



Her Majesty's  
Inspectorate of  
Probation

An inspection of probation services in:  
**Merseyside**  
Community Rehabilitation Company

HMI Probation, June 2020

## **Acknowledgements**

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

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Published by:

Her Majesty's Inspectorate of Probation  
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## Foreword

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This is the ninth inspection in the second round of our inspections of Community Rehabilitation Companies (CRCs). Our last inspection of Merseyside CRC took place in June 2018. At that time, we rated it as 'Requires improvement'. Although considerable work has taken place since then to try to improve the overall effectiveness of services, it is disappointing that the rating this time remains unchanged.

Leadership across the CRC is strong and there is a clear commitment from senior managers to improve the work it undertakes with service users and to build on the positive relationships with partner agencies in the region. The implementation, since the last inspection, of a new operating model has been managed well and the introduction of specialist teams affords the opportunity to offer a more focused and personalised service to service users. The resourcing model is nevertheless extremely tight, and while staff turnover is encouragingly low, sickness levels are high, placing even more pressure on resources.

An improved induction programme since the last inspection and a strong focus on training have been supported by initiatives to support staff and make management oversight more effective. The reality, however, is that these have not yet had the desired effect across all areas of service delivery. The quality of case management has declined overall since the last inspection, particularly in relation to safety. The allocation process remains inconsistent and too often assessments do not sufficiently identify risk factors or draw sufficiently on available information to make informed judgements. Ironically, despite good strategic links with partner agencies, operational engagement is too often insufficient.

In Prescott, much of the case management we saw was good, particularly in relation to work to keep others safe. While this is encouraging and demonstrates that the work undertaken to improve performance can be effective, there should be no complacency, since this only goes to emphasise the insufficiencies elsewhere. Nevertheless, the CRC would do well to explore these differences further and try to build on the learning in Prescott.

Although not formally assessed at our last inspection, the provision of unpaid work has improved since we last inspected Merseyside. Further work to improve assessments and increase access to education, training and employment would help it improve further. Improvements in Through the Gate work have been impressive. Increased staffing levels have helped since the enhanced specification came into effect in April 2019, and a wide range of initiatives are now in place.

While the CRC and senior management team will be disappointed by this report and the fact that we have not found the improvements they hoped for, much of the focus of the last 18 months has been the right one. The emphasis now must be on ensuring the impact is reflected in casework and that those with oversight responsibility to ensure this happens have the right skills and knowledge.



**Justin Russell**  
Chief Inspector of Probation

# Ratings

Merseyside  
Community Rehabilitation Company

Score **13/30**

**Overall rating**

**Requires improvement**



## 1. Organisational delivery

1.1 Leadership

Good



1.2 Staff

Requires improvement



1.3 Services

Good



1.4 Information and facilities

Good



## 2. Case supervision

2.1 Assessment

Requires improvement



2.2 Planning

Inadequate



2.3 Implementation and delivery

Requires improvement



2.4 Reviewing

Inadequate



## 3. CRC-specific work

Unpaid work

Requires improvement



Through the Gate

Outstanding



## Executive summary

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

### 1. Organisational delivery



We have rated Merseyside CRC as 'Good' for leadership, services and information and facilities. The rating for services is an improvement from the last inspection and reflects both the range of programmes now available and the partnership work with other providers. We have rated staffing as 'Requires improvement'.

The CRC has a clear strategic approach to developing a strengths-based service that focuses on the needs of service users and is designed to keep people safe. There has been a clear focus on our recommendations from the last inspection, with particular emphasis on staff development and training. Delivery across Merseyside reflects local need and is enhanced by excellent relationships with local partner agencies and stakeholders across the region.

Senior leaders have overseen the implementation of a new operating model, 'Enabling our Future', which has been rolled out across all five Purple Futures CRCs since the last inspection. This has been managed well. It has seen the creation of a number of specialist teams, designed to offer a more focused and appropriate service to service users. Despite strong management, it is disappointing that such efforts are not yet reflected in our inspection findings on the quality of work undertaken with service users. The exception to this is in the Prescot local delivery unit (LDU), where scores were consistently higher than elsewhere, especially in relation to safety. The staff profile and casework levels in this office are no different to the rest of the CRC and so it is not entirely clear why this is the case.

Merseyside benefits from a low staff turnover, which ensures a relatively stable workforce. However, it is beset by a high level of staff sickness, especially for case managers. While this has improved in the last six months, it creates significant pressure on an already lean staff cohort. While caseloads are not excessive, at 58 for a case manager and 44 for a senior case manager, at any given time around 19 per cent of staff are working above the workload monitoring tool target of 110 per cent. In our responsible officer interviews, only 49 per cent said that their workload was manageable.

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<sup>1</sup> HM Inspectorate of Probation's standards can be found here:

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

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

Allocation of cases raised some concerns for us, and we were not assured that levels of actual or potential risk were fully understood or accounted for in the process. Forty per cent of responsible officers we spoke to told us that they were not always allocated cases appropriate to their experience and training.

The CRC had introduced the enhanced management oversight model (EMO) to augment scrutiny of complex cases, but this had yet to become embedded practice. Training for frontline staff since the last inspection has been good, but overall scores from our inspection of individual cases suggest that this has not yet impacted consistently on performance.

There is a good understanding of the service user population, mainly through the use of the reoffending data tool (RDT). Information is broken down by LDU and helps to inform both the organisation and partner agencies of need. Further needs analysis across a range of protected characteristics has helped to inform practice in a number of quarters, especially provision for female offenders.

Merseyside provides a good range of accredited programmes and rehabilitation activity requirements (RAR), with an 87 per cent completion rate for accredited programmes and 69 per cent for RARs. Around seven per cent of the organisation's annual budget is spent on partnership work and a range of collaborative work is undertaken. For example, work with Shelter on providing Through the Gate services from HMP Liverpool is particularly positive, as is work with partner agencies providing services for women. Work with sentencers has improved since our last inspection and relationships are now described by sentencers as positive. Frontline staff, however, do not make sufficient use of partnership agencies, especially those engaged in managing risk of harm. There is good engagement with service users at the service user council.

The range of policies available to staff is appropriate and they are reviewed regularly. Although the policy regarding case recording is known by a large majority of staff, we found some case records that were too brief and lacked sufficient detail. The two office moves since our last inspection have been managed well and have included consultation with staff at all levels and with service users. Overall, premises across Merseyside are good. ICT systems are sufficient, and staff have good access to IT. Older laptops are gradually being replaced. There is a good range of management information, which is used well to review performance. The Interchange quality assurance framework (IQAM) is well established but, overall, quality assurance is dependent upon good local management oversight and supervision, which we found required further attention.

Key strengths of the organisation are as follows:

- Senior leaders have a strong presence in the organisation and are committed to improving the quality of performance.
- There are excellent strategic relationships with partner agencies, and the organisation is active in both influencing and driving initiatives to bring about improvements in provision.
- The CRC has a good understanding of reoffending and the profile of the service user population to drive service delivery.
- There is a good range of interventions, delivered directly by the organisation and through partner agencies, which are appropriately targeted.
- There is a good focus on staff development and training, with particular focus on issues relating to keeping other people safe.

- Premises across Merseyside CRC are good and accessible to both staff and service users.

The main areas for improvement are as follows:

- The lean resourcing model and high levels of sickness mean that many case and senior case managers have workloads above the organisation's own workload measurement tool target.
- The reason why Prescott LDU performs substantially better than the other two LDUs of Wirral and Liverpool and Sefton needs to be explored so that Prescott's good performance can be replicated elsewhere.
- Case allocation and appropriate safeguards need improving to ensure cases are always allocated to the right case/senior case manager.
- The reason why training has not had a greater impact on service delivery needs to be understood in order to improve performance.
- Quality assurance and staff development require greater and more consistent input from middle managers, and the organisation needs to explore how the oversight of case management can improve, especially in relation to work to keep other people safe.
- Operational work by case and senior case managers with partner agencies involved with service users, particularly with regard to all aspects of safety, Requires improvement.

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## 2. Case supervision



We inspected 76 community sentence cases and 38 post-release supervision cases; interviewed 72 responsible officers and 10 service users; and examined the quality of assessment, planning, implementation and delivery, and reviewing. Each of these elements was inspected in respect of engaging the service user and addressing issues relevant to offending and desistance. In the 76 cases where there were factors related to harm, we also inspected work to keep other people safe. The quality of work undertaken in relation to each element of case supervision needs to be above a specific threshold for it to be rated as satisfactory.

In this inspection, fewer than half of cases we inspected met the key requirement of planning or of reviewing focusing sufficiently on keeping other people safe, which led to our judgement of 'Inadequate' for both of these standards. The proportion of cases that were satisfactory in terms of the quality of assessment was more than half but less than two-thirds, so this standard received a judgement of 'Requires improvement'. The quality of implementation and delivery of sentence plans was also rated as 'Requires improvement'.

The quality of case supervision has declined since the last inspection. Responsible officers were good at identifying offending-related factors and protective factors during assessment but less good at analysing this information or drawing sufficiently on information available elsewhere. This had an inevitable impact on subsequent work and, while planning generally focused reasonably well on engaging the service user, too often factors relating to offending were not given sufficient attention. Plans were often too broad or focused on only one aspect of need.



Engagement with service users was usually undertaken promptly following release from custody or at the start of sentence, and there was a good focus on enabling service users to complete their sentence. However, the provision of services to address identified issues was, in some cases, lacking. In too many cases we looked at, reviewing of progress was insufficient, and reviews were not routinely triggered by significant changes in the circumstances of service users.

Concerns about keeping other people safe that we expressed at the last inspection remain at this inspection. Three out of four of our key questions relating to keeping other people safe scored 'Inadequate'. In too many of the cases that we reviewed, engagement with partner agencies, and in particular those engaged in work related to safety, was neither consistent nor sufficient.

Some of the case supervision work we reviewed was good. Cases reviewed from Prescott in particular were often of a good standard; however, while this was positive, it also masked the paucity of work in some other parts of the organisation.

Key strengths of case supervision are as follows:

- Responsible officers were good at identifying individuals' offending-related factors and the strengths and protective factors that should help them desist from offending.
- Responsible officers were generally good at involving service users in creating their plans.
- The sentence or post-custody period was usually implemented appropriately.
- Responsible officers often made good efforts to enable service users to complete their sentences.

Areas of case supervision requiring improvement include:

- Too often, safeguarding and domestic abuse factors were insufficiently identified or analysed, often because other available information was not considered.
- Insufficient account was taken of individuals' personal circumstances and diversity factors in relation to planning.
- In too many cases, targets set in plans were too broad or general to be useful.
- In too many cases, there was insufficient contact for it to be useful in managing risk of harm.
- Engagement of and coordination with partner agencies, particularly those engaged in keeping other people safe, require greater attention.
- Reviews took account of possible barriers to engagement or resulted in sufficient adjustments to plans in too few cases.

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

#### Unpaid work

We inspected the management of 40 unpaid work requirements, looking at assessment and planning; safety; and implementation of the court order. We also observed two induction sessions and 11 work parties to examine the extent to which unpaid work was delivered in a way that supports desistance.

We found that the sentence of the court was implemented appropriately in 70 per cent of the cases we reviewed and that the assessment and planning of unpaid work was personalised in 60 per cent of cases. We had some concerns about the management of safety and found that safety was sufficient in only 56 per cent of the cases we reviewed. It was therefore judged as 'Requires improvement'.

Unpaid work offers a good range of both group and individual placements and is delivered flexibly to accommodate individual needs. Supervisors demonstrate pro-social behaviour and are professional in their dealings with service users. Assessment and planning, however, do not always fully reflect issues of risk, and there is a need to expand the provision of education, training and employment (ETE) support.

Key strengths of unpaid work are:

- Most service users see the benefit to the community of the unpaid work they undertake, and many appreciate the positives they gain from work experience.
- In a good number of cases, work was allocated appropriately to service users.
- There is a good range of both group and individual placements; in particular, a female-only group offers a positive alternative to individual placements.
- The vast majority of unpaid work begins promptly after sentencing.
- Unpaid work provision is flexible to accommodate the individual work or personal needs of service users.

Areas for improvement of unpaid work are:

- The CRC needs to give greater attention to how personal circumstances and diversity are likely to impact on engagement.
- There is insufficient use of ETE and too few service users understand what is available and how to access it.
- Risk assessments do not sufficiently take account of the potential harm that individuals pose, and in too many cases information that is known is not explored adequately.
- There is room to improve adherence to rules on some unpaid work placements.

## Through the Gate

We inspected the management of 33 cases where the CRC had delivered pre-release Through the Gate work at HMP Liverpool, looking at resettlement planning, delivery of resettlement services and coordination of release. We also held meetings with the senior manager at the CRC responsible for Through the Gate services, two middle managers responsible for the delivery of services at the prison and two prison governors, responsible for offender management and reducing reoffending. We also met with resettlement workers working for both the CRC and Shelter, who worked directly with prisoners and had responsibility for preparing resettlement plans and/or meeting identified resettlement needs.

We found that resettlement planning focused sufficiently on offending-related factors in 88 per cent of the cases we looked at. Activity to support resettlement was sufficient in 81 per cent of cases, and resettlement was coordinated effectively in 84 per cent of cases. We have therefore rated Through the Gate provision as 'Outstanding' at this inspection.

Under the enhanced specification for Through the Gate services, implemented since April 2019, the CRC has been able to increase its staffing levels. This has helped to improve the level of provision. Good assessment of need supported ongoing provision, in particular provision relating to accommodation. There was good liaison with responsible officers and other partner agencies. The introduction of resettlement boards and enhanced support for men with complex needs is good. The provision of a resettlement hub outside the prison gates was positive and over 50 per cent of men released from HMP Liverpool used the facility. Around 13 per cent of men leaving the prison also accessed meet-at-the-gate support.

Key strengths of Through the Gate work are:

- Assessments of resettlement need are generally good, with appropriate consideration given to the needs of individuals and the potential risk of harm they pose, regardless of how long they are in custody for.
- Accommodation support, provided by Shelter as part of the Through the Gate service, is good and offers sufficient support in over 90 per cent of the cases requiring it.
- Communication with community-based responsible officers ensures effective transition from prison to the community to offer continuity of support.
- Information shared by Through the Gate staff to responsible officers often includes information regarding the service user's wider behaviour in order to help understand a wider context of need.

Areas of improvement for Through the Gate work are:

- There is scope to further improve communication with departments that offer support not provided by the Through the Gate team.
- The lack of interview space in some cases meant it was not always possible to discuss private matters that had a bearing on resettlement planning.

## Recommendations

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### Achievement of recommendations from the previous inspection<sup>3</sup>

In our previous inspection report, we made six recommendations to the CRC. During this inspection, we reviewed the extent to which these recommendations have been achieved. We found that no progress had been made on three of the recommendations, some progress had been made on one and sufficient progress had been made on two.

#### We recommended that Merseyside CRC:

1. *Improve the quality and impact of work to manage risk of harm so as to keep actual and potential victims safe.*

#### **The CRC has made no progress on this recommendation**

Although the CRC has introduced a number of initiatives to help improve the quality and impact of work to manage risk of harm, including dip-sampling of enabling plans by Interchange managers and the enhanced management oversight model, this is not reflected in the scores from our inspection of cases. On three of the four key questions we ask relating to safety, less than half of the cases we looked at were satisfactory.

Although cases we reviewed at the Prescott office did suggest improvement, this accounted for only around a quarter of all the cases we reviewed and, in some respects, masked the extent of shortfalls elsewhere.

