 2 providers.

Probation trusts had been working with local organisations, and many of the formal contracts in place before 2014 were novated across to CRCs at the point of transition. It was generally the relationships established under trust arrangements that formed the basis of the CRC supply chains working within the community.

The novated contracts with Tier 2 providers were subsequently reviewed by the CRCs, and a noticeable proportion discontinued. In the eight local areas inspected, 26 organisations were working with service users in the community. All but two were from the third sector. Approximately 17 were previously in a formal relationship with probation trusts.

2.3. Working arrangements between the NPS and CRCs

It was anticipated that CRCs would wish to meet all the needs of those under probation supervision, including those supervised by the NPS, but the extent to which the NPS could influence provision was very limited. There were local forums to discuss provision and other matters of common interest, but irreconcilable differences in expectations, combined with CRC financial pressures, had proved to be major hurdles in several areas.

At the outset, CRCs were provided with relevant needs data, gathered largely from comprehensive case assessments (known as Offender Assessment System (OASys) assessments) completed by practitioners working under probation trust arrangements. The data could inform needs and gap analyses.

Black box contracts did not require CRCs to specify how a rehabilitative service or intervention would be delivered, so long as the needs of those under probation supervision were met. These broad provisions were open to interpretation, and in any event the contractual provisions limited the degree to which the NPS could influence the CRCs' delivery of services or choice of Tier 2 providers. The NPS could not easily maintain or develop direct relationships with Tier 2 providers.

The *Transforming Rehabilitation* governance arrangements allowed for meetings to take place between the CRC and NPS, where matters of mutual interest (including access to services) could be discussed. These meetings were initially set at a minimum of quarterly in the early days following *Transforming Rehabilitation,* with the ongoing frequency of these meetings reviewed in light of experience to meet the local need. They were usually chaired by HMPPS contract managers. We found that although most areas held meetings both at strategic and operational levels, their composition and regularity differed significantly.

These meetings provided the NPS division with the opportunity to influence the services that the CRC made available. Similarly, the CRC could gain insight into the emerging needs of the NPS and discuss any developing practice or information about new services. Such conversations required a degree of trust and transparency. Most benefited initially from a legacy of working relationships between former colleagues but this in itself was not enough. Purposeful interactions were required – an honest exchange, based on relevant information, local intelligence, accurate data and clarity of responsibility. In practice, meeting agendas were often dominated by other issues.

2.4. The complexities of funding and commissioning

CRCs received contractual payments from the MoJ, and were subject to immediate and sometimes significant financial penalties for failing to meet contractual targets. Most were receiving public money in other ways as well, under Home Office, Police and Crime Commissioner, devolved authority and other initiatives. The position differed, CRC by CRC. There was no one overarching approach, and there was scope for overlap between one funding stream and another.

During our inspection, it was common to find responsible officers and those individuals they were supervising seeking out services commissioned by an array of different bodies, including other government departments, local authorities, health commissioners, Police and Crime Commissioners and charitable bodies.

At the same time, some Tier 2 providers were seeking additional funding from MoJ and Home Office initiatives. Of note was the presence in probation offices of organisations contracted under the joint MoJ and European Social Fund (ESF) co-financing programme (CF03). This programme aims to give targeted support to service users with complex needs, to improve employability (HMMPS, 2017). This type of funding arrangement was out of our inspection scope but a significant proportion of staff interviewed mistakenly thought that the organisations funded by CF03 were part of the CRC supply chain. The availability of services delivered by these organisations also influenced the choices that both NPS and CRC responsible officers made regarding service user referrals.

In two areas we visited, the devolution of powers from central government was relevant. The model of probation delivery in Wales is distinct from that in England, with a more integrated approach to oversight and to commissioning services. The Greater Manchester Combined Authority, led by the combined role of Mayor and Police and Crime Commissioner, was embracing the opportunities that come with devolved powers and responsibilities.

2.5. Conclusions and implications

We have reported elsewhere[18] that individuals under probation supervision are commonly not getting the services they need in a timely way, to reduce the prospect of their reoffending or otherwise improve their life chances. This is for a number of reasons, but a key factor is the limited availability of services through Tier 2 providers.

Most Tier 2 providers in this inspection were legacy providers, transferred to CRCs from probation trusts. Government aims for third-sector involvement had not been realised to anywhere near the extent envisaged. The black box contracts did not require CRCs to develop supply chains. Financial considerations had constrained supply chain development.

There were irreconcilable tensions. With the NPS reliant solely on the CRCs to commission services to address some of the needs of those individuals they supervise, the NPS found itself not always able to access the right services at the right time, yet not consistently able to influence provision effectively. The situation was exacerbated by an unwillingness or hesitation on the part of some NPS staff

18 HMI Probation (2017) Annual Report 2017, London: Her Majesty's Inspectorate of Probation.

to buy from CRCs. Local fora established to discuss matters of common interest were unable to make much difference. Instead, the probation delivery model itself embedded these risks.

The funding model was complex, with immediate and sometimes sizeable penalties for failure to meet targets, and other funding streams available to a varying extent. CRCs were not sufficiently incentivised to develop services or create supply chains of specialist providers that met the needs of both their own and NPS service users.

3. Delivery models and implementation

This chapter explores what the service delivery models tell us about the ambition of the Tier 1 providers, and the factors that have affected their development of supply chains.

3.1. Development of supply chains

The CRCs that we inspected had implemented the approach to providing specialist local services that they had set out in their contracts, but not to the extent expected. All CRC owners were concerned about the financial instability and viability of their own contracts with the MoJ. They expressed dissatisfaction about the rigorous controls, lack of flexibility and commercial frustrations. Their own lack of stability was driving their relationship with Tier 2 providers, and most were looking for further efficiencies/cutbacks.

The CRCs' intended delivery models and supply chain approaches were laid out in Schedule 8 of their contracts. There was a high degree of ambiguity mixed with idealism in how supply chains were explained to inspectors, but the information provided by all CRCs broadly corresponded to the approach outlined in their individual contracts.

Not all CRC delivery models incorporated an intention to invest in a supply chain of Tier 2 providers. At least two CRCs indicated they had alternative preferences; one to deliver services 'in-house' using CRC staff, and the other choosing to rely on Tier 1 consortium partners to provide interventions. While these CRCs had largely maintained their model, the first of these CRCs had decided to subcontract to two third-sector organisations and the other was considering subcontracting to improve services to women.

Several CRCs had taken the approach of supporting legacy contractors from the former probation trusts and using them as the basis of their supply chain. In at least one CRC, the development of their supply chain had not moved beyond this position, and these contracts were in the process of being reviewed, to find savings. Most CRCs had evaluated their relationship with legacy contractors and taken the decision to enter into ongoing contracting arrangements with some but not all of them.

Six of the eight CRCs we inspected had indicated their intention to subcontract with a diverse range of third-sector organisations. Three had not developed their supply chain as they had hoped. The main reason given for this was affordability, given financial pressures, but CRCs also told us of difficulty in finding specialist providers to deliver over the footprint required by the CRC.

One CRC had pursued an integrated model of working, whereby Tier 1 partners and Tier 2 providers worked directly alongside CRC staff to deliver interventions and services.

Half of the CRCs we inspected indicated that at the outset of their contracts, they intended to set aside specific funds to stimulate innovation, offer voluntary organisations development support and allow for the flexible purchasing of services. The amounts varied, and in all but one area the amount has been or is set to be reduced. There were no examples, in the inspected areas, of organisations that had been funded to deliver a specific intervention through an innovation fund grant that had then gone on to receive a longer-term contract with a CRC.

The two CRCs working in areas with devolved powers (Wales and Greater Manchester) demonstrated their commitment to working in partnership with other organisations to provide holistic service provision. Negotiations with the relevant Police and Crime Commissioner (PCC) and NPS division over how to make the probation commissioning model fit with the devolved co-commissioning approach had

resulted in two quite different agreements. Given the infancy of these arrangements, it is likely that they will be subject to further development. Overall, the devolution model provided a forum whereby the CRCs and NPS were both contributing knowledge, expertise and resources to influence strategically the provision of local services that would support improved service user outcomes.

3.2. ISPAs and contracting

ISPA requirements were devised by the MoJ with the best of intentions. Most Tier 2 providers are commissioned by ISPAs.[19] In practice, the requirements are burdensome for CRC and Tier 2 providers, and off-putting to potential Tier 2 providers. They have had unintended consequences on individual providers and the development of the supply chain as a whole. From what we could glean, the ISPA is over-burdensome, and disproportionate to the value of most of the Tier 2 contracts.

As part of the governance and assurance processes, the MoJ commercial team had devised an ISPA that they required Tier 1 providers to use as the basis of their subcontracting arrangements with Tier 2 providers. It was intended to promote continuity of service delivery and offer some protection to Tier 2 providers. The ISPA limited the transference of commercial risk from Tier 1 to Tier 2 providers. It was a detailed template that sought to cover all eventualities. The MoJ reviewed signed ISPAs and held copies centrally.

The MoJ maintained that ISPAs were best practice, but nevertheless allowed other contractual arrangements as part of the handover. Of course, most Tier 2 providers were already working under arrangements established with the probation trusts. In practice, ISPA requirements have been heavily contended: material services should be contracted using an ISPA, but several CRCs have argued (with varying degrees of success) that certain services are not material. In any event, as ISPA is a template rather than a contract, it is the individual contract terms that matter, and those contracts are not in the public domain.

The feedback from CRCs and Tier 2 providers regarding the ISPA requirements was mixed but tended to range from reluctant acceptance to forceful frustration. We heard several accounts of protracted commercial and legal negotiations between Tier 1 and Tier 2 providers. Most were cautious about revealing the details of these discussions but indicated that it was a long, drawn-out process, leading to sizeable legal fees. It was not uncommon for Tier 2 providers to be 18 months into the delivery of their service before having an agreed ISPA in place.

The MoJ had issued a draft example of an ISPA (MoJ, 2014a) and produced an *Industry Standard Partnering Agreement Explanatory Guide* (MoJ, 2014b), but during our inspection we were unable to establish the up-to-date position on aspects of the guidelines. Our enquiries were often met with a standard HMPPS response that full disclosure was not possible due to 'commercial sensitivity'. The ISPA template is over 60 pages long.[20]

It was clear that staff were unsure about the terms of ISPAs. These documents were not user friendly or used to support working relationships, in practice. We were told by HMPPS staff that an 'ISPA Lite' was in development.

19 69% of provider contracts nationally were ISPAs.

20 https://www.gov.uk/government/publications/community-rehabilitation-company-contracts

A point of contention was that ISPAs commanded an initial three-year contract term, regardless of the nature of the service or contract value. Having a three-year contract cycle offers a reasonable period of security. However, as many of the contracts started at roughly the same time, this has the potential to create an unhelpful hard stop in specialist service delivery. Tier 1 providers also felt that this restriction limited their ability to be agile and responsive.

3.3. The extent of Tier 2 provision

It seemed that no one body was clear about the extent of the national Tier 2/Tier 3 supply chain. What was clear was that provision was limited, with fewer providers than in the legacy probation trust model. We found some CRCs focused on their own needs, with over a third of Tier 2 and Tier 3 providers in this inspection offering no services to the NPS.

Mapping out the CRC supply chains nationally proved to be a challenge, and the information gained did have some limitations. CRC service directories and rate cards did not all clearly specify if an intervention or service was delivered directly by the CRC or by a Tier 2 provider. This information was not consistently provided on CRC websites, and was not in the public domain. It was not made readily available to HMI Probation inspectors either: despite requests, neither the MoJ nor HMPPS furnished us with a comprehensive list of Tier 2 providers currently in a contractual relationship with a CRC.

We initially undertook a survey, requesting CRCs to provide us with information about their supply chains – specifically, the number of organisations working with them in the community, the type of contracts in the supply chains, whether they were Tier 2 or Tier 3, and how they were managed. We received 17 completed returns.

Reviewing these returns highlighted the different use of the terms Tier 2 and Tier 3 providers. We asked CRCs, again, to name the organisations working with them, the size and type of provision, contract types and payment mechanisms, taking out the requirement to specify whether they belonged to a certain tier. We obtained information for all 21 CRCs.

Using aggregated data from those responses, we provide in Appendix 3 an overview of the provider organisations delivering interventions in the community. There were limitations, however, as some CRCs did not provide completed data for all the questions asked, and CRCs differed on whether they regarded provision as local, regional or national.

In the eight areas we inspected, we found a total of 26 provider organisations delivering an intervention directly in the community, as part of a CRC supply chain. The majority were Tier 2 providers, as shown in Table 2 below. Women's services were most commonly provided by Tier 2 providers: in six of the CRCs inspected, Tier 2 provision included a women's service.

Table 2: Characteristics of provider organisations

Characteristics of the 26 provider organisations working in the eight inspected areas
Tiers of providers:
Tier 1 provider organisations delivering services: 4
Tier 2 providers: 21 (2 of these were alliances of multiple organisations)
Tier 3 providers: 1
Type of organisation:
Third-sector organisations: 24
Private organisations: 2
Provider contract features:
Providers contracted with an ISPA: 21
Providers contracted without an ISPA: 5 (includes 4 Tier 2 providers)
Number of providers contracting with more than one CRC: 1
Number of providers with a payment-by-results element to their contract: 9

Less than two-thirds of Tier 2 providers delivered services that were available to NPS service users. In some cases, the CRC argued that those under CRC supervision were their priority. Others told us that they were trialling services before offering them to the NPS. For some, the arrangement with some providers was voluntary rather than contractual, and so not featured on the rate card and not available to the NPS. Several Tier 2 providers told us that their contracts did not deal with potential NPS demand clearly, and they did not all have the organisational capacity to do so. In Manchester, the CRC and a Tier 2 provider had started their own NPS service pilot, in response to contract blockages.

Almost all Tier 2 providers in this inspection were third-sector organisations and could be described as charitable or social enterprises. Of the remaining two, one was a small-scale entrepreneurial business and the other a large-scale company. Most offered wider services to the public, funded by income streams that included other government contracts, charitable grants and fundraising. They usually encouraged probation service users to access the other services they had on offer.

Each Tier 2 provider was contracted to implement a different type of service; some offered a specific intervention over a set period or a specified number of sessions, delivered either one to one or in a group setting, while others provided a more generic service. All had their own eligibility criteria. We found some overlap in provision but, in general terms, the providers sought to address the service user needs, as outlined in Table 3.

Table 3: Service user need addressed by providers

Area of need	Number of providers addressing specific area of need within inspected areas
Mentoring	8 providers
Accommodation	6 providers
Women's services	6 providers
Education, training and employment (ETE)	3 providers
Practical support and advocacy	2 providers
Other: Family and relationships; thinking skills; emotional well-being counselling; restorative justice	1 provider each

There were few unusual or niche services identified that were addressing more-specialist needs or delivering innovative practice. The strongest example was Thames Valley Partnership's 'facilitating restorative justice conferencing' service. This provider was a well-regarded and established organisation, undertaking difficult and delicate work in complex cases. It had a history of working with probation services over many years. Its delivery model and the extent of its provision had been altered, not necessarily for the better, because of its contractual terms with the CRC, and these were set to change further. Within the cases we inspected, its management oversight, commitment to staff training and delivery of restorative justice were of a high standard.

Good practice example: Restorative justice conferencing in Thames Valley

Jim received an 18-month custodial sentence for a bomb hoax at his local hospital, having been taken to the accident and emergency department because of concerns about his level of alcohol intake. On release from prison, he was referred to a restorative justice worker, who made extensive enquiries to identify the staff involved in the incident who would be willing to participate in a conference.

An initial meeting took place and Jim was supported through this challenging process. The restorative justice worker kept the responsible officer up to speed with progress and updated the records appropriately. Alongside this work, the responsible officer ensured that the other elements of Jim's supervision plan were completed, including attendance at a local substance misuse agency, referrals to an ETE intervention and a home visit.

3.4. Working effectively with subcontracted providers

Responsible officers told us of their experiences of working with providers and, where applicable, the reasons that they had not done so. Several themes emerged. We observed that the more accessible and integrated the provider with the CRC, the higher the level of responsible officer satisfaction with the effectiveness of the working relationship. A list of the enablers and barriers, with no priority order or weighting attached, is included in Table 4.

Table 4: Enablers and barriers to working with Tier 2 providers

Enablers to effective working with Tier 2 providers	Barriers to effective working with Tier 2 providers
Co-located or regular presence in the CRC office	Lack of visibility, feeling distant
Clearly understood expectations about the service offered	Unclear what it is they deliver
Responsive information exchange, including timely and helpful feedback	Lack of communication
Holistic and flexible service provision	Mismatch in approach that does not align to CRC working practices
Good reputation and sharing of good news stories	No information about the outcome of the work
Sensitivity and confidence in responding to safeguarding concerns	Concerns about staff resilience, staff turnover, cancelled appointments, limited delivery (geographically and time slots)

At an operational level, the views of Tier 2 provider staff mirrored those of probation staff:

"The more noise you can make about good news stories, the more likely you are to get referrals!" "We work best in partnership, when we are present in the probation offices. We want more integrated working".

Managers of Tier 2 provider organisations were used to dealing with uncertain finances and the instability of contract cycles but nevertheless indicated that they were experiencing pronounced challenges. They identified difficulties that were having a bearing on their ability to function as an organisation, develop services and plan. There was a strong view that the CRC contract management processes imposed on the Tier 2 providers was onerous, disconnected and purposeless.

Tier 2 managers worked hard to foster good relationships, but frustrations over the rate card payment mechanisms were evident, and they wanted improved dialogue. Many organisations commented on the difficulty of building and delivering a service

without knowing what would be required of them over the following year. Despite these difficulties, they remained motivated to fulfil the aims of their individual organisations, and keen to work with Tier 1 providers.

3.5. Quality management

As the model allowed, different approaches were taken to managing providers' contracts, but all CRCs reviewed contracts regularly, using a logical, structured recording process. The quality management of Tier 2 services was undertaken as part of the contract management oversight, but CRC quality assurance of Tier 2 provider work was underdeveloped overall. HMPPS contract managers had taken a 'light-touch' approach to overseeing the quality of work undertaken by subcontracted providers. The only specific piece of work completed was an unpublished audit of women's services carried out in 2017.

One CRC had a designated organisation responsible for managing all contracts on their behalf; several had specialist managers employed directly by the owning companies; others had CRC operational senior managers with lead responsibilities for particular contracts; a few had delegated contractual relationship management to CRC middle managers and deployed a cross-grade team approach to managing the contracts. Each arrangement had its merits and drawbacks.

The onus was on Tier 2 providers to demonstrate contract compliance with any set output or outcome requirements. These were often hard measures, such as gaining stable accommodation or employment. On occasion, softer measures were utilised; for example, various types of outcome measuring tools completed by service users at the start and end of an intervention were being used to give an indication of distance travelled. In addition, providers were usually asked to provide case studies to illustrate their good practice.

A few CRC contract managers undertook their own cross-referencing of data and spot checks of records, but for the majority this was not routine. Little, if any, specific triangulation of quality assurance of Tier 2 delivery was being undertaken.

Several senior managers suggested that generic CRC quality checks, practice development work and organisational feedback channels would indicate indirectly if there were concerns over the quality of a provider intervention. Indeed, four examples were provided in which matters relating to the quality of delivery by Tier 2 providers had been raised and addressed through contract review meetings.

Contracts made little reference to how Tier 2 work would be quality assured. Tier 1 contract managers and Tier 2 managers indicated that, initially, many contracts had been based solely on the number of service user starts or the delivery of a set number of hours. Increasingly, however, attempts had been made to incorporate more-qualitative contract measures.

Several CRC contract managers said that it was their aspiration to work with Tier 2 providers to develop further their approach to quality assurance. This was, at least partly, in recognition of the need to support them in building the evidence base to demonstrate the effectiveness of their services. There was a noticeable variation across the CRCs in how examples of work undertaken by Tier 2 providers were disseminated. For several areas, case studies were used solely to support the

contract management process; in others, they were widely distributed and advertised as 'good news stories'.

3.6. Conclusions and implications

Supply chains of Tier 2 and 3 providers delivering within the community were small scale, and non-existent in some local areas. There was an average of three subcontracted Tier 2 providers available to service users in the localities we inspected (one of which was usually a women's service). There were virtually no Tier 3 providers and few examples of innovative services. CRC contracts or financial incentives did little to guard against the unequal provision of services across the country or to encourage growth.

The CRC service delivery models and approaches to the supply chain varied. Two CRCs had maintained from the outset that they did not intend to invest to any large extent in subcontractual relationships.

Each CRC inspected had experienced implementation challenges in the context of financial insecurity, lower than anticipated incomes and inefficient, difficult processes for their working relationships with the CRC and NPS division. Some CRCs were committed to maintaining their current supply chains, while others indicated that they were set to shrink.

There were examples of responsible officers and Tier 2 workers working well together but there was insufficient integrated working. The approach to joint working needed developing, to increase the consistency of delivery for service users. Quality assurance was often based on self-reporting, rather than a more rounded approach.

4. The rate card and associated processes

In this chapter, we consider the way that the rate card works in practice, including the payment mechanism. Issues affecting the commissioning of provider services, including the analysis of service user needs and recording, are also examined.

4.1. The rate card explained

CRCs provide a menu of their services and interventions in a service directory; in most cases, this has taken the form of a brochure and is available electronically. The price list for these services is placed on a rate card, along with the criteria for accessing each service.

Government had originally intended that the NPS should be able to buy services from any CRC. It had been thought that this would drive down prices, assuming a marketplace of competing Tier 2 providers. In practice, the scarcity of contracted providers and their eligibility criteria for each Tier 2 service usually ruled out distance purchase, although it could happen by exception. In addition, not all services provided by CRCs through Tier 2 providers were available for purchase by the local NPS division, as different eligibility criteria restricted access.

Each CRC had its own rate card, held by HMPPS electronically in an accessible database, and services and associated purchase prices were visible to all other CRCs and the NPS divisions. This information supported the court sentencing process, identification of appropriate licence conditions and sentence planning.

Proposed services to be listed on the rate card were reviewed by HMPPS contract managers for suitability and approved by the MoJ. Any subsequent proposed changes (additions, subtractions or alterations) to the rate card were submitted formally to the MoJ by the CRCs, and underwent detailed scrutiny before receiving approval or rejection by the MoJ 'Change Governance Board'. The original governance requirement to review the rate card formally every quarter appeared to have reduced to a biannual exercise, although in practice the CRC could submit specific requests for a 'Change Notification' as the need arose.

It was responsible officers in CRCs or NPS divisions who selected from the rate card the services they wanted for an individual service user, on a case-by-case basis. Different CRCs and NPS divisions had issued their own policies and advice to responsible officers about what and when to choose discretionary services. Both the NPS and CRC followed the same technical recording process, using the MoJ case management system, nDelius. A referral was added to the system using a specified data entry code, known as a Non-Statutory Intervention (NSI), and in turn approved or declined either by the relevant CRC or Tier 2 provider directly. Delivery of interventions and services were recorded against the same NSI code, thus producing a record of service delivery that could be monitored centrally.

CRC payment for rate card services was issued by the MoJ in advance, annually. This included a payment to cover the delivery of mandatory service requirements and a payment for those discretionary services used by the NPS. The reconciliation process, which had so far occurred annually, sought to confirm the number of interventions and services delivered, and in so doing validated the CRC payment or appropriate clawback.

We found that the implementation of the rate card process had been fraught with difficulty on several levels. It was not well understood, due partly to the conflicting terminology in use, but also to the technical difficulties outlined below. It had become symbolic of wider systemic difficulties. To quote one senior manager:

"the rate card has become a mythical beast".