2. *Equip all staff with the skills and knowledge necessary to carry out effective work to keep other people safe.*

#### **The CRC has made some progress on this recommendation**

The CRC has provided a substantial range of training over the last 12 months. In particular, this has focused on keeping other people safe. Eighty-one per cent of staff requiring it have undertaken risk of harm training; 82 per cent have completed spousal assault risk assessment (SARA v3) training; and 61 per cent have completed domestic abuse training. Further training is planned to include unpaid work staff, who have received little training to date. Eighty-five per cent of responsible officers we interviewed told us they had sufficient access to training, and 70 per cent told us the organisation promotes a culture of learning and continuous improvement. The 'learning into practice' initiative has tried to improve links between training and practice, and regular practice development days are undertaken to reinforce learning. A new induction training programme has been introduced since the last inspection, which includes core training and a focus on risk of harm and its management.

Despite this, case work has diminished in effectiveness since the last inspection, including work to keep other people safe. Staff with relatively little experience are still, in some cases, being allocated work that they do not feel sufficiently

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<sup>3</sup> HMI Probation. (2018). *An inspection of Merseyside Community Rehabilitation Company*.

experienced or knowledgeable to undertake. Safeguards, including management oversight, do not appear to be sufficiently rigorous.

3. *Better involve service users in producing plans that are personal to them.*

**The CRC has made some progress on this recommendation**

The CRC was still using enabling plans, rather than sentence plans, at the time of our inspection. Enabling plans should be personal and the service user should be engaged in the process so that their views are taken into account. In a good number of the cases we reviewed, the service user was meaningfully involved in the creation of their plan. Their views were taken into account in 71 per cent of cases, which was similar to what we found at the last inspection. We did, however, find some plans that were created without the service user's involvement, and in only half of the cases we reviewed were their diversity and personal circumstances taken into account. Of the cases we reviewed where it was needed, the service user was meaningfully involved in reviewing their progress and engagement in only 30 per cent.

4. *Make sure that all aspects of case management (for example, desistance, safeguarding, and public protection) are reviewed fully to achieve better outcomes for service users.*

**The CRC has made no progress on this recommendation**

Despite training that has been delivered regarding risk of harm and safeguarding, and guidance being published about minimum contact levels and reviewing, little has changed since the last inspection in relation to our case supervision inspection scores. Reviewing is judged to be 'Inadequate', as it was at the last inspection.

5. *Strengthen its relationship with sentencers so that information is exchanged more effectively.*

**The CRC has made sufficient progress on this recommendation**

Feedback from both magistrates and Crown Court judges during the inspection was positive about effective communication with the CRC. Regular meetings are undertaken to discuss issues of concern, and the CRC shares a good range of data regarding programme provision and services. Sentencers describe the CRC, and in particular senior managers, as responsive and open to finding solutions to problems when they occur.

6. *Further improve the coordination of resettlement services so as to increase the likelihood of successful community reintegration for released prisoners.*

**The CRC has made sufficient progress on this recommendation**

Through the Gate provision has improved substantially since the last inspection and is now rated as 'Outstanding'. We found that 84 per cent of the cases we reviewed met our criteria in relation to the specific key question 'Is there effective coordination of resettlement activity?' This was significantly better than the 55 per cent at the last inspection and the 59 per cent average in the first round of CRC inspections.

## **New recommendations**

As a result of our inspection findings, we have made eight recommendations that we believe, if implemented, will have a positive impact on the quality of probation services.

### **Merseyside CRC should:**

1. improve the quality of work to assess, plan for, manage and review risk of harm
2. improve the effectiveness of quality assurance and management oversight of all casework
3. ensure staff with responsibility for case management oversight have the skills and knowledge to undertake the work effectively
4. explore the reasons for better casework in the Prescott LDU and use this learning to improve effectiveness elsewhere
5. improve liaison between responsible officers and partner agencies, particularly in relation to keeping other people safe
6. improve case allocation to ensure appropriate cases are always allocated to sufficiently experienced and trained staff
7. ensure assessments for unpaid work fully consider individual circumstances and risk factors
8. improve access to and knowledge of ETE provision for those on unpaid work.

## Background

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### Merseyside CRC

Merseyside CRC covers the five metropolitan boroughs of Knowsley, St Helens, Sefton, Wirral and Liverpool City. The area is served by Merseyside Police, and the Police and Crime Commissioner chairs the Local Criminal Justice Board, which also convenes a reducing reoffending board for the whole county. The reducing reoffending board is chaired by the Merseyside CRC head of operations. In June 2019, the Merseyside Community Safety Partnership changed its name, terms of reference and structure to become the Safer Merseyside Partnership.

The population of the area was estimated to be 1,423,065 in mid-2018. The largest borough was Liverpool City, with an estimated population of 494,814.<sup>4</sup> The population of the county as a whole is 94.5 per cent white British, Irish or other, with that figure falling to 88.8 per cent in Liverpool City.<sup>5</sup>

The recorded crime rate in Merseyside is 94.2 crimes per thousand head of population for the year ending January 2020, compared with a figure of 84.6 for the whole of England and Wales. The most frequently recorded crimes are violence against the person (32.4, compared with the figure for England and Wales of 27.6), followed by theft (28.9) and violence without injury (13.4, compared with the figure for England and Wales of 11.2).<sup>6</sup>

Currently, 5,094 individuals are being supervised in the community by the CRC on community sentences or licences, with a further 1,141 on pre-release supervision.

The number of full-time equivalent (FTE) staff deployed by the CRC rose slightly from 186.34 last year to 201.24 this year. There are 25.62 FTE senior case managers (probation officer (PO) equivalent), an increase in the last 12 months from 20.82; and 78.82 FTE case managers (probation services officers (PSO)), compared to 78.22 12 months previously. At the point the inspection was announced, 4 per cent of staff had left the organisation in the previous 12 months. This compares with 8 per cent 12 months earlier. The attrition rate for senior case managers is 1 per cent, which is the same as 12 months ago. For case managers, it is four per cent compared with five per cent a year ago.

### Purple Futures

Purple Futures took formal ownership of the Merseyside CRC on 01 February 2015. The five Purple Futures CRCs<sup>7</sup> work collaboratively with one another, sharing learning and resources wherever practicable. At the time of the inspection, the Chief Executive Officer (CEO) was Chris Edwards. These arrangements changed on 01 April 2020, when the CEO became regional director of the new Greater Manchester region, leaving the operational director in charge of the CRC. Senior managers (community directors) in Merseyside CRC also have a strategic management

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<sup>4</sup> Office for National Statistics, UK population estimates, mid-2018, June 2019.

<sup>5</sup> Office for National Statistics, Census 2011, December 2012.

<sup>6</sup> Office for National Statistics, Crime in England and Wales, Table P3, January 2020.

<sup>7</sup> The five CRCs owned by Purple Futures comprise Cheshire & Greater Manchester; Hampshire & Isle of Wight; Humberside, Lincolnshire & North Yorkshire; Merseyside; and West Yorkshire.

responsibility for work across the North West, Cheshire and Greater Manchester (CGM) and Merseyside.

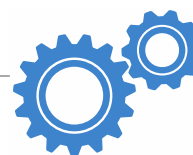
Purple Futures is a consortium led by Interserve. It comprises Interserve Justice (a subdivision of Interserve, a global support service and construction company); 3SC (a company managing public service contracts on behalf of third-sector organisations); P3 (People Potential Possibilities, a charity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

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

For more information about organisational structure of this CRC, please see Annex 3 of this report.



## Contextual facts



2,116	The number of individuals supervised on community sentences by Merseyside CRC <sup>8</sup>
1,692	The number of individuals supervised post-release by Merseyside CRC <sup>8</sup>
36.3%	The proportion of Merseyside CRC service users with a proven reoffence <sup>9</sup>
41.3%	The proportion of CRC service users (England and Wales) with a proven reoffence
£10.5m	Annual turnover, year ending 31 March 2019
£12.37m	Annual turnover, year ending 31 March 2020 <sup>9</sup>

### Performance against targets

78%	The proportion of individuals recorded as having successfully completed their community orders or suspended sentence orders for Merseyside CRC. The performance figure for all England and Wales was 77%, against a target of 75% <sup>10</sup>
62%	The proportion of positive compliance outcomes with licences and, where applicable, post-sentence supervision periods for Merseyside CRC. The performance figure for all England and Wales was 65%, against a target of 65% <sup>11</sup>
94%	The proportion of positive completions of unpaid work requirements for Merseyside CRC. The performance figure for all England and Wales was 92%, against a target of 90% <sup>12</sup>

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<sup>8</sup> Ministry of Justice. *Offender management caseload statistics* as at 30 September 2019.

<sup>9</sup> Ministry of Justice. (2019). *Proven reoffending, Payment by results, January to March 2018 cohort*.

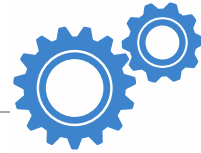
<sup>10</sup> Ministry of Justice. (2019). *CRC Service Level 8, Community performance quarterly statistics, July 2018 to September 2019, Q2*.

<sup>11</sup> Ministry of Justice. (2019). *CRC Assurance Metric J, Community performance quarterly statistics July 2018 to September 2019, Q2*.

<sup>12</sup> Ministry of Justice. (2019). *CRC Service Level 10, Community performance quarterly statistics, July 2018 to September 2019, Q2*.

# 1. Organisational delivery

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Merseyside CRC has a clear commitment to deliver a high-quality service, focused on the needs of service users and designed to manage the safety of others. Its strategy is well embedded, and it has given attention to the recommendations we made at the last inspection in 2018, although our case inspection results suggest this has yet to impact on the quality of practice of its staff. Communication across the organisation is generally good. There are well-established external relationships with partner agencies and stakeholders. The operating model supports a personalised approach to working with service users. The introduction of the 'Enabling our Future' programme in December 2019 has seen the introduction of specialist teams. While this has been helpful in delivering a more focused service, staff continue to experience workload pressure.

Staff turnover is low and average caseload numbers are not excessive. However, staff sickness across the organisation, and especially for case managers, is high. This places considerable pressure on staff, which was reflected in our interviews with responsible officers. Senior leaders work hard to mitigate the impact of this and regularly review staff capacity, but the task is challenging. Managers have to constantly 'shuffle the pack' to allocate limited resources effectively.

There is a good understanding of the needs of the service users managed by the CRC and a good range of interventions to meet these needs. Relationships with partner providers are also good, particularly in relation to work with women. Substantial improvements in Through the Gate provision have resulted in a score of 'Outstanding' for this work.

Case allocation does not sufficiently identify the risks posed by service users, and many staff told us that they are not always allocated cases that are appropriate for them. Since the last inspection, there has been considerable focus on staff development and training, particularly in relation to safeguarding and domestic abuse. While this has been good, it is disappointing that it was not widely reflected in the quality of supervision of the cases we reviewed. In Prescott, there was evidence to suggest that the training has had a positive impact, and most casework was good. However, this was not the case elsewhere, particularly in relation to work to keep people safe.



There is an established quality assurance framework across the CRC and new initiatives have been introduced to help improve effectiveness. However, greater management oversight through reviewing of cases and supervision is required to realise its potential impact.

### Strengths:

- Senior leaders have a strong presence in the organisation and are committed to improving performance.
- There are excellent strategic relationships with partner agencies and the organisation is active in both influencing and driving initiatives to bring about improvements in provision.
- The CRC has a good understanding of reoffending and the profile of the service user population to drive service delivery.
- There is a good range of interventions delivered directly by the organisation and through partner agencies, which are appropriately targeted.
- There is a good focus on staff development and training, with a particular focus on issues relating to keeping other people safe.
- Premises across Merseyside CRC are good and accessible to both staff and service users.

### Areas for improvement:

- The lean resourcing model and high levels of sickness mean that many case and senior case managers have workloads that are higher than the organisation's own workload measurement tool target.
- The reason why Prescot LDU performs substantially better than the other two LDUs of Wirral and Liverpool and Sefton needs to be explored so that Prescot's good performance can be replicated elsewhere.
- Case allocation and appropriate safeguards need to be improved to ensure cases are always allocated to the right case manager or senior case manager.
- The CRC needs to understand the reason why training has not had a greater impact on service delivery so that it can improve performance.
- Quality assurance and staff development require greater and more consistent input from middle managers, and the organisation needs to explore how oversight of case supervision can improve, especially in relation to work to keep other people safe.
- Work carried out by case managers and senior case managers with partner agencies that are involved with service users, particularly with regard to safety, requires improvement.

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

### Key data

	Previous inspection	Current inspection
Proportion of staff interviewed who agreed that the organisation prioritised quality <sup>13</sup>	52%	36%

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

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

Senior leaders have a clear commitment to developing a quality service that is strengths-based and focuses on the needs of service users. They have paid attention to the recommendations of our last inspection in 2018, especially in trying to improve the quality of work regarding safety and keeping people safe. New initiatives to support work on complex cases, such as the 'enhanced management oversight' model and improved training to staff, are designed to support the already established quality assurance framework.

Communication across the CRC is good. Senior managers, including the CEO, are visible and both staff and service users have been actively consulted over operational changes. While Merseyside CRC's overall strategic direction is determined by the overarching company (covering five CRCs), the impact of the strategy is reviewed locally in monthly continuous improvement meetings.

Delivery across Merseyside CRC reflects the local landscape, where excellent relationships with partner agencies and stakeholders have been fostered. The CRC is actively involved in driving the strategic ambitions of various multi-agency initiatives, and there is a clear strategic and operational commitment to working across the criminal justice, health and social sectors within the community. Stakeholders, including safeguarding boards, the Merseyside Criminal Justice Board and prison governors, are consistently positive about work with the CRC. Sentencers spoke of good and responsive relationships. Supply partners are well engaged, with £1.3 million being spent on delivery through the supply chain this year. Middle

<sup>13</sup> HMI Probation inspection data.

managers, as well as senior leaders, represent the organisation well in external circles.

Nevertheless, many staff feel under pressure a lot of the time. In large part, this reflects the complexity of the cases rather than their number, although this is not always so. It was felt by some that the allocation process did not properly take the complexity of cases into account. Although many acknowledge improvements in training and induction, only 36 per cent of responsible officers who were interviewed felt that the organisation prioritised quality; this was significantly lower than the 52 per cent at the last inspection.

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

A single risk register is in place for Cheshire and Greater Manchester (CGM) and Merseyside CRCs. There are local implementation plans, which are reviewed regularly by the senior leadership team. A series of 'task and finish' groups manage change. Examples of this include implementation of the 'Enabling our Future' operating model, which included consultation with staff and service users, and the introduction of the Interserve Through the Gate model. More recently, leaders have responded to concerns raised by both staff and service users about the unpaid work hub by introducing a new operating system and model of contact. This was introduced during our inspection and it was too early to determine how effective it was.

Two office moves have taken place since our last inspection, and these have also been managed well. Each office has an effective business continuity plan that is reviewed and monitored to assess the impact of changes and ensure learning for the future.



The Purple Futures centralised change control board ensures that operational and policy changes are managed consistently and communicated well to teams through a well-established dissemination process. The CEO also holds all-staff teleconferences where appropriate, usually in relation to a specific issue, and also tries to visit every office twice a year.

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

The operating model has changed since our last inspection, with the implementation of 'Enabling our Future'. The new model supports personalised assessment and planning with service users. Of the cases we reviewed, 89 per cent of service users had experienced no more than one change of responsible officer. The change in model has seen the introduction of a number of specialist teams, including teams for women, resettlement and the delivery of interventions. Most staff in specialist teams appear to see this change as reasonably positive. The women's teams, in particular, support excellent wrap-around provision for service users in partnership with specialist providers. The new model can also be varied to reflect local circumstances. In Prescott, for instance, the blending of the community and engagement teams reflects pressures on caseloads and the local profile of service users.

The CRC has strong leadership and a commitment to improving quality, and it was disappointing that this was not reflected in more of the casework we reviewed, which, overall, had declined since the last inspection. We did see evidence that the model could be effective: in Prescott (comprising around 25 per cent of the inspected cases) the quality of much of the work was good. There was no obvious reason for this contrast, although senior managers suggested that this team was more established and had particularly strong local management. Through the Gate provision too has

improved substantially since the last inspection, achieving 'Outstanding' in our assessment of its work.