In some areas, rate cards were produced and issued and then later rejected and redone. In others, information did not pass seamlessly between HMPPS, the CRC and the NPS, causing confusion and delay.

4.2. Recording problems

We found significant potential for human error in operating the rate card process. The way that information is collected and recorded makes it unreliable, and difficult to analyse for trend data or to anticipate demand with confidence. A manual reconciliation process was required at the end of each contract year.

Responsible officers were trying to use nDelius as both a case management and purchasing system, but the system has technical limitations and is not intuitive. Most probation practitioners interviewed found it difficult to use.

The expectation was that responsible officers usually working without specific administrative support would record NSI requests correctly on the system. Similarly, the delivery of the services should have been recorded against the appropriate NSI, either by the CRC or Tier 2 provider. At the time of our inspection, basic training and guidance in recording NSIs had been made available to most staff but, while improvements had occurred since their introduction, the quality of recording was poor. Consequently, the collated information relating to the numbers of referrals and corresponding services delivered could not be relied on.

As part of the reconciliation process, with no single agreed set of figures to underpin payment, HMPPS had required manual counts to be undertaken, both by CRCs and their providers, and the NPS divisions, with each case record being individually checked. This was reported to be a long and tedious exercise that took numerous staff members several months to complete. The exercise was concluded with all parties feeling dissatisfied.

4.3. NPS commissioning of services

There were frustrations on both sides, with CRCs unclear about the amount of money that the NPS had available to spend and the local NPS division's appetite to purchase. The NPS was irritated by delays in rate card provision and unimpressed with the limited range of services on offer. NPS managers hankered after the freedom to commission directly, and felt disenfranchised.

CRCs expressed their long-standing frustration at the perceived lack of clarity from the NPS over their financial commitment to purchasing discretionary services. Since the outset of *Transforming Rehabilitation,* the nominal NPS budget (set by the MoJ/HMPPS for purchasing rate card services) had not been clearly explained and, indeed, setting a reasonable budget had been difficult.

Estimated requirements for unpaid work and accredited programmes were based on previous use under probation trust arrangements but, notably, this reflected sentencing practice before the *Offender Rehabilitation Act 2014.* Through the Gate need was based on raw estimates related to prisoners who had previously been sentenced to under 12 months in custody. The indicative requirement for discretionary services was based on an overview of service user need, gleaned from OASys data and organisational insights. There was clearly a substantial number of unquantifiable unknowns.

Several staff we spoke to within the NPS divisions felt short-changed that their local CRCs were not presenting them with a full 'shopping list' of services to choose from. There was disappointment at the modest number of services on offer, and this was compounded by the delay in presenting these. There were long waits in several areas before the CRC presented an agreed rate card and accompanying service directory. The reasons attributed to these delays differed; many related to difficulties in navigating the approval process, and they had all strained relationships.

One manager explained that, in their view:

"the negotiations get stuck somewhere between two questions: 'tell us what you need?' and 'show us what you've got?'".

The rate card process of accessing services via the CRC had left the NPS dissatisfied. Without their own commissioning budget, they felt that their influence in local multi-agency forums had declined, and without the ability to offer CRCs guaranteed payment, their ability to negotiate and collaborate was hindered. Managers indicated clearly that they wanted more 'commissioning freedoms' to forge direct commissioning relationships with partners and to be involved in the design of specialist services to meet the needs of their service users. The current system design did not allow for this. Partly in response to this situation, the NPS had successfully sought additional funding from the MoJ, to spend on co-commissioned services.

4.4. Assessing service user needs

Gathering information about need is fundamental to being able to take an informed approach to anticipating the nature and scale of services needed in any location, but it was not happening. There was a consequent mismatch between need and provision.

A fundamental difficulty, affecting all parties, was the lack of data identifying service user needs. As time goes by, the original generic dataset relating to service user needs becomes out of date, and in some ways obsolete. While some elements of service user needs are likely to stand, trends in offending behaviour, sentencing and local contexts change. Without such data, it is challenging to be a good customer, as the NPS is only too aware of.

The NPS was hampered by data collection difficulties and therefore had limited insight into their own service user needs. In recent years, the completion of comprehensive OASys assessments had reduced, as abridged 'Layer 1' assessments had been introduced for operational reasons. Such assessments could not, therefore, be mined for information about service user needs in quite the same way as they had previously.

The ongoing collation and analysis of any available data had not been carried out in a timely fashion. In addition, there were problems with the recording of the interventions being accessed by NPS service users, which meant that the NPS did not have a reliable baseline on which to predict future need. The NPS was not able to provide the CRCs with the degree of clarity about the needs and specificity of commissioning intentions that they would have liked, resulting in mutual frustration.

CRCs were themselves struggling with the means to collate and analyse data on the needs of their service users. This was largely attributed to the delays in being able to implement their own Information Technology (IT) systems. HMI Probation has commented on this matter in several previous inspection reports, and most recently in our annual report (HMI Probation, 2017). One CRC was working with the police to use data produced by the police national computer database, to increase their understanding of local need.

4.5. NPS use of provider services

Overall, the NPS was not making full use of the discretionary services available via the CRC rate card. Relatively few NPS service users were accessing interventions or specialist services delivered by CRC subcontracted providers. There were several areas where the NPS had not made any purchases or had been very selective in their use of providers. At the time of our inspection, it was anticipated that the budget allocated for purchasing services would be underspent.

The difficulties in the recording processes – namely, the unreliability of the NSI code inputting onto the nDelius IT system – meant that there were no accurate figures available to indicate the precise usage of CRC discretionary services by NPS service users. The payment mechanism from the MoJ to the CRC comprised composite figures which failed to give sufficient detail to enable the amount spent on individual services or supply chain providers, as a collective, to be determined. The reconciliation process depended on manual checking of individual service user records and concluded without verifiable figures; the resource burden was too great. Thus, there was no detailed monitoring of how much money the NPS was spending on services delivered by the CRC supply chain.

Common themes emerged that went some way to explaining why NPS use of provider services was at its current level. The importance and impact of each underlying concern varied across the divisions.

Many NPS responsible officers reported being unsure as to the organisational position regarding making referrals to CRC discretionary services. Managers, too, accepted that national guidance had changed over time. At the time of our inspection, the NPS wanted to encourage their staff to assess individual service user need and, on a case-by-case basis, make appropriate referrals to available services. It was evident, however, that the prevalence of localised guidance and varied communication, via formal and informal channels, had led to core messages being lost in translation. The experience of the unreasonably complex referral mechanisms and IT systems had worn down many pressurised NPS responsible officers. One officer summed up the collective feeling when he explained:

"we are bamboozled by NSIs".[21]

The financial insecurity within the system and budgetary concerns were having an impact on NPS usage. Some divisions had exceeded their designated budgets and

21 Non-Statutory Interventions (NSIs) are found in the electronic MoJ case management system, nDelius. They function as a data recording mechanism that, once input into the system, provides an electronic communication interface. They are used to make electronic referrals to services. Once accepted, delivery of the service can be recorded against a specific NSI code.

yet, at the same time, there were whole teams that had not made referrals into available credible interventions, including women's services. The weaknesses in the data used to anticipate service user need, and the uncalibrated budgets, had a bearing on this position. Virtually all NPS staff we spoke to said that they actively pursued alternatives to rate card services, perceiving that the interventions available in the community, at no cost to the NPS, were free of charge. The strategies being implemented to manage limited NPS budgets were having unintended consequences.

There was a lack of awareness among NPS responsible officers about the services on offer by the CRC provider organisations. This was, in part, explained by delays in the production of rate cards and the fact that some service directories were not user friendly. Many complained about the absence of leaflets available to give to service users. There was substantial confusion about the availability and criteria for interventions. A lack of understanding about the source of funding of various organisations had left some staff thinking that they were using a CRC supply chain provider, when they were not, or vice versa. There was evidence of low expectations about what the supply chain had to offer, disengagement and a sense of apathy about how they could improve their experience of the system.

An important influence on whether NPS responsible officers would refer to services was their personal trust in the credibility and effectiveness of the intervention. Views were often based on the experiences of colleagues. Fundamental questions were also being asked about whether CRCs were selecting the right types of services; for example, there was debate about the appropriateness of the accommodation brokerage services being offered, as opposed to providing access to actual 'bricks and mortar'. This matter linked back to the lack of service user needs analysis by the NPS and their non-committal approach to purchasing these services.

Perhaps the biggest underlying concern was the cultural challenges that had manifested as part of the *Transforming Rehabilitation* implementation. In the current state of confusion, there were examples of individual managers issuing their own personalised mandates, and responsible officers applying their own unique approach, in some cases disregarding the policies. More concerning was the impact that the probation delivery model and the rate card process itself was having on staff behaviour. The publication of listed prices for interventions gave responsible officers, for the first time, a sense of the costs involved in delivering probation services, and they questioned these costs and the value for money offered by some interventions.

Undertaking the role of purchaser of these services, by making a choice about which of these each individual service user should be referred to and, in effect, how much the delivery of their sentence would cost, was proving to be a challenge for many responsible officers and their managers alike. Many staff expressed their frustration at the perceived inefficient way that services were being purchased by their organisation and their role in the process. A responsible officer articulated this clearly when he pointed out:

"we are selecting the purchase of service user interventions in the same way as we order the stationery, instead of taking a sensible commissioning approach".

The main reasons for NPS underuse of discretionary services is shown in table 5 below:

Table 5: Reasons for NPS level of use of CRC Tier 2 providers

Reasons for NPS level of use (underuse) of discretionary services provided by CRC Tier 2 providers:
• Mixed organisational messages given to NPS responsible officers • Bureaucratic mechanisms and complex IT systems • Budgetary concerns • Lack of awareness of services on offer • Perceived suitability of services • Cultural challenges.

This situation has led to the NPS taking operational decisions and advocating practices which, in turn, have had an impact on CRCs. For example, NPS divisions took decisions directly to employ probation service officers with a specialist remit to provide accommodation advice and support to their services users, thus potentially reducing the demand on such services available via the rate card.

In 2017, the NPS (in England) pursued specific additional money from the MoJ, to support them in their desire to be more directly involved in commissioning services, and were given £750,000. This was a substantial amount when compared with the nominal budget for the financial year, of £3,431,813, set for purchasing discretionary services via the rate card.[22] The decision was taken to divide the additional money between the divisions, and guiding principles were issued on how to distribute it locally. There was no specific restriction on spending it on the existing services available via the rate card, or on incentivising CRCs to provide a service that met an identifiable need, but these options were not pursued.

The aim of the NPS directors was to find suitable partners and projects that could be co-commissioned. There was a time pressure, given that the money was made available in the summer of 2017 and had to be spent by the end of the financial year. At the time of our inspection, decisions on expenditure had not yet been finalised. One area indicated that they intended to spend their money on extending the reach of the HMPPS co-financing programme (ESF CF03) in their area; another was pursuing projects with the local Police and Crime Commissioner; and several areas were trying to identify accommodation bond and deposit schemes.

4.6. Conclusions and implications

Rate card arrangements were exasperating for the NPS and CRCs. Rate card procedures were cumbersome, and led to delays in the provision of timely information on the services available. Data recording problems and the lack of service user needs analysis were a cause for concern. Without this information, probation

22 This budget covers both community-based services and Through the Gate services within non-resettlement prisons.

providers did not know whether they were commissioning the right services in the right places. In any event, without financial certainty and with finances hard pressed, adequate organisational plans and commitments could not be made.

The NPS use of CRC discretionary services was low, and in some areas there had been no purchases made. Frustrations in accessing services was leading increasingly to the pursuit of alternative options or else disengagement, resulting in an inconsistency of approach and a postcode lottery for those under probation supervision. Efforts were being made to make the system work by employing workarounds but the extent of some of these could in themselves undermine the system.