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

Key staffing data <sup>14</sup>	Previous year	Current year
Total staff headcount (FTE)	186.34	201.24
Total number of probation officers or equivalent (FTE)	20.82	25.62
Total number of probation services officers or equivalent (FTE)	78.22	78.82
Vacancy rate (total number of unfilled posts as a percentage of total staff headcount)	8%	1%
Vacancy rate of probation officer (PO) or equivalent grade only (total number of unfilled posts as a percentage of total number of required PO posts)	15%	6% over specification
Sickness absence rate (all staff)	12.72 days per year	17.52 days per year
Staff attrition (percentage of all staff leaving in 12-month period)	8%	4%

<sup>14</sup> All data supplied by CRC.

<b>Caseload data</b>	<b>Previous year</b>	<b>Current year</b>
Average caseload PO (FTE) <sup>15</sup>	47.9	43.56
Average caseload probation services officer (PSO) (FTE) <sup>15</sup>	58.15	58.02
Proportion of POs (or equivalent) in this CRC describing caseload as unmanageable <sup>16</sup>	47%	55%
Proportion of PSOs (or equivalent) in this CRC describing caseload as unmanageable <sup>16</sup>	52%	50%

For the purposes of comparison, in our inspections of all CRCs between June 2018 and June 2019, 63 per cent of POs and 56 per cent of PSOs told inspectors their caseloads were unmanageable.

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

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

At the time of the inspection, we were encouraged to find a lack of vacancies. Merseyside CRC's current vacancy rate is just one per cent. Overall turnover in the last year is also low, at four per cent, which is an improvement on the previous year's turnover of eight per cent. In the previous 12 months, there had been an increase in both case and senior case managers. Nevertheless, even with a full staff group, resourcing of the operating model remains lean.

Average caseloads for staff are not excessive, at 44 for a senior case manager, slightly lower than 12 months ago, and 58 for a case manager, unchanged from a year ago. Nevertheless, at the time of the inspection, around 19 per cent of staff were operating above the 110 per cent target on the organisation's workload measurement tool, and 44 per cent above 100 per cent. This causes pressure for staff, and in our responsible officer interviews, fewer than half (49 per cent) said that their workload was manageable, the same as at the last inspection. This breaks down to 45 per cent of senior case managers and 50 per cent of case managers, slightly better than the average of 37 per cent of POs (or their equivalent) and 44 per cent of PSOs (or equivalents) for our last round of CRC inspections. This problem is not lost on leaders and resourcing is well managed through monthly reviews across the whole CRC. Every effort is made to both reflect the changing needs and requirements of offices and to mitigate the impact of high workloads; it is unusual that staff are working above the 110 per cent target for any length of time.

Interchange managers are each responsible for the supervision of 14 to 15 case and senior case managers, in addition to having broader partnership roles. Those we spoke to said that this workload was broadly manageable, particularly with the introduction, since our last inspection, of the Interchange support officers (ISOs). One

<sup>15</sup> Data supplied by the CRC.

<sup>16</sup> HMI Probation inspection data.

Interchange manager is allocated to each of the three LDUs. ISOs have taken a number of tasks on for managers, including health and safety, building management, monitoring of sickness and information and communications technology (ICT) support. Administrative staff appear to have reasonable workloads.

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

The staff profile of Merseyside CRC is, like most probation services, predominantly female (77 per cent), with little difference across the grades of staff. Although around 16 per cent of data regarding the ethnicity of service users is either missing or was not provided by the service user, the known data suggests that around five per cent of service users are from a black, Asian and minority ethnic (BAME) background, which reflects the diversity of the local community (5.5 per cent). The CRC has been proactive in trying to increase the ethnic diversity of its workforce and has to some extent succeeded. Seven per cent of case managers and eight per cent of senior case managers have a BAME background. Work to improve the proportion of BAME managers is ongoing. Across the CRC, nine per cent of staff have a declared disability, including 29 per cent of case managers and 25 per cent of managers. This broadly reflects the 26 per cent of service users with a recognised disability.

The allocation process, which uses the banding and allocation tool (BAT), raised some concerns for us. It does not take sufficient account of background and historical information, and depends on all information, such as alert flags, already being in place when used. As a consequence, important issues regarding risk were easily overlooked. This was also a concern raised by a number of Interchange managers and responsible officers we met. One responsible officer referred to it as *“allocation by algorithm”*. In addition, the safety net of a responsible officer being able to ask that a case be re-allocated following initial assessment does not appear to work consistently.

Although 83 per cent of staff in our survey said they believed they had the skills, ability and knowledge necessary to supervise their caseload, only 60 per cent said they were always allocated cases for which they had the appropriate training and experience. This was considerably lower than the 83 per cent recorded at the last inspection. This may have been reflected in the cases we reviewed, where assessment focused sufficiently on keeping other people safe in only just over half (52 per cent) of cases. A number of cases we reviewed were wrongly allocated to a case manager rather than a senior case manager and/or the allocation did not take sufficient account of previous behaviour and risks in their management.

The CRC has a good volunteer and mentoring programme, with 31 identified volunteers across the region, either active or in the process of training, who are supported by a comprehensive training programme. Around 13 per cent of all men released from HMP Liverpool to Merseyside in the six months before the inspection received meet-at-the-gate support from mentors and/or volunteers, which is impressive.

Succession planning is evident; for example, two new PSOs have been recruited to replace those moving on to professional qualification in probation (PQiP) training. Two PQiP candidates completed their training in November 2019, and two more during the inspection. Staff were regularly identified for professional progression within the organisation and at the time of the inspection seven staff across the CRC were perusing apprenticeship and further professional training. Four of these were at vocational level five.



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

Since the last inspection, a new induction programme for case managers has been introduced and has been run twice. While the programme is usually delivered on a group basis, it could also be undertaken individually. Staff we spoke to who had attended the programme spoke positively of the experience. We were told that none of the staff who had undertaken this training had subsequently left the organisation. The induction programme includes training related to safeguarding, risk of harm and domestic abuse. No new staff should be allocated such cases until they have been 'signed off' by their manager to say they had received appropriate training and that they were competent to manage them. Some staff told us that this was not always the case and sometimes they were allocated inappropriate cases. While this was confirmed by managers, we were told that, when this happened, usually because of pressure on workload, it was authorised by Interchange managers, who should put in place appropriate support and offer oversight. This oversight was not always evident in the cases we reviewed.

Within the last year, the CRC has introduced the enhanced management oversight (EMO) initiative. The principle behind this is sound and designed to ensure that cases with significant risks or any case with domestic abuse that is held by a case manager will receive specific and focused oversight, usually from an Interchange manager. While this could work well, we also saw examples where identified actions had not been undertaken or where historical information had been missed both during assessment and again through the EMO reviews.

Many staff spoken to, both individually and in groups, were positive about their immediate managers and the support they receive, although this was variable. Sixty-nine per cent of responsible officers we interviewed told us that they received supervision which enhanced and sustained a good quality of work with service users. The CRC's model suggests that supervision should be undertaken every six weeks, although some Interchange managers said this frequency could slip. Only 59 per cent of responsible officers told us they had received supervision at least six times in the last twelve months.

A new appraisal system is being implemented, with clear links to the organisation's vision and strategy and a focus on continued professional development. At the time of the inspection, no staff were subject to formal poor performance procedures, although some were being managed informally.

Overall, in light of our case supervision data, we have concerns about the level and quality of some casework supervision and its oversight. In only 28 per cent of cases we reviewed where we assessed that management oversight was required did we assess that it had been sufficient.

## **Are arrangements for learning and development comprehensive and responsive?**

Since the last inspection, Merseyside CRC had prioritised training for staff, especially around risk management and keeping other people safe. At the time of the inspection, 81 per cent of staff requiring it had received risk of harm training and 62 per cent domestic abuse training. SARA training has been delivered on 15 occasions since October 2018, with 82 per cent of those staff requiring it having attended. Further training was planned in spring 2020. Similar training for unpaid work staff is planned but had not been delivered at the time of the inspection. It is positive that such training is open to partner agencies to ensure a shared understanding of the work undertaken.

A reasonable majority of staff told us that the organisation promotes and values a culture of learning and continuous improvement (70 per cent) and an impressive 85 per cent told us that the organisation provided them with sufficient access to in-service training to support the delivery of a quality service. This compares with 54 per cent and 66 per cent respectively at the inspection in 2018. An initiative to support this training has been 'Learning into Practice', whereby staff are asked to evidence how learning in training is translated into their practice. However, we saw little evidence of its actual use.

Despite the range of training provided, it was evident that it was having little impact on service delivery. Overall, scores for case supervision were worse than at the last inspection and work to keep other people safe was judged to be 'Inadequate'. There was evidence that training had a positive impact in the Prescott LDU, where scores overall, and in particular in relation to safety, were good. This, however, highlighted the limitations elsewhere. It was not clear why Prescott scored better on case supervision, as the profile of staff was similar to that of the other two LDUs, as was the range of cases we reviewed.



### **Do managers pay sufficient attention to staff engagement?**

The resourcing model is lean, so relatively high levels of staff sickness can put pressure on it. Across the organisation, the annual level of sickness is relatively high, at 17 days per year with senior case managers averaging 8.42 days and case managers 21.69. Figures for the last six months suggest this is gradually improving, at 16 days a year per case manager and six for a senior case manager.

Staff safety is good. All staff have access to personal safety devices, and there are clear procedures to follow when undertaking home visits. In our survey of responsible officers, of those who expressed a view, 70 per cent said that appropriate attention was paid to staff safety. Thirty-six per cent of responsible officers in our survey said that they had required reasonable adjustments, and 71 per cent of them told us that these had been made. However, only 39 per cent of responsible officers interviewed told us that appropriate attention was paid to staff welfare and 50 per cent said it was not. This may have been a reflection of staff feeling under pressure due to workloads.

The CRC made three Butler Trust award nominations in 2019. An Interserve reward and recognition scheme operates, and a joint event was held recently to recognise and reward service user and responsible officer achievements. Nominations for awards at this event came from service users (for responsible officers) and vice versa. However, despite this, only 54 per cent of staff told us that their managers reward and recognise exceptional work, which compares poorly with the figure of 70 per cent at the last inspection.

The last staff survey was undertaken at the end of 2018. Some of the concerns reflected in our responsible officer interviews were also reflected in that survey, including those relating to workload. The most recent survey, undertaken in November 2019, had yet to be fully analysed by the CRC at the time of inspection.

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

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

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

Characteristics of inspected domain two cases <sup>17</sup>	All CRCs in year one	This CRC in current inspection
Proportion of caseload who are female	17%	22%
Proportion of inspected cases who are black or minority ethnic	14%	6%
Proportion of inspected cases with a disability	49%	37%
Proportion of inspected cases where inspectors identified substance misuse problems	72%	71%
Proportion of inspected cases where inspectors identified domestic abuse issues	41%	32%
Proportion of inspected cases where inspectors identified child safeguarding issues	32%	24%

The local commissioning plan is reviewed regularly. It is based on analysis from OASys and information from stakeholders and partner agencies, and draws on the reoffending data tool, based on nDelius. This tool provides an excellent range of data, broken down by LDU, to inform service development and provision. For instance, over half of all cases in Liverpool and Sefton have identified drug issues, compared with 36.5 per cent on average across the CRC. In Prescot, 74.7 per cent have issues relating to attitudes, compared with an average of 67.6 per cent across the CRC. Similarly, 25.7 per cent of service users in Liverpool and Sefton have a history or are perpetrators of domestic abuse compared with 38 per cent in Prescot

<sup>17</sup> HMI Probation inspection data.

and 37.4 per cent in Wirral. Such data has helped to identify an appropriate range of RAR activities and the most appropriate venues to provide RAR groups and accredited programmes.

A comprehensive strategic needs assessment has recently been updated (January 2020) and includes protected characteristics. Although there continues to be some gaps in data (due to a lack of recording), this has improved in the last year following a strong drive from senior managers and remains part of the continuous improvement plan for the forthcoming year. The annual equalities report draws on the above assessment and also looks at outcomes for different groups. Although differences in outcomes for those on community orders and licences are very similar, the last analysis at the end of 2018/2019 did identify that women on licence had worse completion rates than their male equivalents. This has led to a specific project for 2019/2020 to target women with complex needs being released from HMP Styal to offer enhanced community support upon release. Initial indications are that this has had a significant impact. A BAME services directory has been compiled for the areas. Further work to improve community engagement with community faith groups and BAME organisations continues to be part of the Merseyside CRC action plan.

This range of analysis enables the CRC to have a localised, informed and professional voice in the partnership arena and shape local strategy. Examples of this include integrated offender management provision and the 'guns and gangs' initiatives in north Liverpool. Indications that women are more likely than men to have needs relating to relationships, alcohol and emotional wellbeing have helped to shape provision from partners providing the women's wrap-around services, including Tomorrow's Women Wirral and Person Shaped Support (PSS). Similarly, the current pilot of the HELP domestic abuse programme for perpetrators is a reflection of an identified gap in work with women.

**Does the CRC provide the volume, range and quality of services to meet the needs of the service users?<sup>18</sup>**

	<b>Previous inspection</b>	<b>Current inspection</b>
Average waiting time for BBR	Information not available	13–26 weeks
Average waiting time for TSP	Information not available	27–52 weeks
Average waiting time for RAR	Information not available	8–16 weeks
Successful completion of accredited programmes	Information not available	87%
Successful completion of RAR	Information not available	69%

<sup>18</sup> Data supplied by CRC.

An excellent range of services are available, including Building Better Relationships (BBR); Thinking Skills Programme (TSP); Drink Impaired Drivers (DIDs); RESOLVE, a programme designed to address violent behaviour; and Breaking Free online, a substance misuse recovery programme developed specifically for the National Probation Service (NPS). A further 22 RARs are also available, some of which are delivered on a group basis, including Impact to Change, a victim awareness programme; Managing My Emotions; Better Solutions, a thinking skills programme; and the recently developed HELP domestic abuse programme. The RAR groups reflect the primary needs of the service user population in the area. An adapted version of the HELP<sup>19</sup> programme is being piloted in the women's centres.

Currently there are 132 people on an accredited programme, with a waiting list of 124. There have been concerns about the waiting times for accredited programmes. A recent comprehensive review was undertaken, which has led to some changes to reduce delays. These have included expanding the frequency of BBR groups and setting up a Saturday group to reflect the number of service users in work. Around 16 per cent of service users start BBR within four weeks of sentence. Around 15 per cent of the service users identified as having to undertake TSP start within two weeks of sentence. Thirty-seven service users are presently on a TSP programme, with 40 waiting. Waiting times for RAR group activity vary: for Managing My Emotions and Impact to Change, the waiting time is a month, while for Pathways to Employment it is around four to six months.

Over the last 12 months, accredited programmes have had an 87 per cent completion rate, with an average of 16 completions per month; around 1,700 RARs have been completed, with an average completion rate of 69 per cent. These completion rates are reasonably good. There are currently 169 service users undertaking RAR activity across the CRC. In our survey of responsible officers, 76 per cent told us that in the case inspected they believed they had access to an appropriate range of services (in-house or from commissioned providers) to meet the identified needs and risks. However, this was not reflected consistently in those cases we reviewed. Our own assessment found that in only 55 per cent of cases the services delivered were those most likely to reduce reoffending and support desistance. This was significantly worse than at the last inspection, when 70 per cent of cases were assessed as doing so.

Strong links are in place with local universities. A range of research has been undertaken through John Moores University, including the current evaluation of the women's adapted HELP programme. A pan-CRC evaluation of the effectiveness of RAR activity was being undertaken at the time of the inspection.

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

Partnership work is strong in Merseyside CRC, supported by a £1.3 million budget (around seven per cent of the overall CRC budget). The CRC is partnered with 3SC (a company managing public service contracts on behalf of third-sector organisations), through which the supply chain is managed well. Partner agencies speak very positively about this arrangement and benefit from opportunities to work together collaboratively. Strategic objectives are determined through the strategic needs analysis of the organisation, and services are commissioned accordingly, but with appropriate recognition given to services already available.