In many areas, relationships between the NPS and CRCs and supply chain providers were strained by concerns that had arisen over the exchange of information and organisational commitments, despite a legacy of good personal relationships and a willingness to try to make things work.

5. Quality of provision

This chapter addresses the quality of the work inspected, including the case management and effectiveness of supply chain providers in meeting individuals' needs, protecting the public and delivering RARs. The delivery and impact of women's services are commented on separately.

5.1. Case management findings

Within the case sample both of NPS and CRC cases, assessments were of a good standard overall and the risk of serious harm to others had been assessed correctly in most cases. There was a slight disparity when looking at cases concerning women, where needs had been identified accurately in a smaller percentage of cases. Likewise, the identification of protective factors was lower for women, at less than two-thirds, as opposed to the overall rate of almost three-quarters.

Sentence planning was generally weaker than assessment, particularly regarding the recording of services to be delivered by providers or mentors. Sentence plans identified priority needs in more than three-quarters of cases. However, objectives included only the work to be undertaken with a supply chain provider or mentor in approximately half of cases.

The case sample comprised service users working with either a Tier 2 provider or mentor; appropriate referrals to interventions and services had been made in the large majority of these cases and had been both timely and accurate in more than three-quarters of cases. We were unable to comment on the proportion of cases for which interventions should have been referred to and were not.

There was a good level of information exchange with Tier 2 providers at the referral stage (four out of five of cases). However, where it was agreed that a supply chain provider would be working with a service user, the appropriate referral code within the case management system (the NSI process) had not been set up correctly in almost one in three cases. This confirmed the data confidence concerns facing both the CRC and NPS.

Most cases in which individuals under supervision had missed mentor or supply chain provider appointments had been dealt with in a timely and appropriate way.

The delivery of interventions had been coordinated adequately in less than two-thirds of cases overall (and in even fewer cases concerning women), and just half of cases with a mentor. Correspondingly, communication between the responsible officers and provider workers had deteriorated while interventions were being implemented. Good communication was evident in less than three-quarters of cases (under two-thirds of cases concerning women). Of the 18 cases that had undergone a review of progress against the sentence plan objectives, less than two-thirds had considered feedback from the provider worker or mentor.

While responsible officers were identifying the right objectives, and making the right referrals, they were not then making full use of the planning tools to set out clearly the work that was going to be done, and by whom. There was room for improvement in the ongoing liaison between workers, to support an integrated service delivery aimed at achieving the desired outcomes. Several of the provider workers were aware that it could be confusing for service users working on multiple objectives with different workers. One Tier 2 provider support worker accurately reflected this issue by saying:

"we have three organisations in a room but do we know what each other is doing? Instead of trying to deliver an hourly service, we should be working towards a joined-up action plan".

5.2. Public protection

We expected to find that workers and mentors from provider organisations were appropriately competent in responding to matters of risk within the probation context. The large majority of provider workers interviewed within the case sample indicated that they felt that they had received appropriate training to meet their needs and understood their role boundaries, and almost all knew how to utilise effective channels of communication.

We were pleased to note that provider workers had given sufficient regard to risk of harm considerations in almost three-quarters of cases.

Good practice example: Counselling service in West Mercia

Matt was given a two-year suspended sentence with RAR days for wounding (inflicting serious bites) his grandmother and uncle while under the influence of alcohol. He had been born with a physical disability, used a wheelchair and had depression and anxiety. He lived independently but received support from his family. His mother, with whom he was close, died a few months after he was sentenced.

The responsible officer recognised that Matt was not coping well following the death of his mother and was drinking to excess, and that the risk of harm to his grandmother was increasing. He was being monitored monthly by the alcohol treatment provider. The responsible officer discussed the complexities of the case with the provider, Clear Counselling, which confirmed that they could offer one-to-one counselling to support Matt's emotional well-being. Matt was given good preparation and support to engage with the intervention. When he told the counsellor that police had recently been called out to his home, this was shared promptly, and the responsible officer strengthened the risk management plan. Matt was kept fully informed and was supported to be further assessed by adult social care services.

Concerns were raised by Tier 2 providers, however, about the lack of relevant information that they received from probation staff. This was due, in part, to the different referral processes in place, with some better at encouraging appropriate exchanges. Most responsible officers were clear about the boundaries between their work and that of the providers. There was a difference between CRC and NPS responsible officers in the perception of communication channels with providers, with more CRC responsible officers deeming them to be effective.

These findings were more pronounced in the focus groups, where many NPS staff told us that they were unaware of how to communicate directly with Tier 2 providers. We were concerned that many responsible officers did not fully appreciate the type of information that should be provided to support providers in their work. Too little understanding of each other's roles had led to insufficiently coordinated working, and in some instances this was compounded by high caseloads.

Overall, just over half of responsible officers felt that they had received sufficient training and guidance in working with supply chain providers and mentors, but the proportion of NPS responsible officers with this view was much lower than that of CRC responsible officers (a little over one-third compared with almost two-thirds). Of the responsible officers who felt that they needed management support in working with providers, just over half said that what they had received was effective; the figures were similarly poor across the organisations.

Poor practice example: Poor communication

Zain, a 37-year-old man with 40 previous convictions, was referred to a supply chain agency to support him in addressing a range of complex needs, which included accommodation, alcohol and drug misuse, and mental health problems. The CRC did not make the support worker aware of his history of domestic violence or the existence of a restraining order to protect his ex-partner. While the agency assisted him in obtaining supportive accommodation and access to a mental health assessment via his GP, they were unaware of what they needed to do to monitor signs of increasing risk.

5.3. Provider delivery findings

We judged that in more than two-thirds of cases, the supply chain worker or mentor had made a positive difference to the rehabilitation of service users. The impact that they were having on specific areas of need, however, was much lower. Table 6 shows the percentages of cases in which individual areas of need were being met sufficiently:

Table 6: Percentage of inspected cases in which service user needs were being met sufficiently

Area of service user need	% of cases in which the supply chain providers had contributed sufficiently to achieving desired outcomes
Emotional well-being	56%
Accommodation	54%
Thinking and behaviour	52%
Relationship problems	50%
Attitudes to offending	48%
Lifestyle and associates	44%
Financial management	39%
ETE	21%

ETE was the area where there was most unmet need, and the least was being done by the provider organisations, although we did find notable exceptions – for example,

Ingeus (an ETE provider). Ingeus is part of the Tier 1 provider partnership delivering in Nottinghamshire, and its work is illustrated in the example below.

Good practice example: ETE provision

Liam was sentenced to five years in custody for possession of stun guns that he had purchased online. When released on licence, the main aim of his sentence plan was re-establishment of employment, alongside compliance with his licence, monitoring for potential risk concerns and development of problem-solving skills. The responsible officer referred him to the ETE service available within the CRC, run by CRC ETE specialists in collaboration with Ingeus. After an initial assessment, the ETE worker explored options for funded training and worked with Liam to compile a CV to send to potential employers. A local employer contacted the CRC ETE service to advise of vacancies, and Liam was interviewed and given full-time work.

The feedback from service users working with provider support workers and mentors was overwhelmingly positive. More than three-quarters of service users understood how the provider organisations were supposed to help them. All but one service user rated their experience as being helpful or very helpful and, encouragingly, almost all felt that their individual needs had been taken into account. All service users described their relationship with their supply chain worker as positive or very positive.

The one aspect of service user feedback that was not as good related to their understanding of the expectations within their sentence plan. Less than two-thirds of service users knew what was in their plan. While this was in some way mitigated by the fact that a reasonably large number of service users knew why they were seeing a provider organisation or mentor, it emphasised their lack of engagement with the planning process.

5.4. Rehabilitation activity requirements

RARs were introduced under the *Offender Rehabilitation Act.* They are purposefully flexible court order provisions that can be used to address wide-ranging service user needs. Nevertheless, an articulation by the Tier 1 provider (usually a CRC) of how RAR days are to be used and sequenced, and what each RAR day entails, is helpful to ensure a coordinated approach to case management and effective service user engagement. We found that the difficulties with the implementation and delivery of RARs, identified in our thematic report (HMI Probation, 2017a), remain. Confusion continues about the planning, reviewing and recording of RAR days, and practice is inconsistent.

Most of the services offered by the supply chain provider were available to be counted as RAR days or, for those service users not sentenced to an RAR, services could be recorded as a supervisory contact. Service delivery brochures and rate cards gave an indication of how an intervention or service would equate to a set number of RAR days and many of the provider organisations stated that their interventions were

intended to be delivered as an RAR. What we saw happening in the cases, however, was not as clear cut.

The decision to regard an intervention or service as an RAR day(s) rested with the responsible officer, although the working arrangements between responsible officers and individual providers varied. Some providers were more actively involved in determining whether a contact, in their view, warranted being an RAR day, and recording was especially fluid in those cases where the provider had access to nDelius. It was common to find that the use of RAR days for an individual service user was not sufficiently determined at the planning stage. We saw evidence of supply chain services being retrospectively recorded as RAR days, or counted when they had not featured in the sentence plan, as well as RAR days and RAR appointments being used interchangeably.

In our inspection sample, of those cases sentenced to a community order or suspended sentence order, the interventions and services being delivered by provider organisations were recorded as RAR days in three-quarters of cases. The remaining quarter had not been recorded as such, and the records of a small number of cases were not clear. The inconsistency in the data inputting and the lack of functionality in the case management system meant that there was no way of knowing how many RAR activity days sentenced by the court were being delivered by supply chain providers.

5.5. Women's services

The findings in relation to services for women largely reflected those reported at the time of our women's thematic inspection (HMI Probation, 2016b).

Within the eight locations visited were four women's centres, two of which were funded through PCC arrangements. Access to these centres was dependent on proximity and public transport arrangements, and so they were not available to all. Of the four areas without a specific centre, two had commissioned primarily group sessions, and one area a mentoring service. The remaining area had not commissioned a women's service.

In general, the findings relating to the inspection case sample were comparable across gender. There were, however, several points of disparity at each stage of the supervision process. Female service users were less likely to have their needs assessed correctly, and their protective factors were not as likely to be identified. There was an inconsistent approach to recognising the gender-specific needs of women.

We found that the quality of information exchange between provider organisations and responsible officers was not consistent. We judged the coordination of intervention delivery to women as sufficient in a slightly lower proportion of cases than in those involving men.

In four of the eight areas visited, the NPS had not accessed any women's services via the rate card. Where they had done so in the remaining four areas, the numbers were very low. In two of the areas, the NPS was using an alternative specialist provider – for example, accessed via a CF03-funded organisation.

The service provision for women in the community was of varying quality and availability. Service users within the cases sampled were accessing several different providers, delivering various interventions across the country.

Once again, we found examples of committed Tier 2 providers struggling to deliver good-quality services in the context of financial uncertainty and concerns about sustainability. One long-established provider was trying (under contract) to meet the needs of a similar number of women to that prior to *Transforming Rehabilitation*, but with half the staff. Others felt that they had been contracted to deliver a limited, inadequate service and were trying to compensate for this by funding additional support for women, through other means. In several organisations, individual caseloads were high.

Of the two women's centres funded via PCC arrangements with a CRC contribution, one required the NPS to access the service via the rate card payment mechanism and the other gave NPS access without a specific cost attached. Greater Manchester had commissioned a specialist CRC provider to undertake the contract management of the women's service user provision on its behalf. Greater Manchester provides a leading example of women-specific work in the community, funded by Cheshire and Greater Manchester Community Rehabilitation Company, NHS England and central government resources (via a payment by results reward for a reduction in demand on the criminal justice system). Nine women's centres across the ten Greater Manchester boroughs provide the support 'hubs' for women. Each intervention is designed to keep women out of prison, challenge their behaviour, and give them the support they need to prevent offending in the future. For example, through drug or alcohol treatment, or domestic violence support. The interim evaluation is positive reporting that women are safer, healthier and have stronger family lives.

There was a strong enthusiasm for this model of working together with other stakeholders holistically and locally.