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<sup>19</sup> HELP programme adapted to reflect unique aspects of female perpetrators of domestic abuse.

The quality of relationships with partner agencies enables collaborative approaches to meet strategic priorities determined by the Police and Crime Commissioner and managed through the Merseyside Reducing Reoffending Board. As an example, the Housing First initiative launched in Merseyside in 2019 works with councils and third-sector agencies to develop a radical new approach to homelessness across Merseyside. The CRC specifically commissions support for 264 service users a year through Riverside Housing. As a result of the CRC's commissioned work with Shelter at HMP Liverpool over the last six months, an impressive 87 per cent of men have been released to secure and settled accommodation.

ETE support across Merseyside is generally good, although less so for those on unpaid work. Around 25 organisations offer provision to CRC service users. A recent ETE strategy has been developed to better coordinate the range of support available. This was an issue identified through consultation with service users.

Excellent wrap-around services for women are in place. We were particularly impressed with the way the CRC is driving a specific project to manage and reduce the impact of parental incarceration on children.

Appropriate relationships with key partners (police and children's social care services) support timely access to information, to allow assessment of risk of harm.

In our interviews, 90 per cent of responsible officers said that, in the case being reviewed, there were effective relationships with other agencies to support desistance through access to mainstream services, both during and after the sentence. Seventy-nine per cent said there were effective relationships with other agencies to manage the risk of harm to others. This, however, was again not reflected in our case analysis. Inspectors found that the involvement of other agencies in managing and minimising the risk of harm was sufficiently well-coordinated in less than half of relevant cases (48 per cent).

Relationships with sentencers have improved substantially since the last inspection. Sharing of data and information is described by sentencers as good. A number of local initiatives have been introduced. For example, as a result of lobbying by the CRC and the Merseyside women's alliance, Wirral magistrates' courts currently adjourn every case for a woman with responsibility for a child, for a week, to assess the impact a sentence would have on her children. The CRC has also been responsive to concerns raised by sentencers, such as those relating to delays in breach action. Between 2018 and 2019, there was a 16 per cent increase in the number of breaches at Crown Court.

### **Service user involvement**

Merseyside CRC has a well-established service user council, supported by 'User Voice' for the last five years. The council meets six times a year and is chaired by the chief executive. There is a good network of service user peer advisers offering support to individuals at the point of release from prison, as well as individuals starting a community order and induction programmes. Peer advisers and service user representatives are positive about their experience of engagement with the CRC and describe the organisation as responsive to views that are put forward, particularly by the user council.

During the inspection, attempts were made to contact 14 service users who had given consent to be interviewed. Although it was only possible to speak to 10, all of them spoke positively, overall, of their experience. There was generally an appreciation of the support and advice available. One service user told us: *"Just them being there for me if I needed to talk. It was easier talking to someone you don't know about your problems"*.

The last service user survey was in November 2019 and the results, and related action plan for each LDU, had yet to be confirmed at the time of the inspection. Service users are involved in a wide range of consultation exercises, including those relating to the estates strategy and recent office moves. The decision not to have screens in the reception areas of new offices and the decision to offer hot drinks in the waiting areas came directly from service users' suggestions.

Merseyside CRC has successfully employed former service users in a number of operational roles. There are good links between John Moores University and the service user council, and five service users have now entered foundation degree level courses, two at degree level and three at masters level, with support from the CRC.

### **Unpaid work**

Unpaid work has improved since the last inspection, with sufficient placements on both a group and individual basis, and low stand-down rates (four per cent). The range of placements offers sufficient flexibility to ensure that individual needs and concerns can be accommodated. Although some women are managed in mixed groups, the majority work on women-only projects run through Adelaide House (women's approved premises). Women here spoke positively of their experience.



Since the introduction of the unpaid work hub around 18 months before the inspection, there have been ongoing problems with service users struggling to inform staff of, for example, sickness, due to an inadequate telephone system. This has caused frustration for both staff and service users. It is hoped that this has now been rectified, following the introduction of a new telephone system and alternative arrangements for communication. However, these arrangements are very new, and it was not possible to fully assess their impact during the inspection.

Although staff across the CRC have had a good range of training provided to them, this has not been the case for unpaid work staff. Training relating to risk management for unpaid work supervisors is scheduled over the forthcoming months.

### **Through the Gate**

The integrated Through the Gate service has improved substantially since the last inspection. Delivered with Shelter, the provision has expanded considerably, with a combined workforce of 20 staff. A number of initiatives ensure effective planning and integration within the prison, including weekly pre-release boards. Further initiatives include the resettlement hub just outside the prison gate, which provides probation 'initial appointments', and access to a range of support services, including those relating to benefit claims. In the six months prior to the inspection, 52 per cent of all men released accessed this facility.

There are excellent relationships with a range of community partners, supported by a weekly group Skype meeting to review high risk of reoffending prisoners due to be released. This meeting also supports outreach post-release work by prison-based Through the Gate staff for those with complex needs (for example multiple recall, revolving door cases) to offer continuity of support for up to three months, together with support provided by responsible officers in community resettlement teams. This is also provided to women returning to Merseyside from HMP Styal.

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

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

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

There is an appropriate range of policies and procedures, which are managed centrally by the Interserve change control board and held on the local intranet, WISDOM. Changes to documents are disseminated via local managers, who undertake regular practice briefings with their teams. Practice development days are also held regularly, again with a view to disseminating good practice and embedding learning. The model appears to work well, and staff in focus groups confirmed this, although as reported in our case management findings, we did not find that this resulted in improved practice.

Of those responsible officers interviewed, 87 per cent indicated that there was a clear policy about case recording. There was widespread use of the ACORN (Address, Compliance, Offending, Risk and Need) guidance, which was introduced in an attempt to guide staff to focus on key issues during contact. However, in some cases, this had become overly routine, resulting in recording that was perfunctory and ineffectual.

We saw evidence of collaborative working with the NPS, in particular in relation to the probation reform programme. The CRC described the relationship as positive. The rate card is clear and the 'Paths to Success' brochure describes how staff in both the CRC and NPS can make referrals to various programmes. Some provision is commissioned by the NPS specifically for its service users, including accommodation support and an online substance misuse programme. The CRC is working effectively with the NPS to improve the quality of breach reports, with 96 per cent meeting the required quality assurance standard.

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

There have been two office moves since the last inspection: the north and south Liverpool offices were moved to a single office at Boundary Street, and the Liverpool women's centre was established. Both moves were managed through specific 'task and finish' groups, which included staff at all levels and service users. The new premises are described by staff and service users as a positive environment.

Overall, premises across Merseyside CRC are good. They offer privacy where needed and waiting areas that are generally welcoming. All offices, except Boundary Street, have easy access for disabled staff and service users. Separate arrangements are in place at Boundary Street to facilitate access.



The CRC has given careful thought, informed by service users and staff, to the design of its reception areas. These offer a level of protection to staff, without creating physical barriers. The provision of hot and cold drinks to service users has helped to create a normalised environment. The exception to this is the Wirral office, which is shared with the NPS, where service users have to enter via turnstiles.

There is CCTV coverage in all offices, and staff have access to personal alarms (Peoplesafe devices). Health and safety checks are audited and monitored monthly, with action taken where shortfalls are identified.

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

ICT systems generally work well. All case managers and senior case managers have access to a mobile telephone and a laptop. Although some staff can become 'locked out' of the system due to security arrangements if they do not access it for a while, for instance if they are off sick, this is rarely a significant problem, as most returns to work are planned. If necessary, access can be obtained from a desktop computer as a short-term alternative. Some laptop performance issues have been experienced by staff with older machines, but these laptops are gradually being replaced and up-graded. New staff joining the organisation normally have IT kit available for them on their start date. Assistive technology is available for those who require it.

Some supply chain partners have been supplied with laptops and can record directly into case management systems. For those without such access, there is a secure email process in place. Unpaid work supervisors have limited access to mobile ICT, which prevents them from interrogating and recording information on case management systems.

### **Are analysis, evidence and learning used effectively to drive improvement?**

A wealth of information is generated through the OpEN data and performance management system. Information on performance is disseminated weekly to enable managers to track their own team's performance and compare it with the rest of the organisation. The introduction of the 'power hour' for staff in Merseyside CRC to encourage them to review their activity has been helpful, although some staff have said they find it hard to prioritise. Performance is well understood by managers and shortfalls are rectified, underpinned by appropriate plans.

The pan-CRC quality assurance framework, IQAM, is well embedded across Merseyside CRC. A central lead for this work operates across all five CRCs, with a quality officer dedicated to Merseyside. Case reviews are an established part of the framework. However, with an average of two cases per year per case/senior case manager being reviewed within the model, quality assurance is dependent on a wider focus by managers, including through supervision and other forms of management oversight. Live observation, similar to that established with accredited programmes, is planned but has yet to be rolled out beyond some initial work at HMP Liverpool.

Since the last inspection, the enhanced management oversight model has been introduced for more complex cases, which is a positive initiative. While Merseyside is performing better, in terms of implementation, than any of the other Purple Futures CRCs, effectiveness is nevertheless too variable. Overall, general management oversight was ineffective in too many of the cases we sampled.

## 2. Case supervision



We inspected 76 community sentence cases and 38 post-release supervision cases; interviewed 72 responsible officers and 10 service users; and examined the quality of assessment, planning, implementation and delivery, and reviewing. Each of these elements was inspected in respect of engaging the service user and addressing issues relevant to offending and desistance. In the 76 cases where there were factors related to harm, we also inspected work to keep other people safe. The quality of work undertaken in relation to each element of case supervision needs to be above a specific threshold for it to be rated as satisfactory.

The overall quality of case supervision in Merseyside CRC has gone down since the last inspection. Our rating of the quality of assessment has fallen from 'Good' to 'Requires improvement' and of planning has reduced from 'Requires improvement' to 'Inadequate'. Implementation has retained the same score and is rated as 'Requires improvement', and our rating for reviewing has also remained unchanged, as 'Inadequate'.

For all three of the key questions used to guide our rating for the quality of assessment, the scores are lower at this inspection than at the last. In two, those relating to whether the assessment focused sufficiently on factors linked to offending and desistance, and on keeping other people safe, the differences are statistically significant. For the third question, relating to engagement with service users, the score at this inspection is significantly worse than the average for our first cycle of inspections across all CRCs. It is almost inevitable that these shortfalls will have a knock-on effect on planning, engagement and reviewing, and we saw many examples of work that was undermined by poor initial assessment.



Unusually, we found substantial differences between one LDU and the other two. In Prescot, scores across nearly all key quality questions were better than elsewhere and, for those questions relating to keeping other people safe, all four were rated good. While this was encouraging in some regards, it also meant that these scores raised the overall average across the three LDUs and masked poorer scores elsewhere. Overall, as at the last inspection, we remain particularly concerned about scores relating to keeping other people safe. Less than half of the cases we inspected were satisfactory on three of the four key questions we ask on this critical aspect of performance, which pushes this quality standard into the 'Inadequate' band. One question, relating to whether assessment focuses sufficiently on keeping other people safe, scored just over the threshold for requires improvement.

### Strengths:

- Responsible officers are good at identifying individuals' offending-related factors and their strengths and protective factors that should help them desist from offending.
- Responsible officers are generally good at involving service users in creating their plans.
- The sentence or post-custody period was usually implemented appropriately.
- Responsible officers often made good efforts to enable service users to complete their sentences.

### Areas for improvement:

- Too often, safeguarding and domestic abuse factors were insufficiently identified or analysed, often because other available information had not been considered.
- Insufficient account was taken of individuals' personal circumstances and diversity factors in relation to planning.
- In too many cases, targets set in plans were too broad or general to be useful.
- In too many cases, there was insufficient contact for it to be useful in managing risks of harm.
- Engagement of and coordination with partner agencies, particularly those engaged in keeping other people safe, require greater attention.
- Reviews took account of possible barriers to engagement or resulted in sufficient adjustments to plans in too few cases.

	Previous inspection	Current inspection
<b>2.1. Assessment</b>		
Assessment is well informed, analytical and personalised, actively involving the service user.	Good	Requires improvement

**Our rating<sup>20</sup> for assessment is based on three key questions:**

Comparison with Merseyside in previous inspection and all CRCs	Previous inspection	Current inspection	All CRCs <sup>21</sup>
Does assessment focus sufficiently on engaging the service user? <sup>22</sup>	66%	56%	68%
Does assessment focus sufficiently on the factors linked to offending and desistance? <sup>22</sup>	80%	61%	63%
Does assessment focus sufficiently on keeping other people safe? <sup>22</sup>	63%	<b>52%</b>	55%

<sup>20</sup> The rating for the standard is normally driven by the lowest score on each of the key questions, which is placed in a rating band, indicated in bold in the table. See Annexe 2 for a more detailed explanation.

<sup>21</sup> HMI Probation inspection data, from inspections conducted between June 2018 and June 2019.

<sup>22</sup> The answers to these key questions are underpinned by more detailed 'prompts'. The table in Annexe 4 illustrates the percentage of the case sample with a satisfactory 'yes' response to each prompt.

All three of the key questions for assessment fell within the band for 'Requires improvement'. Therefore, assessment was rated as 'Requires improvement'.

### **Does assessment focus sufficiently on engaging the service user?**

Assessment focused sufficiently on engaging the service user in too few cases. This has gone down since the last inspection and was significantly lower than the average across all CRCs throughout our first round of inspections.

Effective assessment requires an analysis of the service user's motivation and readiness to engage, while taking into account their personal circumstances and diversity. In only 61 per cent of cases did assessment analyse the service user's motivation and in less than half the cases did it analyse diversity and personal circumstances or the impact these may have on the service user's ability to comply with service delivery.

In too many of the cases we reviewed, the service user was not sufficiently engaged in the initial process of assessment and their views were not consistently taken into account. Self-assessment forms were also sometimes not completed. Even when self-assessments had been completed there was, too often, insufficient subsequent analysis of personal circumstances to establish the likely impact this would have on compliance. The following case is illustrative:

#### **Poor practice example**

While standard induction forms and a self-assessment are completed, it is not clear how this information has been used. Personal circumstances are noted in the assessment but issues such as his mental health and the fact he has not been on supervision before are not fully considered in terms of engagement and compliance.

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

Most cases managed by Merseyside CRC are subject to a full OASys assessment, which guides the responsible officer to identify and analyse information. However, in too few cases did the assessment draw sufficiently on available sources of information, including information available at court, earlier OASys assessments or even, in some cases, previous convictions. In 61 per cent of the cases we reviewed was assessment focused sufficiently on factors linked to offending and desistance. Although very similar to the score achieved at the last inspection, this was nevertheless significantly worse than the average across all CRCs in our first round of inspections.

Staff were more likely to identify offending-related factors in those cases assessed as a medium risk of harm (81 per cent) than those assessed as a low risk of harm (67 per cent) and, although there was little difference in the likelihood of the assessment drawing sufficiently on all available sources of information, these were more likely to be sufficiently analysed in medium-risk cases (50 per cent) than in low-risk cases (only 40 per cent). While this might be understandable, given that service users assessed as a medium risk of harm may be deemed more complex, the concern remains that insufficient attention or analysis could miss significant factors in managing the risk of harm, as indicated in the following case:

#### Poor practice example

The low risk of serious harm rating given to this case did not take into account the eight previous violent offences committed by the service user and there is no exploration of these in the previous offending section of OASys. There have been no safeguarding checks regarding any potential children in her partner's life.

Given that the organisation's operating model is strengths-based, it was encouraging to note that, in a good number of the cases we reviewed (71 per cent), sufficient account was taken of the service user's strengths and protective factors and that these were usually linked to the impact they were likely to have on reoffending, as the following case example demonstrates:

#### Good practice example

George was a 36-year-old, convicted of drug and driving offences and assault. His assessment identified that he had a prosocial attitude. He was a skilled self-employed builder and was keen to complete his unpaid work. At the time of the offences, George had said that his health and wellbeing had an impact on his offending as he had a recent bereavement and had suffered sexual abuse. Assessment identified that George was open to engaging with support on these needs and in discussing his substance misuse and the positive steps he was taking to support his desistance, which included running his own business and supporting his family.

#### **Does assessment focus sufficiently on keeping other people safe?**

There has been a significant deterioration in the score for whether assessment focuses sufficiently on keeping other people safe, from 63 per cent at the last inspection to 52 per cent this time. While, overall, this score remains within the category of 'Requires improvement', there is a significant difference across the three LDUs. In Prescott, 75 per cent of cases were assessed as sufficient, while in both Liverpool and Sefton and Wirral, the scores equate to 'Inadequate': 42 per cent and 48 per cent respectively.

Although there were concerns about the service user being a perpetrator of domestic abuse in around a third of the cases we reviewed, and current child safeguarding concerns in approximately a quarter of cases, this was only sufficiently identified or analysed by the responsible officer in around 45 per cent of relevant cases. The following case gives an example of these limitations:

### Poor practice example

Simon is a 30-year-old convicted of supplying heroin and released from custody in July 2019. There is insufficient analysis/assessment to keep others safe. There is lack of communication between key agencies and limited consideration of previous records/offending that provides a thorough analysis of the risk of serious harm (RoSH). The initial assessment indicates that he has a previous offence for the possession of weapons, but there is no evidence of analysis of this or access to previous convictions. The case record provides evidence of behaviours in custody that are linked to previous offending – unauthorised articles, drug use and altercations.



It is concerning that safeguarding checks are not initiated until January 2020. It is clear looking at previous case records and custodial records that social services have been involved with the service user and his family for a number of years. The links to organised crime and associates have not been considered in assessing the risks to others. There is no reference to details of the offence, Crown Prosecution Service documentation or his co-defendants.

Classification of harm is not necessarily the main concern, but the lack of a thorough RoSH assessment/analysis to reach this decision is.

This case also demonstrates the problem of not taking sufficient account of a person's past behaviour or drawing sufficiently on information that is available to undertake an effective assessment of a service user's risk of harm. Overall, we found that sufficient account of previous behaviour was undertaken in only 47 per cent of relevant cases and that sufficient information was drawn from available sources and other agencies in only 40 per cent of cases. Although such work was better in the Prescott LDU, this was not exclusively so as the following case example from Liverpool and Sefton demonstrates:

### Good practice example

There is evidence of the responsible officer gathering information from the prison relating to the service user's behaviour in custody, towards other prisoners, fighting, and prison staff in terms of assault. The responsible officer has accessed information about previous offending behaviour and previous convictions, attempted robbery, burglary of dwellings, threatening behaviour, and possession of a bladed article to further inform the ROSH. The responsible officer evidences information received from the police and safeguarding agencies. The OASys includes a full risk of serious harm section with the responsible officer's assessment of keeping others safe. The ROSH assessment is accurate, with details of those at risk listed accordingly.

	Previous inspection	Current inspection
<b>2.2. Planning</b>		
Planning is well informed, holistic and personalised, actively involving the service user.	Requires improvement	Inadequate

**Our rating<sup>23</sup> for planning is based on three key questions:**

Comparison with Merseyside in previous inspection and all CRCs	Previous inspection	Current inspection	All CRCs <sup>24</sup>
Does planning focus sufficiently on engaging the service user? <sup>25</sup>	67%	59%	63%
Does planning focus sufficiently on reducing reoffending and supporting the service user's desistance? <sup>25</sup>	78%	61%	64%
Does planning focus sufficiently on keeping other people safe? <sup>25</sup>	54%	<b>41%</b>	46%

The CRC was rated as 'Inadequate' for planning, as the lowest score for the key questions was 41 per cent for planning focusing sufficiently on keeping other people safe, which falls within the rating band for 'Inadequate'.

### **Does planning focus sufficiently on engaging the service user?**

In light of the probation reform programme, Merseyside CRC has reverted to using OASys for both assessment and sentence planning purposes. However, at the time of this inspection, it was still using the 'enabling plan', which was central to its operating model. The principles of the enabling plan are that the service user should be at the heart of planning and their views taken into account, thus increasing their likelihood of commitment to engaging effectively. Enabling plans, like OASys sentence plans, are expected to be completed within 15 days.

The quality of work to engage service users in planning has gone down slightly since the last inspection, although the difference is not statistically significant. In a good number of the cases we reviewed, the service user was meaningfully involved in creating their plan, with their views taken into account in 71 per cent of cases. In some cases, however, we found that plans were created without the service user's involvement, often in order to hit the required 15-day target. In only half of the cases we reviewed were the service user's diversity and personal circumstances taken into account. The following case examples demonstrate the contrasts we found:

<sup>23</sup> The rating for the standard is normally driven by the lowest score on each of the key questions, which is placed in a rating band, indicated in bold in the table. See Annexe 2 for a more detailed explanation.

<sup>24</sup> HMI Probation inspection data, from inspections conducted between June 2018 and June 2019.

<sup>25</sup> The answers to these key questions are underpinned by more detailed 'prompts'. The table in Annexe 4 illustrates the percentage of the case sample with a satisfactory 'yes' response to each prompt.

#### Good practice example

Colin is a 30-year-old. There is evidence of planning that provides a focus on engaging the service user. There is communication between agencies both prior to and post release to support the objectives set in the sentence plan. There is engagement with the service user on release, and three-way meetings during the initial planning phase, and this continued throughout. Deficits in thinking skills, relationships, employment and housing are identified initially, and other services and agencies are included to support delivery.

#### Poor practice example

The Enabling Plan is completed prior to any discussion with the service user to inform the plan. The plan gives only the objectives which relate to him completing RAR and the Attendance Centre. There is no information in relation to his aspirations or life goals, and his responsible officer was not able to recall these. There is no evidence of the plan, once created, being discussed with the service user and no evidence of his views being sought regarding the planning stages.

It is known that the service user has mild learning difficulties, ADHD and potentially dyspraxia and dyslexia. It cannot be evidenced that there has been any discussion with the service user regarding the impact of such conditions on his everyday life or ability to engage with the court order requirements.

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

Planning that focuses on reducing reoffending and supporting the service user's desistance is assessed as 'Requires improvement' at this inspection, which marks a fall from our assessment of 'Good' at the last one.

In only 58 per cent of the cases we reviewed did planning sufficiently reflect offending-related factors and prioritise those that are most critical. Identifying the services most likely to reduce reoffending and support desistance is necessary to ensure effectively targeted engagement, but this occurred on too few occasions. In both cases, these scores were significantly worse than at the last inspection.

In too many of the cases we reviewed, identified targets were too broad, for instance to '*abstain from heroin*', or did not sufficiently analyse periods in the service user's life when they had abstained from offending to identify what had changed. Similarly, we found examples where plans only focused on one aspect of offending. The following case illustrates the limitations we found:

#### Poor practice example

The formal plan contains only one objective, to increase his awareness of the impact of his behaviour, with no objective in relation to unpaid work, alcohol use, lifestyle and associates or thinking skills, the current offence being a wounding committed outside a nightclub while under the influence of alcohol.

### **Does planning focus sufficiently on keeping other people safe?**

Planning is of particular importance in relation to keeping other people safe, but we found this to be sufficient in an inadequate number of the cases we reviewed. While



79 per cent of cases managed by Prescott met this criterion, in Liverpool and Sefton this fell to only a quarter of the 40 relevant cases.

Almost inevitably, if assessment is poor this will lead to poor planning, as the following case shows:

#### Poor practice example



As risks have not been identified they have not been planned for. There are domestic abuse call-outs, his partner is alcohol dependent and his own alcohol use is increasing. This should have been considered in planning. Contingency planning is inadequate.

Even when planning did consider factors relating to addressing offending behaviour, in too many cases this did not sufficiently address issues around safety, as the following case demonstrates:

#### Poor practice example

While the plan addresses alcohol use which is linked to harm, the risk management plan does not adequately plan for the risk of domestic incidents and potential safeguarding concerns. Clear restrictive measures and checks with other agencies are not included.

Overall, in less than half of the relevant cases we reviewed did we assess that planning was sufficient to address risk of harm factors and prioritise those that were most critical. Too often responsible officers did not understand the value of links to other agencies working with the service user, and in an inadequate number (46 per cent) of cases were appropriate links made to the work of these agencies and any multi-agency plans. In only 38 per cent of cases did planning set out necessary and effective contingency arrangements to manage those risks that had been identified.

	Previous inspection	Current inspection
<b>2.3. Implementation and delivery</b>		
High-quality, well-focused, personalised and coordinated services are delivered, engaging the service user.	Requires improvement	Requires improvement

**Our rating<sup>26</sup> for implementation and delivery is based on three key questions:**

Comparison with Merseyside in previous inspection and all CRCs	Previous inspection	Current inspection	All CRCs <sup>27</sup>
Is the sentence/post-custody period implemented effectively, with a focus on engaging the service user? <sup>28</sup>	75%	74%	70%
Does the implementation and delivery of services effectively support the service user's desistance? <sup>28</sup>	61%	53%	52%
Does the implementation and delivery of services effectively support the safety of other people? <sup>28</sup>	46%	<b>47%</b>	41%

The case data from this inspection initially rated the CRC as 'Inadequate' for implementation and delivery, based on the score of 47 per cent for the implementation and delivery of services to support the safety of other people. The ratings panel took into account the higher scores for the other two key questions, and qualitative evidence of recent improvements, to increase the rating for assessment to 'Requires improvement'.

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

In a good number (74 per cent) of the cases we reviewed, the sentence/post-custody period was implemented appropriately, with a focus on engaging the service user. Generally, case and senior case managers tried hard to maintain an effective relationship with the service user, although when contact was infrequent at the start of an order, usually due to non-compliance, this was made more difficult. We did also see a small number of cases where the service user went immediately on to monthly contact, which was inappropriate. It was encouraging that in 90 per cent of the cases we looked at sufficient efforts had been made to enable the service user to complete the sentence, including taking appropriate account of their personal circumstances. This sometimes included home visits, but more often involved changing

<sup>26</sup> The rating for the standard is normally driven by the lowest score on each of the key questions, which is placed in a rating band, indicated by bold in the table. See Annexe 2 for a more detailed explanation.

<sup>27</sup> HMI Probation inspection data, from inspections conducted between June 2018 and June 2019.

<sup>28</sup> The answers to these key questions are underpinned by more detailed 'prompts'. The table in Annexe 4 illustrates the percentage of the case sample with a satisfactory 'yes' response to each prompt.

appointments to fit in with work or childcare commitments or offering support with travel costs. The following case is an example:

#### Good practice example

Kirsten is a 32-year-old recently sentenced for assault and criminal damage. Following her release, she was seen at home because she had child care problems that made it difficult for her to attend the probation office. The responsible officer went to great lengths to remove obstacles to attendance on both her licence and subsequent community order by regular home visits, temporarily suspending attendance on unpaid work and the Thinking Skills Programme and exploring suitable women-only placements.

In a good number of cases, risks of non-compliance were identified and addressed in a timely fashion to reduce the need for enforcement actions. However, this was significantly worse than at the last inspection, when 77 per cent of cases met this criterion. Where responsible officers had managed to visit a service user in custody before their release, which helped to build an effective working relationship, there seemed to be an increased likelihood that they would subsequently engage on licence. However, these visits only occurred in half of the relevant cases we reviewed.

We did see some examples of too much flexibility afforded to service users, allowing the order or licence to drift but, overall, we assessed that in over two-thirds of our case sample, appropriate enforcement action was taken. In these cases, there were often sufficient efforts to re-engage the service user. Home visits, text messages and flexible appointments were among the ways responsible officers worked to re-engage service users. In the most effective cases, this also included exploring circumstances leading to enforcement action and planning to reduce the risk of a reoccurrence.

#### **Does the implementation and delivery of services effectively support the service user's desistance?**

The implementation and delivery of services effectively supported the service user's desistance in only 53 per cent of the cases we reviewed. Although lower than at the last inspection (61 per cent), this difference was not statistically significant. However, in too few cases, and in significantly fewer than we found at the last inspection, were the delivered services those most likely to reduce reoffending and support desistance, with sufficient attention given to sequencing and the available timescales (55 per cent compared with 70 per cent).

In only around a third of cases that required it were sufficient services delivered to address issues of thinking and behaviour and drug and alcohol misuse. In a number of cases requiring drug services, there was poor liaison with other agencies, usually due to a lack of information from the service provider regarding the individual's progress. Despite this, we found that the services delivered built sufficiently on the strengths and protective factors in relation to motivation to change (69 per cent) and non-criminal identity (64 per cent) in a good number of cases, and in particular for cases requiring support regarding employment (79 per cent). We found a number of examples of good liaison with, and support from, Inspire North-West, which offers ETE provision. We also saw examples of good and well-coordinated work with providers from the women's services, as in the following case:

#### Good practice example

The service user is engaged with a range of services provided through the women's centre. She has completed an Alcohol and You group and is now attending an alcohol support group. Support from the responsible officer and empowerment worker builds on strengths and promotes engagement through a non-criminal identity.

In too many of the cases we reviewed, however, contact was brief and focused on 'checking-in', even quite early on in orders, rather than on engaging in work designed to address offending and improve desistance. We also saw the wide use of a templated checklist using the acronym ACORN – Address, Compliance, Offending, Risk and Need. The principle of this was to focus the responsible officer on specific areas of work, but too often it actually resulted in minimal engagement and recording, with comments such as 'no change'. Similarly, in a number of cases we reviewed, the primary focus in the early stages of an order was on the completion of unpaid work, but this was sometimes at the expense of work to address risks of reoffending, as in the following example:

#### Poor practice example

Despite services to deliver the objectives on the plan being available in-house at the women's centre, the service user had yet to be referred to them. Focus on the service user's desistance has taken a back seat to the need to complete unpaid work hours. It is now inevitable that the RAR days cannot be completed before the end of the order and will need to be altered in court.

### **Does the implementation and delivery of services effectively support the safety of other people?**

Inspectors found that the implementation and delivery of services to effectively support the safety of other people occurred in only a minority of cases (47 per cent), which was the same as at the last inspection and similar to the average in the first round of all CRC inspections.

Given the paucity of work to identify and plan work to address risks of harm, it was not surprising that in too many cases this manifested in poor implementation, as demonstrated in the following case:

#### Poor practice example

Nick is a 33-year-old male, convicted in July 2019 of burglary and assault. The delivery of services to effectively support the safety of others is insufficient. The lack of assessments and understanding of the risks to others has resulted in ineffective delivery. Lack of requests for information and delayed referrals have resulted in insufficient monitoring of the risks to others. The responsible officer has only initiated checks in December 2019 and a safeguarding referral this week (03/02/2020). The lack of an analysis using available sources of information has impacted on delivery.

In too few relevant cases were the level and nature of contact offered assessed to be sufficient to manage and minimise the risk of harm. This was often because staff said they were too busy or didn't have time. Even when there was sufficient contact, there was often a lack of professional curiosity to explore information further, as demonstrated in the following case:

#### Poor practice example

There are domestic violence call-outs received a month after release, but the information given on nDelius is unclear as to whether the incidents refer to the service user as perpetrator or victim. On speaking to the case manager, she assumes that these refer to the service user as a victim but was unable to confirm this. There is no further exploration of this matter and no attempts made by the case manager to check out the information received.

Where there are concerns regarding domestic abuse and/or safeguarding, we would expect to see appropriate liaison with other services, especially the police and safeguarding services. However, the involvement of other agencies in managing and minimising the risk of harm was sufficiently well-coordinated in less than half the cases we reviewed where it was relevant (48 per cent). The following is an example:

#### Poor practice example



There is considerable lack of joint working with children's social care services, which is required given the child protection status and as the children remain with the service user. The responsible officer does not know what is on the child protection plan and no probation representative has attended a meeting or acquired minutes. There is some attempt to liaise with the social worker, but there is no coordination of work between the agencies.