Good practice example: Swift engagement with a women's centre

Charlene was convicted of resisting arrest and sentenced to a 12-month community order with 15 RAR days. She had previously offended when she had been a juvenile in the care system. She had anxiety, depression and had become socially isolated. She was a mother of four and was having difficulty in dealing with her son's behaviour at home when he was under the influence of alcohol. She was assessed as suitable for the Change Programme, delivered by Nottingham Women's Centre. This became the initial priority objective on her sentence plan, and a referral was made swiftly. A three-way meeting took place and she started the programme a couple of weeks after sentence. Three months into the order, she was attending the programme, fully engaged and able to describe specific ways in which her participation in the group was helping her – for example, giving her the opportunity to meet new people, supporting her with her anxiety and giving her enhanced parenting skills. She reported feeling "empowered and happier than I've ever been".

Poor practice example: Late referral to a women's centre

Mary was subject to a 24-month community order for failing to stop her car, under the influence of excess alcohol. She was alcohol dependent. As a self-employed mother of three children, the loss of her driving licence was having an impact on how she coped. During the order, there were police callouts to her home in respect of domestic abuse, and during one incident she was given a conditional discharge for criminal damage to property. This case required a women-centric approach but the referral to the women's service did not start until more than half-way into her order. This was followed by the women's worker going on long-term sick leave, with no cover and no communication with the CRC responsible officer. A lot of time was lost. She has now been given the chance to start attending a women's group and her engagement is improving, and she is learning techniques to manage her life better.

5.6. Conclusions and implications

While delivery by Tier 2 providers was variable, it was of a reasonable quality overall. They were having a positive impact in the majority of cases inspected. Tier 2 providers had considered individuals' specific needs and issues relating to the risk of serious harm. Individuals under probation supervision and working with Tier 2 providers were positive about their relationship with their workers.

Although responsible officers had made appropriate referrals, they did not plan and coordinate cases adequately, to ensure that priority needs were being met and that the work of providers was sufficiently integrated. Managers were not sufficiently consistent in their support and guidance regarding joint working.

Tier 2 providers were supporting a range of service user needs, consistent with the nature of their service. Their ability to show that they made a difference in relation to individuals' specific needs was fairly low. Within the case sample, the area with most unmet need was ETE, and relevant provider services were not doing enough.

6. Case study - Peer mentoring

This chapter explores the approaches being taken to peer mentoring in the community. The oversight and quality assurance mechanisms, and the difficulties associated with assessing effectiveness, are explained. Ten cases were reviewed in detail.

6.1. Approaches to mentoring

What is mentoring?

Mentoring involves a relationship between one person and another: a mentor and mentee. The mentor gives moral support and encouragement to develop the mentee's self-belief, which can then help them to make positive changes. The term 'peer mentoring' is usually applied in circumstances where the mentor is not working in the capacity of a trained support worker and is not in a position of authority. It is a belief that the strength of the mentoring connection can be enhanced through common 'lived experience', which in this context would be a history of offending and experience of the criminal justice system.

Models of mentoring in probation delivery

All eight CRCs visited were offering mentoring to service users in the community, but the scale, scope and stretch of the mentoring were extremely limited. The NPS was not delivering its own mentoring schemes. There was no available data to show how many individuals had worked with a mentor but, judging by our fieldwork enquiries, this represented a very small proportion of the probation caseload. In several areas, probation staff were unaware or unclear about the availability of mentoring, and it was difficult for us to identify cases to inspect. The problem with trying to estimate the amount of contact that service users had had with mentors and its associated impact was due partly to the general difficulties of case recording, exacerbated by the ongoing debate about what constitutes mentoring.

Within the inspected sample, four CRCs were providing their own 'in-house' mentoring, and there were eight provider organisations subcontracted to deliver mentoring services. Two providers were engaged specifically to work with women only. There were other providers for whom mentoring featured in their delivery approach but they were not necessarily using designated mentors. Furthermore, there was at least one organisation that defined their work as advocacy and practical support, as opposed to mentoring, but there were noticeable similarities in their approach with what other providers described as mentoring.

Evidence base for mentoring

There is limited published research demonstrating the impact of mentoring, and little credible evidence that backs up the claim that mentoring is undertaken most effectively with a so-called 'peer' who has had a similar experience to a mentee, in one aspect of their life.

Clearly, each mentoring relationship is necessarily unique, and it can take many forms. The potential for harm to occur within the mentoring dynamic is an important consideration, and vulnerabilities need to be safeguarded. Despite the difficulties in trying to pin down what mentoring is and how it is best delivered, many have concluded that it is recognisable and can make a valuable contribution to the rehabilitation process. One mentor coordinator stated:

"you know it when you see it".

Ultimately, the organisations that we came across during this inspection were providing their own, self-defined version of mentoring.

Mentoring of those who have offended involves the consideration of an array of complex risks. Appropriate safeguards are needed, and this involves the careful recruitment and training of mentors, screening of mentees and a robust process of matching. Expectations of the relationship must be well understood by all involved, and a joint purpose agreed. Ongoing oversight is required, and clear methods of communication and information exchange established. It is resource intensive.

Mentors

The various schemes inspected included different combinations of paid and volunteer mentors, those with 'lived experience' (whether in the recent or more distant past), those subject to court orders or prison licences, and those with no experience of the criminal justice system. The criteria to be a mentor tended to be kept fairly loose, and suitability was decided by arbitrary recruitment processes, some being more stringent than others.

Some areas had recruited separate volunteers to work in probation settings, and their roles were varied and flexible. Some volunteers were being asked to support the work of paid staff through office-based activities, while others were undertaking service user-facing tasks such as checking off attendance, making drinks or talking to service users in reception areas or 'hubs', to 'provide a welcome' and signpost to resources. The line between mentoring and volunteering was somewhat blurred.

There were examples of conventional mentoring schemes, where a mentor and mentee were matched and undertook to meet for a set number of sessions or an agreed length of time. There were also arrangements whereby mentors provided 'drop-in' surgeries to help service users with certain practical tasks, such as completing application forms, or giving 'one-off' offers of assistance – for example, to take a service user to an appointment. A number of providers used mentors to support group inductions or programme interventions. Their role was to encourage and enable participation by service users – for instance, by helping individuals with literacy difficulties. These undertakings of specific assistance helped to create a supportive atmosphere in the group environment but did not usually develop into a longer-term mentoring relationship.

Challenges facing peer mentoring schemes included the recruitment of suitable mentors. Very few organisations attempted to identify potential mentors who were currently known to probation services. It was the in-house CRC schemes that tended to provide this opportunity to eligible current service users, to support their rehabilitation as much as to assist others. For most providers, recruitment was an endless and ongoing exercise. The turnover of mentors was generally high; students were often targeted as being willing volunteers and, inevitably, circumstances meant that they offered only short-term commitments.

Approaches taken to the training and development of mentors differed. Most involved pre-deployment group training sessions on pertinent topics, delivered mainly by provider staff, but there were examples of organisations making use of volunteer inputs from individuals with relevant skills and experience. A quarter of providers demonstrated a strong commitment to the ongoing structured development of

mentors, offering regular training opportunities. At least three of the mentoring schemes were working in partnership with accredited education bodies to provide certificates in mentoring. This was a positive approach that provided a degree of quality assurance.

6.2. Oversight mechanisms

Worryingly, mentors had given sufficient regard to risk of harm concerns in only half of the cases inspected. There appeared to be insufficient oversight of mentors to support them in recognising and responding to risk indicators, to ensure that appropriate safeguards were in place.

The oversight of mentors differed widely. Most providers had dedicated coordinator roles responsible for matching mentor and mentee, and allocating the mentor tasks. The level of active involvement between them and the mentors was variable, and in some cases almost negligible. At its most robust, mentors were well briefed on the relevant information relating to the mentee; were introduced by the coordinator and responsible officer; received guidance on the nature of the mentoring required, including how to meet specific service user needs; were compliant with organisational safety procedures – for example, shared details of prearranged meetings and checked in with their coordinator afterwards; received regular debriefs from their coordinator; and completed appropriate feedback for responsible officers.

There were challenges to establishing good working relationships between responsible officers and mentors. In the majority of areas, responsible officers lacked awareness and understanding of available mentoring schemes. Probation staff cited the fragility of the mentoring schemes, the perceived number of false starts, the fluctuating availability of mentors and the inconsistency of delivery as all being problematic.

The lack of information about the impact of mentoring was a barrier to probation staff making referrals. Opinions of probation staff were often formed through discussion with colleagues about their experiences of working with mentors, and these affected levels of trust in the service and, in turn, whether referrals would be made. Understandably, in several areas, examples of bad experiences, such as mismatches and unreliable mentors, appeared to have been shared more widely than the typical or more positive experiences. The enablers and barriers to responsible officers working with other providers, identified in Chapter 3 of this report, were also applicable in the delivery of mentoring.

Poor practice example: Communication between responsible officer and mentor.

Mason, a young man with learning difficulties, received a second conviction for viewing child pornography on the internet. He was unemployed, had been bullied at school and was socially isolated. He lived at home with his father and was immersed in his world of computers and virtual reality. He was subject to a community order with unpaid work, an accredited sex offender programme and 40 RAR days. His referring officer referred him to a provider organisation for mentoring, to support him to engage in voluntary activity, build up his CV and reduce his social isolation. The referral did not include any information about his sexual harm prevention order, the restrictions that had been placed on him with regard to accessing computers or cameras, or the limitations on him with regard to undertaking activities where children might be present. The provider organisation proceeded to set up the mentoring without any conversations taking place with the referring officer. The volunteer mentor was not well placed to advise Mason on how to pursue appropriate voluntary work.

6.3. Effectiveness

We judged that in the ten cases we looked at with a mentor, seven had made a positive difference to the rehabilitation of the service users they were working with. This was a similar result to the contribution being made by Tier 2 providers across the whole case sample. Mentoring was seen to be supporting service users primarily with financial management difficulties, but also with accommodation, ETE, lifestyle and associates, and emotional well-being. Mentors presented as enthusiastic and passionate, with all reporting that they felt that they had been well trained and were clear about how to communicate effectively with responsible officers.

The coordination and management of cases with a mentor were, however, not as systematic or consistent as they should have been. Appropriate communication levels with mentors were relatively low, particularly at the referral stage, when insufficient information was exchanged in half of the cases inspected. A little more than half of responsible officers said that they received timely and sufficient feedback from the mentor.

The correct NSI was set up in only one of the ten cases where a mentor was working with a service user. The widespread confusion as to where or how to indicate mentoring involvement in a case was evident in the records, usually by the absence of clear recording.

Not all staff were convinced by the concept of mentoring being part of probation delivery. One said:

"it seems like an expensive taxi service or baby-sitting service to me!".

Some service users expressed other reservations:

"my mentor was a mismatch – the volunteer was very inexperienced".

The perceived success of mentoring was ultimately attributable to the relationship forged between the people directly involved, and, as already stated, we judged that it was making a positive contribution in the majority of cases. Largely positive feedback was received from service users in mentoring relationships:

"my mentor gave me a leg up that helped me get there quicker than I would have done otherwise";

"these things may seem small but they really helped me and it felt good to have someone on my side".

Good practice examples

In Nottinghamshire, we observed the delivery of 'Transitions and Hope', a group intervention designed and delivered by in-house peer mentors. This CRC benefited from a legacy mentoring scheme that had been developed by former probation trusts and had continued to be nurtured through the expertise of experienced staff. Staff demonstrated organisational commitment and passion for training and developing mentors from their service user cohort. The maturity of the scheme produced inspiring stories that were being shared with current service users. Feedback suggested that service users appreciated hearing first-hand testimony of change from others whom they could relate to, and it was hoped that this would help them on their own journey to desistance. Probation staff commented: "mentors have an authority that can make a difference"; "having peer mentors in and around the CRC demonstrates what rehabilitation looks like – the proof is in the pudding!"

6.4. Conclusions and implications

This inspection found that mentoring provision was limited: a small number of in-house schemes were being nurtured; there were a handful of specialist subcontractors, and some areas had extended Through the Gate mentoring schemes to include service users in the community; and mentoring for women was a small proportion of the delivery. Fieldwork suggested that the quality of mentoring was variable, and there were some concerns about the exchange of information between those involved and then recording the data, which, given the context, was a risk.

During this inspection, we looked in detail at 10 cases, spoke to 13 mentors, mentor coordinators and managers, and made wider enquiries. Given the small scale and variation in practice, it was difficult for us to come to any overarching conclusions about the effectiveness of mentoring. Appropriate development and robust oversight of mentors, together with effective communication channels to promote information exchange between probation staff and mentors, were all fundamentally important.

References and further reading

Cabinet Office (2010) Building the Big Society. Available at: https://www.gov.uk/government/publications/building-the-big-society.

Clarke, R., Fox, C. and Sefton, M. (2014) Mentoring Evaluation. London Probation Trust, Policy Evaluation and Research Unit, Manchester Metropolitan University. Available at: https: www.mmuperu.co.uk/assets/uploads/files/LPT_PM_Interim_report_FINAL.pdf.

Clarke, R., Fox, C. and Sefton, M. (2014) Mentoring Evaluation Summary, Manchester Metropolitan University. Available at: https://www.catch-22.org.uk/wp-content/uploads/2015/02/London-Probation-Trust-Mentoring-Evaluation-Report-Summary.pdf.

Clinks (2014) Clinks Response to Ministry of Justice Consultation on the Industry Standard Partnering Agreement. Available at: https://www.clinks.org/sites/default/files/Clinks%20Response%20-%20Industry%20Standard%20Partnering%20Agreement%20-%20February%202014.pdf.

Clinks (2014) Clinks Briefing: The 'Final ISPA'. A Summary of Changes. Available at: https://www.clinks.org/sites/default/files/Members%20Briefing%20-%20updated%20ISPA%20July%202014_0.pdf.

Clinks (2014) Clinks Response to the Cabinet Office's Consultation on a New Fund to Support the Sustainability of Voluntary, Community and Social Enterprise Sector Organisations. Available at: https://www.clinks.org/sites/default/files/Clinks%20Response%20-%20Cabinet%20Office%20consultation%20on%20a%20new%20fund%20to%20support%20the%20sustainability%20of%20the%20voluntary%20sector.pdf.

Clinks (2014) Subcontracting. A Guide to the Legal Implications of the Industry Standard Partnering Agreement for Voluntary, Community and Social Enterprise Organisations. Available at: https://www.clinks.org/sites/default/files/Subcontracting-%20A%20Guide%20-%20complete.pdf.

Clinks (2014) Questions & Answers. Industry Standard Partnering Agreement (ISPA). Available at: https://www.clinks.org/sites/default/files/Q%20and%20A%20-%20TR%20Legal%20Implications%20of%20Subcontracting.pdf.

Clinks (2015) Early Doors. The Voluntary Sector's Role in Transforming Rehabilitation. Available at: https://www.clinks.org/sites/default/files/basic/files-downloads/early_doors_tracktr.pdf.

Clinks (2016) State of the Sector. Key Trends for Voluntary Sector Organisations Working with Offenders and their Families. Available at: https://www.clinks.org/sites/default/files/basic/files-downloads/clinks_state-of-the-sector-2016_final.pdf.

Clinks (2016) Change and Challenge the Voluntary Sector's role in Transforming Rehabilitation. Available at: https://www.clinks.org/sites/default/files/basic/files-downloads/clinks_track-tr_changechallenge_final-web.pdf.

College of Policing (2017) What Works Crime Reduction Tool Kit. Mentoring. Available at: http://whatworks.college.police.uk/toolkit/Pages/Intervention.aspx?InterventionID=44

HM Government Cabinet Office (2010, updated 2011) The Compact: The Coalition Government and Civil Society Organisations Working Effectively in Partnership for the Benefit of Communities and Citizens in England, London: Office for Civil Society.

HMPPS (2017) About the Co-Financing Organisation. Available at: https://www.co-financing.org/about.php.

HMI Probation (2016a) An Inspection of Through the Gate Resettlement Services for Short-Term Prisoners, London: Her Majesty's Inspectorate of Probation.

HMI Probation (2016b) A Thematic Inspection of the Provision and Quality of Services in the Community for Women Who Offend, London: Her Majesty's Inspectorate of Probation.

HMI Probation (2017) An Inspection of Through the Gate Resettlement Services for Prisoners Serving 12 Months or More, London: Her Majesty's Inspectorate of Probation.

HMI Probation (2017) Annual Report 2017, London: Her Majesty's Inspectorate of Probation.

HMI Probation (2017a) The Implementation and Delivery of Rehabilitation Activity Requirements, London: Her Majesty's Inspectorate of Probation.

Jolliffe, D. and Farrington, D.P. (2007) A Rapid Evidence Assessment of the Impact of Mentoring on Re-offending: A Summary. Home Office Online Report 11/07. Available at: http://www.youthmentoring.org.nz/content/docs/Home_Office_Impact_of_mentoring.pdf.

Justice Secretary's Speech at Centre for Social Justice, 23 July 2013, 'The New Probation Landscape: Why the Voluntary Sector Matters if we are Going to Reduce Reoffending' Available at: http://www.centreforsocialjustice.org.uk/core/wp-content/uploads/2016/08/landscape.pdf.

McNeill, F. and Weaver, B. (June 2010) Changing Lives? Desistance Research and Offender Management, Glasgow: Scottish Centre for Crime and Justice Research.

Mills, A., Meek, R. and Gojkovic, D. (2012) 'Partners, Guests or Competitors: Relationships Between Criminal Justice and Third Sector Staff in Prisons', Probation Journal, vol. 59(4): 391–405.

Ministry of Justice (2013) Transforming Rehabilitation: A Strategy for Reform, London: Ministry of Justice.

Ministry of Justice (2013a) Transforming Rehabilitation – Unlocking the Voluntary Sector. Available at: https://www.gov.uk/government/news/transforming-rehabilitation-unlocking-the-voluntary-sector.

Ministry of Justice (2013) Industry Standard Partnering Agreement Explanatory Guide, London: Ministry of Justice.

Ministry of Justice (2013) Principles of Competition. Available at: http://www.justice.gov.uk/downloads/rehab-prog/competition/MOJ-principles-of-competition.pdf.

Ministry of Justice (2013) Transforming Rehabilitation Programme – Payment Mechanism. Available at: http://www.justice.gov.uk/downloads/rehab-prog/competition/payment-mechanism-feedback.pdf.

Ministry of Justice (2014) Draft Contract Documents for Community Rehabilitation Companies (CRCs). Available at: https://www.gov.uk/government/publications/community-rehabilitation-company-contracts.

Ministry of Justice (2014a) Industry Standard Partnering Agreement Draft Version 2. Available at: https://consult.justice.gov.uk/digital-communications/df97a7b1/user_uploads/ispa-draft.pdf.

Ministry of Justice (2014b) Industry Standard Partnering Agreement Explanatory Guide. Available at: https://consult.justice.gov.uk/digital-communications/df97a7b1/user_uploads/ispa-explanatory-guide.pdf.

Ministry of Justice (2014) Transforming Rehabilitation: A Summary of Evidence on Reducing Reoffending (Second Edition), London: Ministry of Justice. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/305319/transforming-rehabilitation-evidence-summary-2nd-edition.pdf

Ministry of Justice (2014) Target Operating Model – Version 2. Available at: http://www.justice.gov.uk/downloads/rehab-prog/competition/target-operating-model-2.pdf.

Ministry of Justice (2014) Target Operating Model – Version 3. Available at: http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/387795/target-operating-model-3.pdf.

Ministry of Justice (2014c) Voluntary Sector at Forefront of New Fight Against Reoffending. Available at: https://www.gov.uk/government/news/voluntary-sector-at-forefront-of-new-fight-against-reoffending.

Ministry of Justice (2014) More than 80 Bids for New Rehabilitation Contracts. Available at: https://www.gov.uk/government/news/more-than-80-bids-for-new-rehabilitation-contracts.

National Audit Office (2016) Good Practice Contract Management Framework. Available at: http://www.nao.org.uk/wp-content/uploads/2016/12/Good_practice_contract_management_framework.pdf.

National Audit Office (2016) Ministry of Justice, Transforming Rehabilitation. Available at: http://www.nao.org.uk/wp-content/uploads/2016/04/Transforming-rehabilitation.pdf.

National Audit Office (2017) Successful Commissioning Toolkit: Model of Commissioning and the Third Sector. Available at: http://www.nao.org.uk/successful-commissioning/introduction/nao-model-of-commissioning-and-civil-society/.

National Audit Office and Audit Commission (2006) Delivering Efficiently: Strengthening the Links in Public Service Delivery Chains. Available at: http://www.nao.org.uk/wp-content/uploads/2006/03/0506940.pdf.

National Offender Management Service (2014) Security Vetting – Using Offenders as Mentors in The Community and in Custody. Available at: https://www.justice.gov.uk/downloads/offenders/psipso/psi-2014/psi-39-2014-offenders-as-mentors.pdf.

NCVO (2014) Payment by Results and the Voluntary Sector. Available at: http://www.ncvo.org.uk/images/documents/about_us/media-centre/payment-by-results-and-the-voluntary-sector-april-2014.pdf.

NCVO Public Sector Supply Chain: Risks, Myths and Opportunities. A New World of Risk. Available at: http://www.ncvo.org.uk/images/thebriefingpaperfullversion.pdf.

Sapouna, M., Bisset. C., Conlong. A. and Matthews, B. (2015) What Works to Reduce Reoffending: A Summary of the Evidence. Justice Analytical Services Scottish Government. Available at: http://www.gov.scot/Resource/0047/00476574.pdf.

Stacey, C. (2012) 'The Marketization of the Criminal Justice System. Who is the Customer?' Probation Journal, 59(4): 406–414.

Wheeler, B. (2012) 'Tory Conference: Chris Grayling Hails 'Old Lags' Scheme', BBC News. Available at: https://www.bbc.co.uk/news/uk-politics-19871283.

Young-Powell, A. (2013) 'New Service Will Improve Access to Reoffending Data', *The Guardian.* Available at: https://www.theguardian.com/voluntary-sector-network/2013/apr/02/service-access-reoffending-data.

3SC (2013) Help for the Voluntary Sector in Transforming Rehabilitation. Available at: http://www.3sc.org/news/help-voluntary-sector-transforming-rehabilitation.