Home visits can be a useful way of confirming information to inform assessments and monitor risk and, while we saw good examples of their use, it was disappointing that they occurred in only around a third of cases we reviewed where they would have been relevant.

The following case demonstrates how clear planning and engagement can lead to effective work to manage risk:

#### Good practice example

Terry is a 24-year-old male who received a 12-month suspended sentence order for assault and criminal damage. Planning was very service user focused and makes for an easy working document for the service user and the responsible officer. There is good work by the responsible officer to motivate the service user to engage with his order and to remove obstacles to his attendance such as undertaking home visits. Good risk management activity is seen via regular police checks, responding appropriately to further police domestic abuse call-out information and active safeguarding implementation in conjunction with children's services staff.

	Previous inspection	Current inspection
<b>2.4. Reviewing</b>		
Reviewing of progress is well informed, analytical and personalised, actively involving the service user.	Inadequate	Inadequate

**Our rating<sup>29</sup> for reviewing is based on three key questions:**

Comparison with Merseyside in previous inspection and all CRCs	Previous inspection	Current inspection	All CRCs <sup>30</sup>
Does reviewing focus sufficiently on supporting the service user's compliance and engagement?	No comparable data available	49%	65%
Does reviewing focus sufficiently on supporting the service user's desistance?	No comparable data available	66%	60%
Does reviewing focus sufficiently on keeping other people safe? <b>Error! Bookmark not defined.</b>	40%	<b>48%</b>	44%

Less than half the cases we inspected were satisfactory in relation to whether case reviews focused sufficiently on the service user's compliance and engagement or on keeping other people safe. Therefore, we have rated the quality of reviewing overall as 'Inadequate'.

#### **Does reviewing focus sufficiently on supporting the service user's compliance and engagement?**

In fewer than half the cases we reviewed did reviewing focus sufficiently on supporting the service user's compliance and engagement. This result is significantly worse than the comparable scores for all CRCs in the last round of inspections.

Reviewing does not necessarily require a formal process via OASys or the enabling plan, but we do expect to see plans change and evolve, depending on the particular circumstances of the service user. This was evident in the better cases we looked at, when adjustments were made to the plan to reflect current circumstances and more realistic goals or when reviews take into account the personal circumstances that

<sup>29</sup> The rating for the standard is normally driven by the lowest score on each of the key questions, which is placed in a rating band, indicated in bold in the table. See Annexe 2 for a more detailed explanation.

<sup>30</sup> HMI Probation inspection data, from inspections conducted between June 2018 and June 2019.

have affected the service user's engagement and how they will be supported to address them in future.

In less than half of cases where it was needed were any necessary adjustments made to the ongoing plan of work to take account of compliance and engagement levels and any relevant barriers. In a number of cases we looked at, we saw reviews that had been 'pulled through' from the original assessment and plan, with no update or further information to effectively plan future work. In too few of the cases where it was needed did reviewing consider compliance and engagement levels and any relevant barriers. In too many cases where there had been obstacles to initial engagement, sometimes leading to breach or recall, responsible officers did not consider the reasons for these failures or what could be changed to diminish their impact, as in the following case:

#### Poor practice example

The review did not explore barriers to attendance – such as working hours, or what efforts the responsible officer could have made to open a line of effective communication with the service user's employer to manage this issue. The review did not 'review' what had been/not been undertaken in supervision during this time.

In only 30 per cent of relevant cases was the service user meaningfully involved in reviewing their progress and engagement.

#### **Does reviewing focus sufficiently on supporting the service user's desistance?**

Of the cases we reviewed where there had been changes in factors linked to desistance and offending, a good number showed that these had been identified and addressed. In two-thirds of cases, there was sufficient focus on supporting the service user's desistance.

We saw examples where reviewing pulled together a range of information from different sources, engaged the service user in the review and how best future work could support them, and also involved partner agencies in the process. The following case is an example:

#### Good practice example

There is good evidence of reviewing progress with the service user throughout. Amendments are made, such as starting the alcohol support group when the service user discloses increased drinking. The formal record reports on overall progress. Feedback from agencies and other professionals working with the service user is clear throughout.

Shortfalls in cases tended to be where reviews had not taken place despite significant changes in circumstances, such as employment status or accommodation, or even when a service user had been breached or recalled to prison. In some of the cases we reviewed, we also found that there was insufficient liaison with support partners, especially drugs agencies, to share information about progress to date or to consider new ways of engaging the service user if there had been problems before. The following case is an example:

#### Poor practice example

It is clear from the nDelius entries that the service user struggles with his mental health at times and the responsible officer indicated that there were links between drug misuse and mental health. The index offence is drug related and the service user continues to misuse a variety of class A drugs. The service user fails to conform to the Drug testing Rehabilitation Requirements. The partnership drugs agency does not provide any information in relation to the support/drug intervention other than the drug testing element and the case manager admitted in interview that she did not explore this further with the agency. A 'consent to share' agreement allowing the responsible officer the opportunity to liaise with the service user's GP is in place but there is no contact and hence it is unclear whether he is accessing specialist mental health support or whether any support needs to be offered.

There is no evidence of any adjustments to the initial enabling plan as the case has progressed, despite there being occasions which should have triggered such a review.

#### Does reviewing focus sufficiently on keeping other people safe?

An inadequate number (48 per cent) of the cases we reviewed met our threshold for focusing sufficiently on keeping other people safe. This was a little better than at the last inspection, although the difference was not statistically significant. The proportion was also very similar to the average across all CRCs in the last round of inspections.



In only half of the cases where there had been changes in factors relating to risk of harm did reviewing identify them, and in only 41 per cent of such cases were necessary adjustments made to the ongoing plan of work to take account of changes in the risk of harm. Some reviews we saw should have been undertaken earlier than they were, when relevant information first came to light. Of greater concern was that in cases where other agencies were involved in managing the service user's risk of harm, input from them to inform reviewing occurred in an inadequate number of relevant cases. Usually this was because such information had not been requested by the responsible officer, but in other cases, although information from partners was made available, it was not subsequently incorporated into a review, as in the following case:

#### Poor practice example

Lawrence is a 54-year-old. Although initial police and safeguarding checks were done, there was no mention of the nine domestic abuse call-outs and two breaches of non-molestation order in the risk assessment. The service user then reported he had resumed a relationship with his ex-wife, the victim of those incidents. They were drinking heavily together in the evening. This should have prompted a review of the plan to manage the potentially increasing risk but did not.

In a number of the cases we examined there was again a lack of professional curiosity. We found that reviewing had considered some aspects of work undertaken, including work relating to offending and desistance, but had not considered this in the wider context of keeping people safe. Written reviews were completed as a formal record of the management of the service user's risk of harm in too few of the cases we looked at. Often this meant that risk management plans were not updated.



	Previous inspection	Current inspection
<b>3.1. Unpaid work</b>		
Unpaid work is delivered safely and effectively, engaging the service user in line with the expectations of the court.	Not rated	Requires improvement

We inspected the management of 40 unpaid work requirements, looking at assessment and planning; safety; and implementation of the court order. We also observed two induction sessions and 11 work parties, to examine the extent to which unpaid work was delivered in a way that supports desistance.

At the last inspection of Merseyside CRC, a new system to manage unpaid work had recently been implemented. As a consequence, we were unable to make a judgement of its effectiveness and it was not scored. It is evident that, since then, considerable work has been put into implementing the service and there is a good focus on ensuring that orders begin promptly. However, there is scope to improve assessment and planning to fully reflect the needs of individuals and there remains a need to ensure greater attention to issues of safety, both their assessment and management.

#### Strengths:

- Most service users see the benefits to the community of the unpaid work they undertake, and many appreciate the benefits they gain from work experience.
- In a good number of cases, work was allocated appropriately to service users.
- There is a good range of both group and individual placements; in particular, a female-only group offers a positive alternative to individual placements.
- The vast majority of unpaid work begins promptly after sentencing.
- Unpaid work provision is flexible to accommodate the individual work or personal needs of service users.

<sup>31</sup> CRC aspects of domain three work are listed in *HMI Probation's Standards* as 4.1 and 4.2.

### Areas for improvement:

- The CRC needs to give greater attention at assessment to how personal circumstances and diversity are likely to impact on engagement.
- There is insufficient use of ETE support and too few service users understand what is available and how to access it.
- Risk assessments do not sufficiently take account of the potential harm that individuals pose, and in too many cases information that is known is not explored adequately.
- There is room to improve adherence to rules on some unpaid work placements.

### Unpaid work key data

	To date of current inspection	12 months previously
Average unpaid work stand-down rate in previous 12 months <sup>32</sup>	1.3%	1.3%
Percentage of successful completions of unpaid work requirements in previous 12 months <sup>33</sup>	93.6%	89%

### Our rating<sup>34</sup> for unpaid work is based on four key questions:

Current inspection	
Is the assessment and planning of unpaid work personalised? <sup>35</sup>	60%
Is unpaid work delivered safely? <sup>35</sup>	<b>56%</b>
Do arrangements for unpaid work maximise rehabilitative elements and support desistance?	This question produces qualitative evidence only, used to moderate the provisional rating calculated from case inspection data <sup>36</sup>
Is the sentence of the court implemented appropriately? <sup>35</sup>	70%

<sup>32</sup> Data supplied by CRC.

<sup>33</sup> Ministry of Justice. (2019). *CRC Service Level 10, Community performance quarterly statistics July 2018 to September 2019, Q2*, and *July 2017 to September 2019, Q2*.

<sup>34</sup> The provisional rating for the standard is normally driven by the lowest score on each of the key questions, which is placed in a rating band, indicated in bold in the table.

<sup>35</sup> The answers to these key questions are underpinned by more detailed 'prompts'. The table in Annexe 4 illustrates the percentage of the case sample with a satisfactory 'yes' response to each prompt.

<sup>36</sup> The ratings panel considers the range of qualitative evidence and decided to make no change to the provisional rating. See Annexe 2 for a more detailed explanation.

The rating for unpaid work is driven by the banding for the lowest score from the three key questions. Assessment and planning of unpaid work were assessed to have been personalised in 60 per cent of the cases we looked at and the sentence of the court was implemented appropriately in 70 per cent of cases. However, unpaid work was delivered safely in only 56 per cent of the cases that we reviewed. Therefore, we have rated Merseyside CRC's unpaid work as 'Requires improvement'.

### **Is the assessment and planning of unpaid work personalised?**

Assessment and planning of unpaid work were personalised in 60 per cent of the cases that we reviewed, which was too few. In some cases, we found that assessments were either missing or were only partially complete. In a number of cases, we found that entries had been placed on file retrospectively, stating: "Placed in Project group according to risk, availability, potential and skill development". We were informed that this reflected a recording error rather than an indication that work had begun without an assessment being completed, but in some of these cases assessments had not fully reflected the extent of risk or need.

Although in a good number of cases (73 per cent) assessment did take into account individuals' personal circumstances and diversity, consideration of how these would impact on the service user's ability to comply and engage with unpaid work occurred in only 55 per cent of cases. The following case is an example:

#### **Poor practice example**

It is recorded on nDelius in the disability section that the service user has two pins in his leg as a result of a car accident some years ago. This injury causes him to have reduced mobility. There is no evidence that this is picked up by unpaid work staff or during induction or that there has been any exploration in terms of the potential impact of this on his everyday life/ability to comply with the unpaid work.

The allocation of work was suitable, taking account of the service user's diversity and personal circumstances in a good number (70 per cent) of the cases we reviewed. Appropriate consideration was taken of when service users were employed, with the offer of weekend work, or when there were childcare or other caring responsibilities (including caring for elderly parents). Flexibility was also afforded to individuals who were experiencing drug or alcohol problems or had a disability. We saw examples where individual rather than group placements were assigned because of the service user's individual circumstances. A women-only group was also provided, which was positive.

In only 41 per cent of cases did assessment identify ETE support as a specific need for the service user. On a number of occasions, although the service user was unemployed, there was no evidence to suggest that consideration had been given to whether the service user would benefit from ETE support.

### **Is unpaid work delivered safely?**

Unpaid work was delivered safely in too few (56 per cent) of the cases we reviewed. We saw good examples of liaison between unpaid work staff and responsible officers, and it was encouraging that in 91 per cent of the cases we looked where the responsible officer was engaged in other activity/work with the service user, regular communication did take place. However, in too few of the cases we looked at did the delivery of unpaid work take account of the risk of harm to other service users, staff and the public. Risk codes on file were, in some cases, inaccurate and/or

assessments did not fully reflect the risks an individual posed. It was also concerning that, in some cases, despite risk codes being accurate, there was little, if any, further exploration. The following cases demonstrate this:

#### Poor practice example

The index offence relates to an incident involving enforcement officers who attend his home address to collect money owed. The service user exhibits homophobic abuse with verbal threats, intimidation and physical violence.

The unpaid work codes do not indicate that the service user is known to be violent or has any health issues, and there are no nDelius markers regarding the use of weapons. The service user is known to be on anti-depressants but there is no further information recorded in relation to mental health issues.

#### Poor practice example

The induction paper work indicates that there are no health issues relating to the service user. The unpaid work codes reflect this. However, a few weeks into the order it becomes known that the service user is suffering from hyperthyroidism and has been under medical supervision for the condition for a period of two years. She advises that she refuses to take the medication she is prescribed to manage the condition. The condition causes her to feel faint and tired. Although this is noted in the nDelius records, there is no evidence of this condition being explored further or any consideration being given to the potential impact on her ability to undertake the unpaid work safely.

There are reports of the service user exhibiting concerning behaviours to other service users and unpaid work staff while on placement, including walking off site, refusing to abide by health and safety rules, damage to property and aggression to others. Although warning letters are sent, there is no evidence of any discussion with the service user or consideration given to the escalating risk to others on site. There are entries on nDelius requesting that the issues are discussed with the service user prior to her subsequent sessions, but no evidence of this happening. There is no evidence that matters are escalated to managers.

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

During the inspection, we observed two induction sessions and visited 11 group unpaid work sites. Overall, based on these observations, we concluded that arrangements for unpaid work do maximise rehabilitative elements and support desistance.

In both induction sessions, inspectors observed respectful behaviour by staff and attempts to engage service users appropriately. Information was given primarily through the use of PowerPoint slides, and discussion of issues was also part of the process. There was some evidence that information received from individuals during induction was also used to inform initial assessments.

Induction covered a lot of information and was delivered quite fast. It wasn't always clear how much information service users had managed to absorb. In both sessions, information was shared with service users about ETE provision and how they could access this to account for up to 20 per cent of their unpaid work hours. However, this was judged by inspectors to have been covered too quickly and with insufficient focus on detail.

At unpaid work sites we visited, all service users we spoke to indicated that at least some of the unpaid work projects were useful and rewarding. Most service users were reasonably positive about their experience and the majority understood the benefits that the work they were doing had for the community. Service users on the women-only project were particularly effusive, with one commenting that it had given her *“a new perspective on how people treat their local communities”*.

Many of the service users we spoke to could identify what benefits they had gained from the work. This was less common when the work undertaken was perceived to be dull, such as litter picking. Work involving painting and decorating, some ground clearance and gardening were seen as more useful, especially when machinery was used, since experience of these machines was seen as a transferrable skill. All but one of the service users spoken to on-site said they were aware of the skills they could develop through undertaking unpaid work. Beneficiaries of projects we visited were also positive about the work being done.

In each of the unpaid work sites we visited, supervisors modelled appropriate behaviour and were prosocial in their engagement with service users. In most cases, rules were applied appropriately and fairly, although at one site we observed a service user on their mobile phone and another vaping. It was not clear if the rules had been clearly explained or if this was lax management.

Although some of the service users we spoke to were aware of ETE support and provision, many others were not. Some thought the only provision available was the opportunity to get a Construction Skills Certification Scheme (CSCS) card. However, some of those we spoke to had attended the job club and completed training to support future employment.

### **Is the sentence of the court implemented appropriately?**

We determined that the sentence of the court was implemented appropriately in 70 per cent of the cases we looked at, which was good. In 75 per cent of cases, the first unpaid work session was offered within seven calendar days from when the requirement was first allocated to the CRC, and 93 per cent began within 14 days.



We saw evidence of flexibility afforded to service users with childcare responsibilities and/or work commitments. Examples included changing the day a service user was due to attend in order to accommodate work arrangements and moving a placement from a group to an individual setting to support childcare arrangements. Professional judgements regarding missed appointments were appropriate and recorded in 73 per cent of the cases we looked at, but recording was not consistent, and it was not always possible to assess whether the reasons for a failure to attend were deemed appropriate or not.

Although appropriate enforcement action was taken in two-thirds of relevant cases, in a number of cases it was assessed that action should have happened sooner. The following case is an example:

#### **Poor practice example**

The service user failed to comply and initially only enforcement letters are sent, even though there is a mobile phone number and an email address on record. Efforts to encourage engagement improve but still fail to secure unpaid work compliance. With 11 unacceptable unpaid work absences, the order should have been returned to court.

We saw some examples where returning a service user to court for breach had a positive impact on their subsequent engagement.

	Previous inspection	Current inspection
<b>3.2. Through the Gate</b>		
Through the Gate services are personalised and coordinated, addressing the service user's resettlement needs.	Requires improvement	Outstanding

We inspected the management of 33 cases where the CRC had delivered pre-release Through the Gate work at HMP Liverpool, looking at resettlement planning, delivery of resettlement services and release coordination.

In 2018, at our last inspection, Through the Gate provision was assessed as 'Requires improvement', with concerns centring on gaps in the delivery of resettlement services and, in particular, the 'erratic' nature of communication between staff in the prison and responsible officers in the community. Through the Gate provision is now rated as 'Outstanding', having made significant strides in all aspects of the service. Initiatives have included high intensity support for prisoners with complex needs and experience of breach, and the introduction of weekly resettlement boards. Improvement has been particularly apparent in the coordination of services between the prison and community.

In April 2019, a new enhanced specification was introduced nationally for Through the Gate services, which has seen a substantial increase in resourcing. Included in the initiatives since that time has been the resettlement hub outside the prison gate, which is staffed by the CRC.

#### Strengths:

- Assessments of resettlement need are generally good, with appropriate consideration given to the needs of individuals and the potential risk of harm they pose, regardless of how long they are in custody for.
- Accommodation support, provided by Shelter as part of the Through the Gate service, is good and offers sufficient support in over 90 per cent of cases requiring it.
- Communication with community-based responsible officers ensures effective transition from prison to the community to offer continuity of support.
- Information shared by Through the Gate staff to responsible officers often includes information regarding the service user's wider behaviour so as to help understand a wider context of risk and need.

#### Area for improvement:

- There is scope to further improve communication with departments that offer support not provided by the Through the Gate team.
- The lack of interview space in some cases meant it was not always possible to discuss private matters that had a bearing on resettlement planning.

**Our rating<sup>37</sup> for Through the Gate is based on three key questions:**

Comparison with previous inspection and all CRCs	Previous inspection	Current inspection	All CRCs <sup>38</sup>
Does resettlement planning focus sufficiently on the service user's resettlement needs and on factors linked to offending and desistance? <sup>39</sup>	84%	88%	69%
Does resettlement activity focus sufficiently on supporting the service user's resettlement? <sup>39</sup>	74%	<b>81%</b>	62%
Is there effective coordination of resettlement activity? <sup>39</sup>	55%	84%	59%

Against each of the key questions used to assess Through the Gate work, Merseyside CRC scored over 80 per cent. Therefore, the overall judgement is 'Outstanding'.

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

Inspectors assessed that, in 88 per cent of the cases reviewed, resettlement planning focused sufficiently on the service user's resettlement needs and on factors linked to offending and desistance. This was similar to what we found at the last inspection, but significantly better than the average in our first year of inspections of all CRCs.

An initial resettlement plan should be undertaken within five days of arrival in custody, and this happened in most of the cases we looked at. In a large majority of cases, the service user was actively involved in the planning process and assessments drew sufficiently on available sources of evidence. In some cases, prisoners were seen at their cell door due to a lack of interview space at the prison, which did not offer sufficient privacy. This was confirmed as an issue by staff working at the prison.

In many cases, the service user was in custody for only a short space of time. Despite this, there was evidence in a number of cases that the service user was seen frequently, especially when there were outstanding issues that needed addressing, as the following case demonstrates:

**Good practice example**

The service user was in custody for only five weeks. Despite this, he was seen on 12 occasions to try to facilitate accommodation as a priority. Other issues centred on mental health concerns and, at the point of release, ETE support.

<sup>37</sup> The rating for the standard is normally driven by the lowest score on each of the key questions, which is placed in a rating band, indicated in bold in the table. See Annexe 2 for a more detailed explanation.

<sup>38</sup> HMI Probation inspection data, from inspections conducted between June 2018 and June 2019.

<sup>39</sup> The answers to these key questions are underpinned by more detailed 'prompts'. The table in Annexe 4 illustrates the percentage of the case sample with a satisfactory 'yes' response to each prompt.

The correct level of need was identified in at least a reasonable majority of cases, and in over nine out of ten of those requiring accommodation or ETE. It was also encouraging to note that, in 84 per cent of cases, planning also took factors relating to risk of harm into account, ensuring such information was shared with the community responsible officers. It was reassuring too that in some cases we looked at, this directly impacted on the subsequent work undertaken, such as finding accommodation.

There was evidence of good links with other prison departments in relation to planning when areas of work that were not the direct responsibility of the Through the Gate team were identified, such as mental health or drug and alcohol problems. The prisons weekly resettlement board, where all departments were available to see prisoners, also facilitated good communication between departments.

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

Resettlement activity was good, with an appropriate range of support available. In 72 per cent of the cases we looked at, resettlement services built on the service user's strengths and enhanced their protective factors and in a similar number of cases this activity took sufficient account of the service user's diversity and personal circumstances.

In all but one of the cases we looked at, there was sufficient advice on finance, benefits and debt, with a particular focus on debt advice and managing and setting up benefits claims at the earliest opportunity. The latter was supported by the potential for this to be undertaken in the resettlement hub, just outside the prison gates, on the day of release. In over 80 per cent of cases, we found that factors relating to risk of harm, including domestic abuse and child safeguarding, were taken into account in resettlement activity.

There was excellent accommodation support from Shelter, which the CRC was in partnership with at HMP Liverpool. In 94 per cent of those cases requiring it, we assessed that there had been sufficient work on the accommodation needs of prisoners. We saw numerous examples of Shelter working tenaciously with service users to find provision for release. Even when options were declined by the service user, further attempts to find alternatives were invariably undertaken. In a quarter of the cases we reviewed, men were released to temporary accommodation found for them by Shelter.

Many of the men at HMP Liverpool have multiple resettlement needs, which are often long-standing. Many of the cases we looked at were of men with complex needs but on very short sentences. Nevertheless, it was encouraging that we saw examples of work being undertaken and coordinated despite these limitations. The following case was not untypical:

#### **Good practice example**

Given the limitations of time (five weeks), the level of contact was good. Links to prison-based services were appropriate, including an application for a bank account. He (the service user) was seen by Change Grow Live (CGL) in prison for support with his drug use and referred to Ambition (drugs) in the community. A referral was also made to Achieve, for ETE support, in the community after release. There was also reference to ACTION Sefton (mental health support service) and, although this was not wanted by the service user at present, details were communicated to the responsible officer for reference.



The CRC Through the Gate team, in conjunction with their commissioned provider, P3, had begun a project to identify men at particular risk of reoffending on release. This included ongoing contact after release from the prison-based Through the Gate worker in conjunction with the responsible officer. There was some anecdotal evidence that this work was already having an impact and a proper evaluation was due to begin. Overall, we assessed that resettlement activity focused sufficiently on supporting the service user's resettlement in 81 per cent of cases.

### **Is there effective coordination of resettlement activity?**

At the last inspection, we identified the coordination of resettlement provision as an area for development. There has been a significant improvement, and we found on this occasion that there was effective coordination of resettlement activity in 84 per cent of the cases we assessed. Resettlement plans were regularly updated by Through the Gate staff following contact with service users or significant changes in circumstances. Most of the plans we saw were clear and detailed to ensure effective communication with responsible officers. We also saw examples of email and telephone exchanges to discuss issues and some examples of three-way meetings with service users to facilitate liaison and coordination. Communication was supported further by the in-prison team all having access to nDelius.

Of particular note was that we also saw a number of examples where liaison by Through the Gate staff included communication of wider information about the service user's behaviour or circumstances in custody. These included when a man had spent considerable time in segregation due to his behaviour, and concerns about a prisoner's safety due to drug debts. Such information helped community-based responsible officers better understand issues around need and risk of harm.

Although Through the Gate staff are not responsible for delivering all resettlement services in custody, there is an expectation that they will liaise effectively with other prison departments and include information about what has been provided and any plans for continuation on release to responsible officers. This helps build a full picture of a person's circumstances and ensures that their needs are known. In a small number of the cases we looked at, although a referral had been made to other departments, it was not clear what, if any, work had been undertaken. However, we also found many good examples of information being sought and communicated effectively, including information relating to drugs and alcohol, mental health provision and even work undertaken by the chaplaincy as the following case demonstrates:

#### **Good practice example**

Rod is a 36-year-old, convicted of breach of a restraining order and with significant identified mental health concerns. Excellent inter-agency working is evident, both within the prison and with external agencies. There is also evidence of appropriate challenge and motivational work taking place. Discussions take place with mental health services, CGL (drugs), P3 and other prison staff, with a good level of recording and communication with the responsible officer.

We were encouraged to note that, in 79 per cent of the cases we looked at, responsible officers followed up outstanding resettlement actions after release when this was required.

## Annexe 1: Background to probation services

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Around 255,000 adults are supervised by probation services annually.<sup>40</sup> Probation services supervise individuals serving community orders, provide offenders with resettlement services while they are in prison (in anticipation of their release), and supervise, for a minimum of 12 months, all individuals released from prison.<sup>41</sup>

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

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

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

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<sup>40</sup> Ministry of Justice, Offender management caseload statistics as at 30 September 2019 (based on the average number of total offenders supervised in the previous four quarters to the end of September 2019).

<sup>41</sup> All those sentenced, for offences committed after the implementation of the *Offender Rehabilitation Act 2014*, to more than 1 day and less than 24 months in custody, are supervised in the community for 12 months post-release. Others serving longer custodial sentences may have longer total periods of supervision on licence.

## Annexe 2: Methodology

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

### **Domain one: organisational delivery**

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

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

During the main fieldwork phase, we interviewed 72 individual responsible officers, asking them about their experiences of training, development, management supervision and leadership. We held various meetings with groups and individuals, which allowed us to triangulate evidence and information. In total, we conducted 39 meetings, which included meetings with senior managers, operational partners and stakeholders, and with middle managers and frontline staff. The evidence collected under this domain was judged against our published ratings characteristics.<sup>42</sup>

### **Domain two: case supervision**

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

We examined 114 cases from across all LDUs. The sample size was set to achieve a confidence level of 80 per cent (with a margin of error of 5), and we ensured that the ratios in relation to gender, type of disposal and risk of serious harm level matched those in the eligible population.

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<sup>42</sup> HMI Probation domain one ratings characteristics can be found here: <https://www.justiceinspectors.gov.uk/hmiprobation/wp-content/uploads/sites/5/2018/05/Probation-Domain-One-rating-characteristics-March-18-final.pdf>

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

### **Domain three: CRC-specific work**

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

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

#### *Unpaid work*

We examined 40 cases with unpaid work requirements that had begun at least three months previously. The sample included cases managed by the NPS, as well as those managed by the CRC. We ensured that the ratios in relation to gender and risk of serious harm level matched those in the eligible population. We used the case management and assessment systems to inspect these cases.

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

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

- unpaid work supervisors and coordinators
- unpaid work middle managers
- unpaid work senior leads.

#### *Through the Gate*

We examined 33 custodial cases in which the individual had been released on licence or post-sentence supervision from the CRC's resettlement prisons over a four-week period, shortly before the inspection fieldwork. The sample included those entitled to pre-release Through the Gate services from the CRC, who were then supervised post-release by the CRC being inspected. We used the case management and assessment systems to inspect these cases.

We also held meetings with the following individuals/groups:

- a group of resettlement and Through the Gate staff from both the CRC and Shelter working at HMP Liverpool
- middle managers responsible for the Through the Gate delivery at both HMP Liverpool and HMP Styal
- governors from HMP Liverpool responsible for offender management and reducing reoffending
- lead senior manager for resettlement.

### **Ratings explained**

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

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

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

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

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

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

### Rating unpaid work

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

### Overall provider rating

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

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

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

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

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

### Comparative data

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

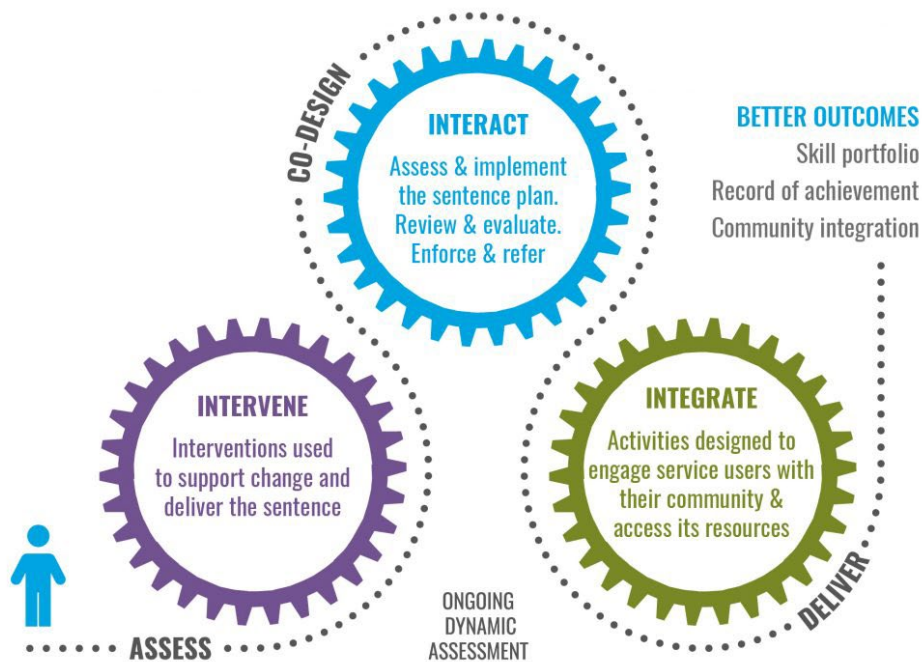
## Annexe 3: Organisational design and map

Information supplied by Merseyside CRC.

The following is the organisation's own description of its operating model.

### The operating model in practice

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



### A personalisation model for criminal justice – what it means for service users



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

**Enabling our Future:** In September 2018, we launched our Enabling our Future programme. The programme aims to achieve better outcomes for Service Users and create a more sustainable operating model that works for Interserve and the communities we work in. The programme has five work streams including Interchange and the Operating Model. The approach changes to the way in which we deploy Interchange to align resources to risk and enabling areas, focusing our approach in programme delivery, group work, resettlement, community orders and specific cohorts of service users such as our female service user teams. This operating model allows for the development of specialisms and supports the implementation and embedding of ITTG, while ensuring the resource follows the right service users. The most significant change is the implementation of an Interventions team separate to case management teams. Working together the teams will be able to maximise positive outcomes for service users.