Appendices

1. Glossary
2. Methodology and CRCs – Location and ownership
3. Mapped national supply chain landscape/characteristics of providers

Appendix 1: Glossary

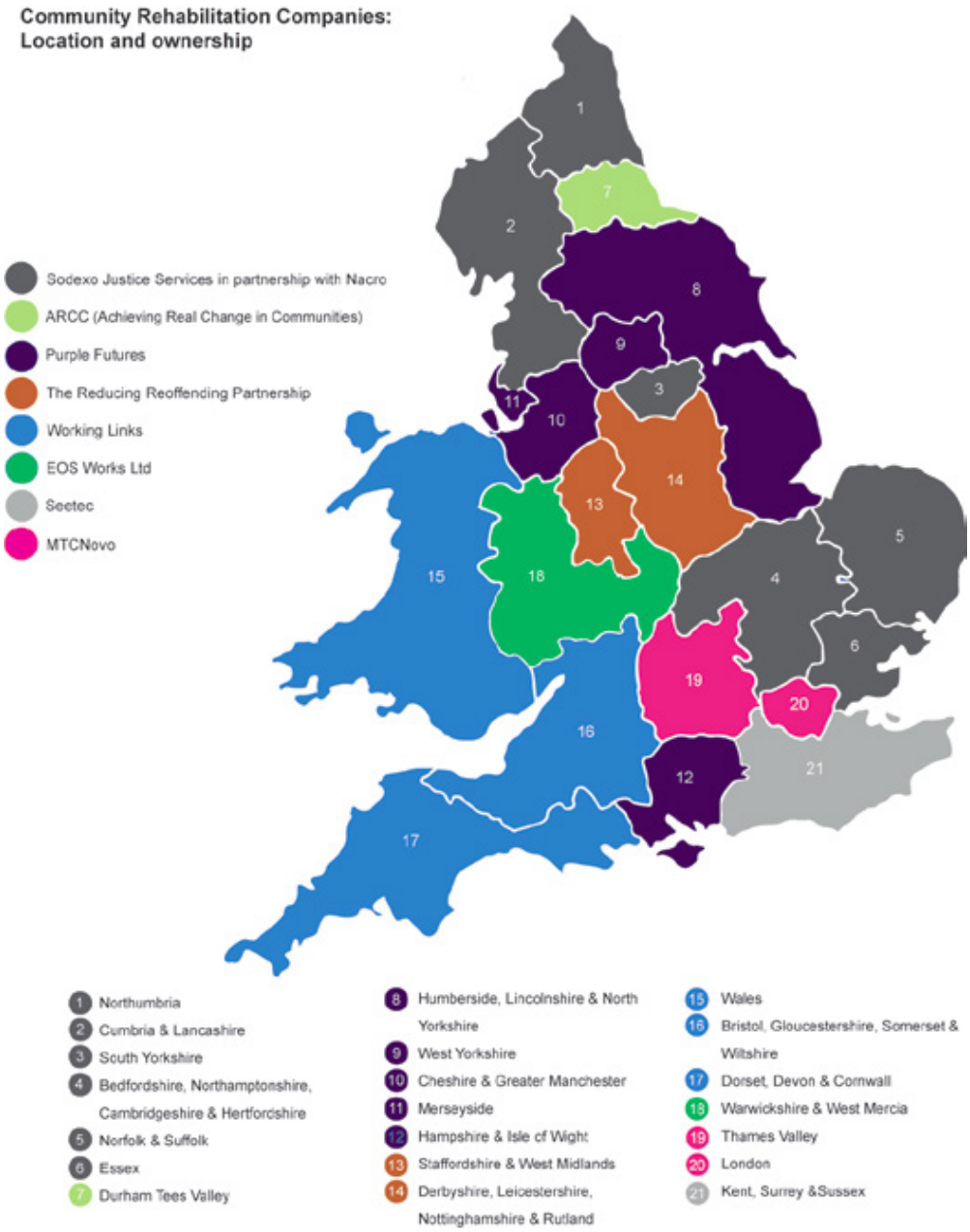
Accredited programme	A programme of work delivered to offenders in groups or individually through a requirement in a community order or a suspended sentence order, or part of a custodial sentence or a condition in a prison licence. Accredited programmes are accredited by the Correctional Services Accredited Panel as being effective in reducing the likelihood of reoffending
CF03	Co-financing programme by HMPPS Co-Financing Organisation, financed by European Social Fund (ESF), and will run to December 2020. It delivers services to offenders who have difficulty in accessing other mainstream services
Change Board	The group that sits within HMPPS that reviews CRC requests regarding rate card services (HMPPS and MoJ colleagues are part of the board)
Change Notification	The written notification submitted by a provider to the MoJ when a change to a subcontracting arrangement is being sought
Commissioning	Process by which public bodies or organisations interact with providers; it is a process of planning, agreeing and monitoring services; it includes procurement activity
CPA	Contract package area; this is the geographical area within which each of the 21 CRCs manages low and medium risk of harm offenders subject to a community order, suspended sentence order or licence
CRC	Community Rehabilitation Company: 21 such companies were set up in June 2014, to manage most offenders who present a low or medium risk of serious harm
Devolution	The transfer or delegation of power by central government to local or regional administration
Discretionary service	The name given to a service or intervention delivered to service users; it is offered on part two of the rate card and is selected by responsible officers to form part of a sentence plan

E3	E3 stands for 'effectiveness, efficiency and excellence'. The E3 programme was created following implementation of the *Transforming Rehabilitation* programme in June 2014. The basic principle is to standardise NPS delivery, redesigning the NPS structure with six key areas of focus, one of which is victims' services
ESF	European Social Funding
ETE	Education, training and employment: work to improve an individual's learning, and to increase their employment prospects
HMI Probation	Her Majesty's Inspectorate of Probation
HMPPS	Her Majesty's Prison and Probation Service: the single agency responsible both for prisons and probation services. See note below on NOMS
ISPA	Industry Standard Partnering Agreements. MOJ template for the partnership agreement between CRC prime providers and their subcontractors
Licence	This is a period of supervision immediately following release from custody, and is typically implemented after an offender has served half of their sentence. Any breaches to the conditions of the licence can lead to a recall to prison, where the offender will remain in custody for the duration of their original sentence
Lived experience	Refers to an individual's experience of the criminal justice system and/or offending history
MoJ	Ministry of Justice
nDelius	National Delius: the approved case management system used by the NPS and CRCs in England and Wales
NPS	National Probation Service: a single national service which came into being in June 2014. Its role is to deliver services to courts and to manage specific groups of offenders, including those presenting a high or very high risk of serious harm and those subject to Multi-Agency Public Protection Arrangements (MAPPA)

NSI	Non-Statutory Intervention, used as the interface between NPS and CRCs on nDelius
OASys	Offender Assessment System currently used in England and Wales by the NPS and CRCs to measure the risks and needs of offenders under supervision
Offender Rehabilitation Act (ORA)	Implemented in February 2015, applying to offences committed on or after that date, the *Offender Rehabilitation Act 2014* (ORA) is the Act of Parliament that accompanies the *Transforming Rehabilitation* programme
Partners	Partners include statutory and non-statutory organisations, working with the participant/ offender through a partnership agreement with the NPS or CRC
Prime provider	Tier 1 provider, a CRC
Providers	Providers deliver a service or input commissioned by and provided under contract to the NPS or CRC. This includes the staff and services provided under the contract, even when they are integrated or located within the NPS or CRC
Rate card	The list containing the fees that the CRC set for providing interventions to the NPS
RAR	Rehabilitation activity requirement: since February 2015, when the *Offender Rehabilitation Act* was implemented, courts have been able to specify a number of RAR days within an order; it is for probation services to decide on the precise work to be done during the RAR days awarded
Responsible officer	The term used for the officer (previously entitled 'offender manager') who holds lead responsibility for managing a case
Restorative justice (RJ) conference	Offenders come face to face with their victims and directly hear the impact of their actions. Victims have a chance to tell offenders how they have been affected. Offenders gain empathy and understanding for those they have harmed and the opportunity to make amends

Risk of harm to others	This is the term generally used by HMI Probation to describe work to protect the public, primarily using restrictive interventions, to keep to a minimum the individual's opportunity to behave in a way that presents a risk of harm to others
Service directory	The collated information, in the form of a brochure or online resource, where the CRC sets out information relating to the interventions listed on their rate card
Schedule	Contract Schedule (e.g. 6, 7, 8, 12); numbered sections of the CRC contracts with the MoJ, which cover the specific legal commitments of probation delivery within the CPAs
Staff mutual	An organisation that has left the public sector but continues to deliver public services (also known as 'spinning out'). Employee control plays an important role in their operation
Subcontractor	An organisation in a contractual relationship with a Tier 1 prime provider
Supply chain	The system of organisations involved in delivering the combination of inputs, outputs or outcomes that will meet a specified requirement
Support worker	A worker in an organisation that provides support to a service user
Third sector/third-sector organisation	Third sector is the collective term for third-sector organisations. These include a range of organisations that are neither public nor private sector. They include voluntary and community organisations, social enterprises, mutuals and cooperatives
Tier 2 provider	Subcontractor of a Tier 1 provider
Tier 3 provider	Subcontractor of a Tier 2 provider
Transforming Rehabilitation	The government's programme for managing offenders in England and Wales from June 2014

Appendix 2. Methodology and CRCs – Location and ownership



Part one: Pre-fieldwork

1. A review of government policy documentation and press releases, together with a literature review of the sector.
2. A review of CRC websites and recent social media, looking specifically for references to supply chain providers.
3. A review of available CRC Contract Schedules (including Schedules 6, 7, 8 and 12), published service directories and rate cards, as well as NPS service level agreements.

4. Contextual interviews with 18 HMPPS and MoJ contract managers, including managers responsible for the ESF CF03 contracts.
5. An interview with Clinks, a third-sector organisation supporting voluntary organisations that work with offenders and their families.
6. An information request on supply chain provision was sent to all CRCs, and information gained allowed us to map the provision for all 21 CRCs (with some limitations – see appendix 3).
7. A survey request was sent to a small number of known provider organisations. This generated 14 responses.
8. A pilot inspection at the CRC and NPS in Liverpool (Merseyside CRC, owned by Purple Futures, and North West National Probation Service division) during September 2017, to gather information and test the fieldwork methodology.

Part two: Inspection locations

The inspection fieldwork included visits within eight CRC areas in November and December 2017, covering a mix of metropolitan, urban and rural areas, as follows:

Table 7: inspection locations with description of CRC owners

Place (Local Delivery Unit – LDU)	CRC	CRC owner	National Probation Service division
Durham Tees Valley	Durham Tees Valley	Achieving Real Change in Communities (ARCC) Community Interest Company Incorporates: Changing Lives staff mutual, Thirteen Housing Group, The Wise Group, Safe in Tees Valley, Tees, Esk and Wear Valleys NHS Foundation Trust, The Vardy Foundation, Stockton Borough Council and Darlington Borough Council	North East
South Essex LDU	Essex	Sodexo Justice Services, in partnership with Nacro	South East
Manchester, Salford and Trafford LDU	Cheshire & Greater Manchester	Purple Futures Incorporates: Interserve, 3SC, Shelter and P3	North West
Nottinghamshire LDU	Derbyshire, Leicestershire, Nottinghamshire & Rutland	The Reducing Reoffending Partnership Incorporates: Ingeus, Change Grow Live (CGL) and St Giles	Midlands

Place (Local Delivery Unit – LDU)	CRC	CRC owner	National Probation Service division
East Sussex & Brighton LDU	Kent, Surrey & Sussex	Seetec	South East
Bicester, Oxfordshire (North LDU)	Thames Valley	MTCnovo	South West & South Central
Warwickshire LDU	Warwickshire & West Mercia	People Plus (formerly EOS Works Ltd)	Midlands
South Wales 2 LDU	Wales	Working Links	Wales

Part three: Inspection fieldwork

The fieldwork visits comprised:

1. visits to 18 different sites, including the premises of 5 provider organisations
2. interviews with 15 representatives of the CRC owners
3. interviews with 20 CRC senior managers and 11 NPS senior managers
4. meetings with 44 managers from CRCs and 34 from the NPS, including middle managers, supply chain and partnership managers, managers responsible for interventions, and pathway leads
5. meetings with 81 responsible officers and 4 specialist workers from CRCs, and 6 volunteers
6. meetings with 45 responsible officers and 2 specialist workers from the NPS
7. meetings with 41 managers from 24 provider organisations, 40 support workers and 4 volunteers
8. meetings with workers from organisations delivering services under MOJ ESF CF03 contracts
9. meetings with 13 mentors (of whom 8 were volunteers and 5 paid staff) (4 of the 13 had lived experience)
10. interviews with 91 service users
11. reviews of 56 cases (39 CRC and 17 NPS), as well as case file assessments; the reviews included interviews with the responsible officers in 50 cases – in the remainder, the responsible officer was not available but in some cases the case was discussed with the team manager
12. 13 direct observations of practice delivery.

Part four: Inspection case profile

During the fieldwork, we encountered difficulties in identifying NPS cases that were receiving a current intervention delivered by a subcontracted CRC provider. Due to the recording weaknesses, the NPS was unable systematically to provide an

inspection sample. Instead, with the support of the CRCs, the provider organisations were asked to identify suitable cases, that met our inspection criteria, for us to choose from. Given the nature of the service delivery model in Durham Tees Valley, there were no NPS cases identified in that area. The NPS case sample was therefore selected from the remaining five areas.

Once a case list had been produced by each area, we made a random selection, giving due consideration to the spread created across the range of provider organisations. The intention was to gain an insight into the approaches taken by specific organisations which could be used as a basis for further follow-up interviews.

All of the responsible officers we interviewed about the inspection case sample had current or recent experience of working with at least one provider support worker or mentor. As part of the fieldwork, we interviewed probation staff with a full breadth of experience of working with providers.

The service users who consented to being interviewed were working directly with providers or a mentor. Based on their willingness to participate, this sample of service users may have had higher than average levels of engagement and positive relationships with their workers. During site visits and observations, we tried to talk to as many service users as possible; we heard frank and inciteful views from these people, who were experiencing first-hand the interventions and services delivered by providers.

We examined 56 cases of offenders who were either currently having structured contact with a mentor or supply chain provider in the community or had received a recent intervention within the previous six months. They had been sentenced to either a community order or suspended sentence order, or were on licence from a custodial sentence. This was not a statistically representative sample; our case inspection was intended to generate illustrative findings. Of these cases:

- 35 (63%) were male
- 44 (79%) were white
- 9 (16%) were aged 18–25 years, 18 (32%) were 26–35 years, 21 (38%) were 36–55 years and 8 (14%) were 55+ years
- 20 (36%) were serving a community order, 12 (22%) a suspended sentence order and 24 (43%) were subject to a period on licence
- 39 (70%) were being managed by a CRC and 17 (30%) were being managed by the NPS
- most commonly, the offenders had committed violent (36%), motoring (16%), or theft or handling stolen goods (14%) offences
- in relation to risk of serious harm to others, 7 (13%) had been classified as high risk, 27 (49%) as medium risk and 21 (38%) as low risk
- the length of time that the service users had been working with a supply chain provider or mentor was: 7 (14%) less than a month, 18 (35%) 1–2 months, 26 (51%) 3 months or more.

NB: Throughout this report, all names referred to in practice examples have been amended to protect the individual's identity.

Appendix 3: Mapped national supply chain landscape/characteristics of providers

From information collected from all CRCs, it is possible to give an overview of the supply chain landscape for probation services. There are some limitations with the information collected as it was not fully completed by all areas. It does not include service eligibility criteria. However, it gives a broad indication of the current supply chain landscape, the types of provision, the number of contracts and providers, and the value of contracts across probation services.

Types of contracts, provision and length

- There was a total of 126 contracts with 90 providers that were in scope of our inspection
- The average number of subcontracted services for community sentences in each CRC across England and Wales was six
- Areas were asked to state whether the provider was working with them on a generic or specialist type of provision. 64 of the 126 contracts (51%) were for generic provision, and 67 (53%) were for specialist provision. There was some overlap in the responses received, perhaps due to a crossover in the provision being provided.
- Not all of the CRCs stated the type of provision covered by the contracts so we are not able to give a full picture of the types. However, the provision included, but was not limited to, employment, education, accommodation services, mentoring, substance misuse work, inclusion services, restorative justice, veterans and provision for women offenders. 84 (69%) were Industry Standard Partnering Agreements (ISPAs), 33 (27%) were grants and 4 were short-term pilots[23]
- Just under half of the contracts were for three years, 17% were for a year and 8% were for two years.

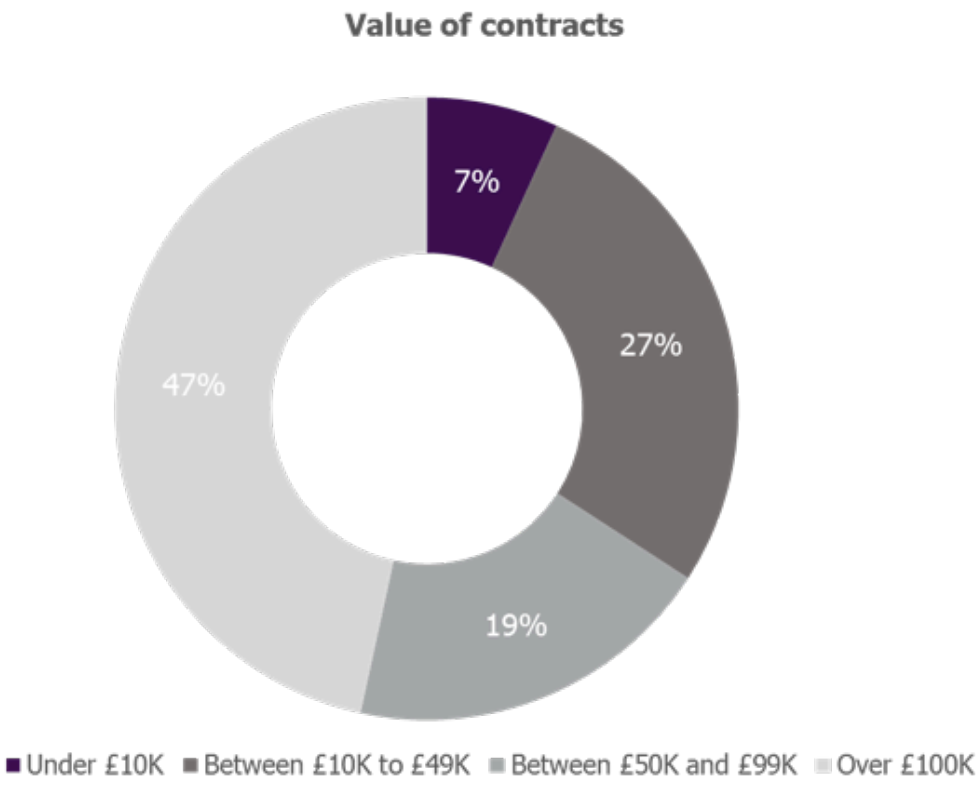
Tier 2 providers

- CRCs were mainly working with Tier 2 providers who had contracts solely with them and no other CRCs. Four in five providers had only one contract across the supply chain
- The remaining one in five had more than one contract across the supply chain. Some of these contracts were within the same CRCs but providing slightly different services; for example, one provider had two contracts – one for a general service for offenders, and another contract for a specific type of offender. On the other hand, some providers had contracts for the same provision across different CRCs
- These providers had a total of 54 contracts; about two in five of the contracts in scope of this inspection.

Value of contracts

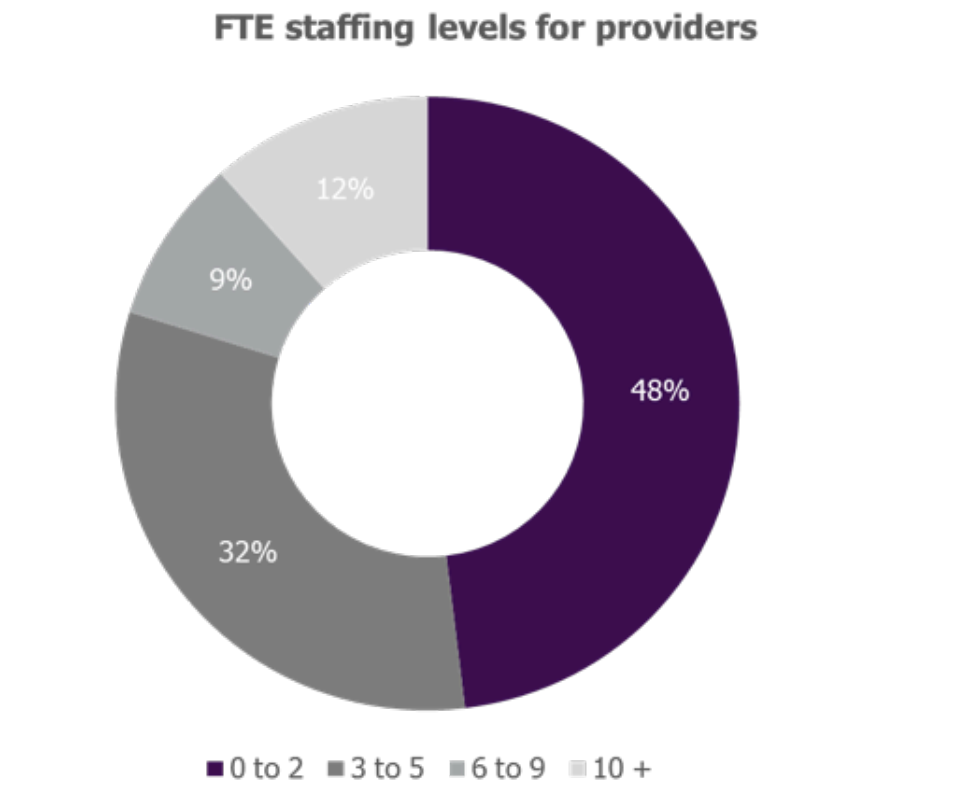
- Nearly half of the contracts had a value of over £100,000
- Just over a quarter had a value between £10,000 and £49,000.

23 Information available for 121 of the 126 contracts

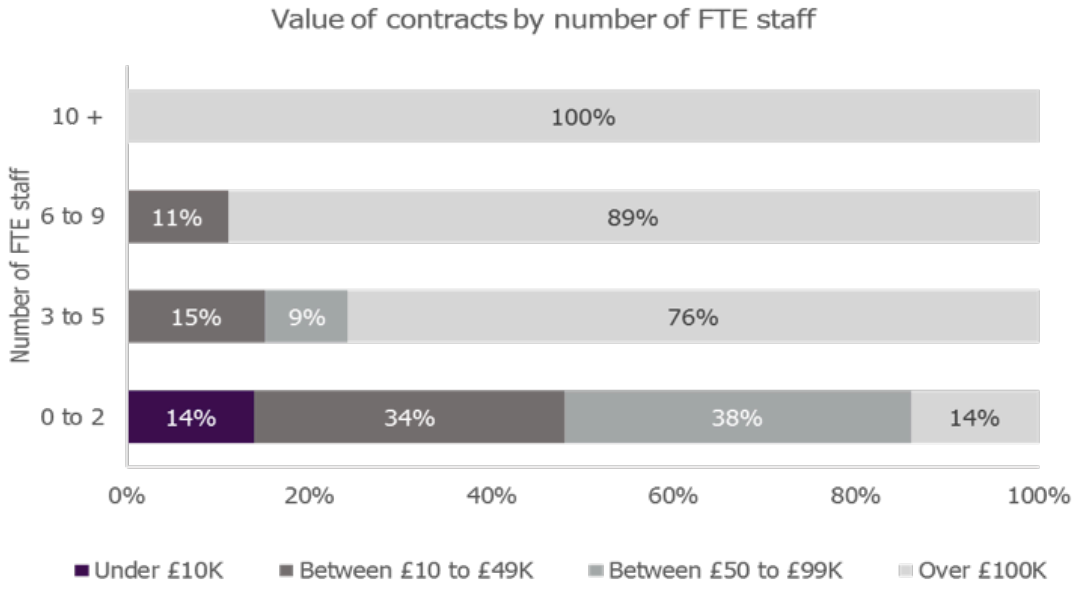


Staffing and contract values

- CRCs were asked to provide a figure for the full-time equivalent staffing levels at each of the providers they were working with
- Nearly half of the providers working with CRCs were employing under two members of staff, highlighting the small-scale nature of the provision



- Looking at the value of contracts and staffing levels, the larger providers had contracts of greater value. For example, all of the providers employing ten members of staff or more had contracts to the value of over £100,000.



Women's provision

- 32 of the 126 contracts (one in four) were providing services to women offenders. This included provision for women's housing, mentoring and a key worker service
- There was some variance in the value of contracts for women's provision, although half of these contracts had a value of over £100,000.

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ISBN: 978-1-84099-816-0s