**Banding and Allocation:** Effective banding and allocation is reliant on the PSC and CRCs working effectively together, sharing information in a timely and efficient way to ensure its right first time. The Service User should remain at the heart of the process, be well communicated with, feel that we are professional and that we will work flexibly to deliver the sentence of the court to achieve positive changes. Cases are allocated as per geographical address, to the closest possible delivery unit unless a better service can be delivered elsewhere such as in the women’s offer. Cases are generically allocated unless there are concentrator modules within the LDU such as women’s, 18-25 years, Intensive community orders, resettlement specialist.



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

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



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

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

**Domestic Abuse:** Cases with a BBR requirement are allocated in line with DA cases, SCMs will manage those cases over 3.0 RSR and/or 75% OGRs.

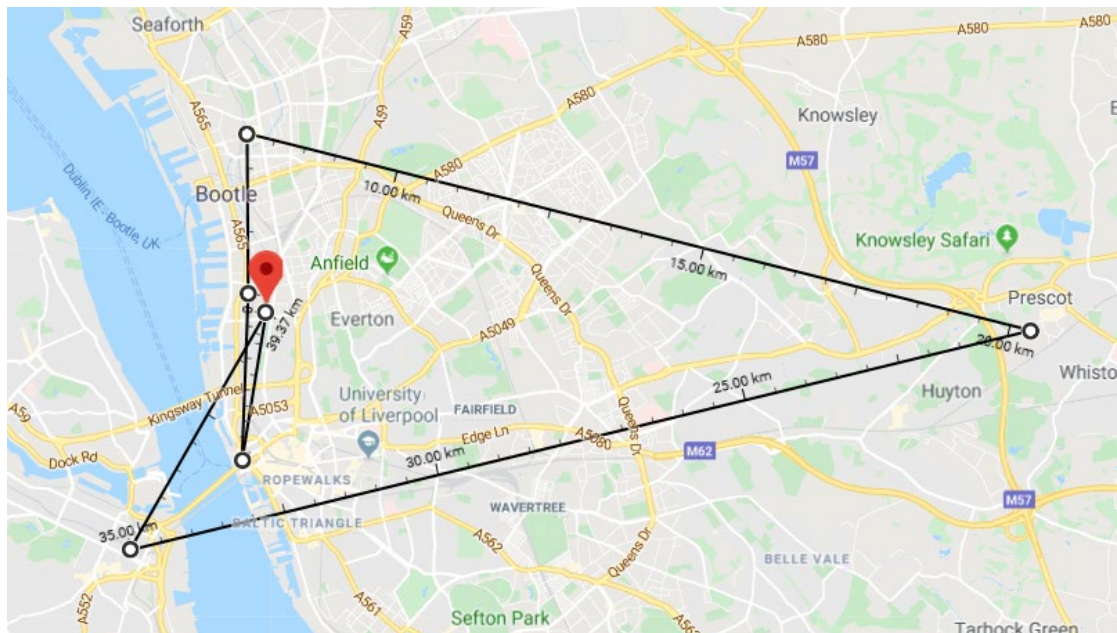
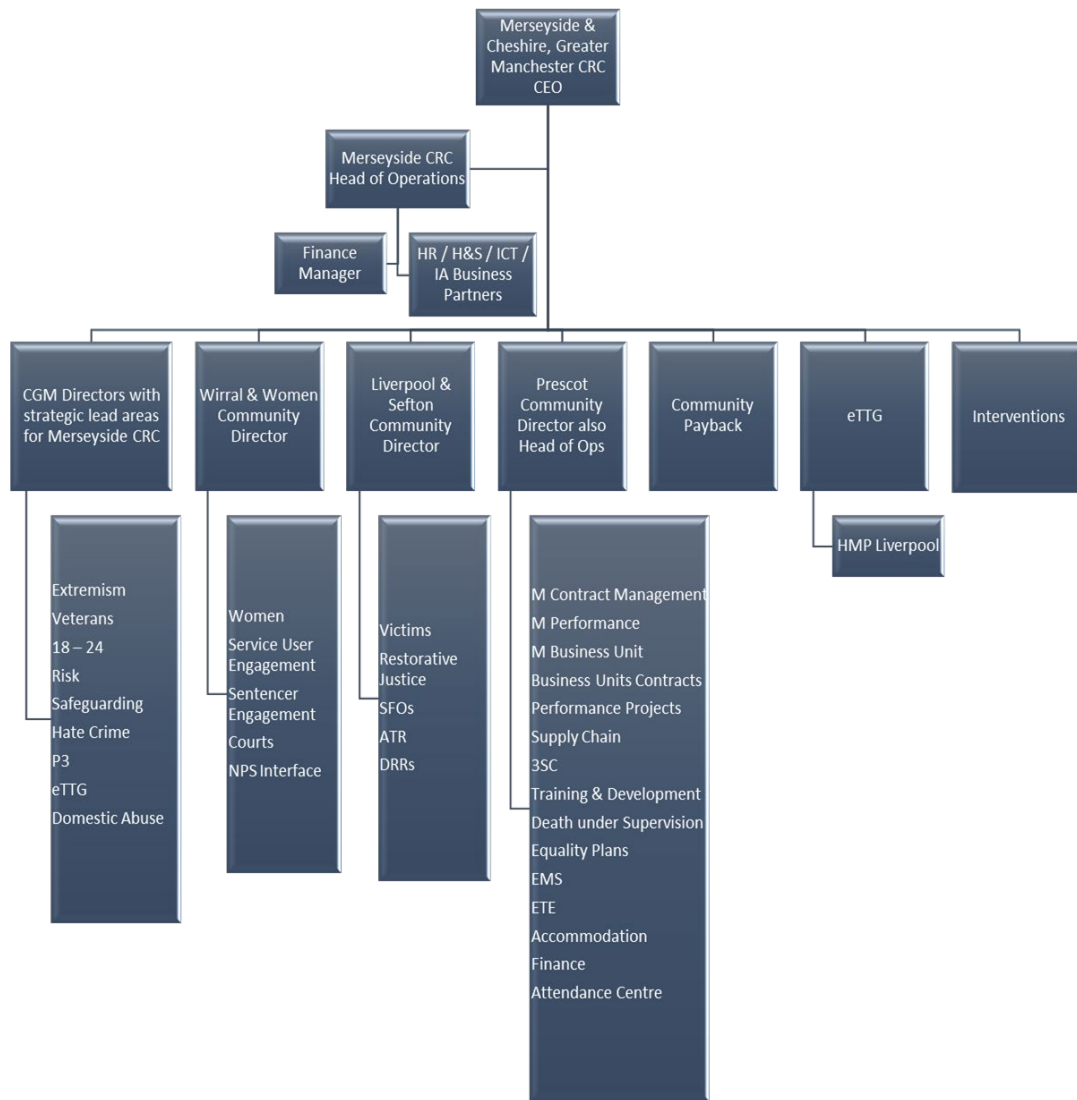
### Available services and involvement of the third sector

3SC (Third Sector Consortium) are a key partner and they enable the third sector to build partnerships so that they can bid for work. 3SC work closely with our other key partners, Shelter and P3. Shelter provide resettlement services for men and women in custody and P3 provide a highly successful intensive intervention for men and women in the community who have multiple needs.

Merseyside CRC (MCRC) works with three providers who deliver women's services, Person Shaped Support (PSS), Tomorrow's Women Wirral (TWW) and Adelaide House. MCRC are proud to have an established partnership with User Voice; which is key to our Service User Engagement Strategy.

Additional services have been commissioned by MCRC to support service users to change including Rotunda College, Riverside Housing Association and Intuitive Thinking.

More information can be found at <http://www.merseysidecrc.co.uk>



Lines above indicate the distance between offices within the Merseyside CRC area.

## Annexe 4: Inspection data<sup>43</sup>

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

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

2.1. Assessment		
Does assessment focus sufficiently on engaging the service user?	Previous inspection	Current inspection
Does assessment analyse the service user’s motivation and readiness to engage and comply with the sentence?	66%	61%
Does assessment analyse the service user’s diversity and personal circumstances, and consider the impact these have on their ability to comply and engage with service delivery?	No comparable data available	33%
Is the service user meaningfully involved in their assessment, and are their views taken into account?	58%	56%
Does assessment focus sufficiently on the factors linked to offending and desistance?		
Does assessment identify and analyse offending-related factors?	71%	42%
Does assessment identify the service user’s strengths and protective factors?	No comparable data available	71%
Does assessment draw sufficiently on available sources of information?	66%	60%

<sup>43</sup> HMI Probation inspection data.

<b>Does assessment focus sufficiently on keeping other people safe?</b>		
Does assessment clearly identify and analyse any risk of harm to others, including identifying who is at risk and the nature of that risk?	No comparable data available	41%
Does assessment analyse any specific concerns and risks related to actual and potential victims?	No comparable data available	44%
Does assessment draw sufficiently on available sources of information, including past behaviour and convictions, and involve other agencies where appropriate?	No comparable data available	33%
Were domestic abuse checks undertaken? <sup>44</sup>	No comparable data available	76%
Did child safeguarding information sharing take place in cases where required? <sup>45</sup>	No comparable data available	59%

## 2.2. Planning

<b>Does planning focus sufficiently on engaging the service user?</b>	<b>Previous inspection</b>	<b>Current inspection</b>
Is the service user meaningfully involved in planning, and are their views taken into account?	55%	61%
Does planning take sufficient account of the service user's diversity and personal circumstances, which may affect engagement and compliance?	No comparable data available	50%
Does planning take sufficient account of the service user's readiness and motivation to change, which may affect engagement and compliance?	73%	59%

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<sup>44</sup> Expected in all cases.

<sup>45</sup> Expected in all cases where the service user has children, is in contact with children or presents a potential risk of harm to children.

Does planning set out how all the requirements of the sentence or licence/post-sentence supervision will be delivered within the available timescales?	71%	54%
Does planning set a level, pattern and type of contact sufficient to engage the service user and to support the effectiveness of specific interventions?	70%	53%
<b>Does planning focus sufficiently on reducing reoffending and supporting the service user's desistance?</b>		
Does planning sufficiently reflect offending-related factors and prioritise those which are most critical?	77%	58%
Does planning build on the service user's strengths and protective factors, utilising potential sources of support?	No comparable data available	70%
Does planning set out the services most likely to reduce reoffending and support desistance?	80%	61%
<b>Does planning focus sufficiently on keeping other people safe?</b>		
Does planning sufficiently address risk of harm factors and prioritise those which are most critical?	56%	46%
Does planning set out the necessary constructive and/or restrictive interventions to manage the risk of harm?	58%	45%
Does planning make appropriate links to the work of other agencies involved with the service user and any multi-agency plans?	No comparable data available	46%
Does planning set out necessary and effective contingency arrangements to manage those risks that have been identified?	47%	38%

### 2.3. Implementation and delivery

<b>Is the sentence/post-custody period implemented effectively, with a focus on engaging the service user?</b>	<b>Previous inspection</b>	<b>Current inspection</b>
Do the requirements of the sentence start promptly, or at an appropriate time?	76%	68%
Is sufficient focus given to maintaining an effective working relationship with the service user?	76%	74%

Are sufficient efforts made to enable the service user to complete the sentence, including flexibility to take appropriate account of their personal circumstances?	79%	90%
Post-custody cases only: Was there a proportionate level of contact with the prisoner before release?	62%	50%
Are risks of non-compliance identified and addressed in a timely fashion to reduce the need for enforcement actions?	77%	65%
Are enforcement actions taken when appropriate?	No comparable data available	67%
Are sufficient efforts made to re-engage the service user after enforcement actions or recall?	86%	70%
<b>Does the implementation and delivery of services effectively support the service user's desistance?</b>		
Are the delivered services those most likely to reduce reoffending and support desistance, with sufficient attention given to sequencing and the available timescales?	70%	55%
Wherever possible, does the delivery of services build upon the service user's strengths and enhance protective factors?	No comparable data available	63%
Is the involvement of other organisations in the delivery of services sufficiently well-coordinated?	No comparable data available	64%
Are key individuals in the service user's life engaged, where appropriate, to support their desistance?	No comparable data available	32%
Is the level and nature of contact sufficient to reduce reoffending and support desistance?	54%	46%
Are local services engaged to support and sustain desistance during the sentence and beyond?	No comparable data available	51%
<b>Does the implementation and delivery of services effectively support the safety of other people?</b>		
Is the level and nature of contact offered sufficient to manage and minimise the risk of harm?	60%	55%

Is sufficient attention given to protecting actual and potential victims?	No comparable data available	46%
Is the involvement of other agencies in managing and minimising the risk of harm sufficiently well-coordinated?	No comparable data available	48%
Are key individuals in the service user's life engaged, where appropriate, to support the effective management of risk of harm?	No comparable data available	33%
Are home visits undertaken, where necessary, to support the effective management of risk of harm?	No comparable data available	34%

#### 2.4. Reviewing

<b>Does reviewing focus sufficiently on supporting the service user's compliance and engagement?</b>	<b>Previous inspection</b>	<b>Current inspection</b>
In cases where it is needed, does reviewing consider compliance and engagement levels and any relevant barriers?	No comparable data available	56%
In cases where it was needed, were any necessary adjustments made to the ongoing plan of work to take account of compliance and engagement levels and any relevant barriers?	No comparable data available	48%
Is the service user meaningfully involved in reviewing their progress and engagement?	No comparable data available	30%
Are written reviews completed as appropriate as a formal record of actions to implement the sentence?	No comparable data available	68%
<b>Does reviewing focus sufficiently on supporting the service user's desistance?</b>		
Does reviewing identify and address changes in factors linked to offending behaviour, with the necessary adjustments being made to the ongoing plan of work?	No comparable data available	43%

Does reviewing focus sufficiently on building upon the service user's strengths and enhancing protective factors?	No comparable data available	63%
Is reviewing informed by the necessary input from other agencies working with the service user?	No comparable data available	59%
Are written reviews completed as appropriate as a formal record of the progress towards desistance?	No comparable data available	70%
<b>Does reviewing focus sufficiently on keeping other people safe?</b>		
Does reviewing identify and address changes in factors related to risk of harm, with the necessary adjustments being made to the ongoing plan of work?	No comparable data available	29%
Is reviewing informed by the necessary input from other agencies involved in managing the service user's risk of harm?	No comparable data available	48%
Is the service user (and, where appropriate, key individuals in the service user's life) meaningfully involved in reviewing their risk of harm?	32%	31%
Are written reviews completed as appropriate as a formal record of the management of the service user's risk of harm?	No comparable data available	61%

#### 4.1 Unpaid work

<b>Is the assessment and planning of unpaid work personalised?</b>	<b>Previous inspection</b>	<b>Current inspection</b>
Does assessment consider the service user's diversity and personal circumstances, and the impact these have on their ability to comply and engage with unpaid work?	No comparable data available	55%
Does unpaid work build upon a service user's strengths and enhance their protective factors?	No comparable data available	48%



Is the allocated work suitable, taking account of the service user's diversity and personal circumstances?	No comparable data available	70%
<b>Is unpaid work delivered safely?</b>		
Does the delivery of unpaid work take account of risk of harm to other service users, staff or the public?	No comparable data available	60%
Does unpaid work consider issues relating to the health and safety or potential vulnerability of the service user?	No comparable data available	65%
Where the responsible officer is engaged in other activity/work with the service user, does regular communication take place?	No comparable data available	91%
<b>Is the sentence of the court implemented appropriately?</b>		
Does unpaid work commence promptly and happen regularly?	No comparable data available	48%
Do arrangements for unpaid work encourage the service user's engagement and compliance with the order?	No comparable data available	65%
Are professional judgements made in relation to decisions about missed appointments?	No comparable data available	73%
Are enforcement actions taken when appropriate?	No comparable data available	66%

4.2 Through the Gate		
<b>Does resettlement planning focus sufficiently on the service user's resettlement needs and on factors linked to offending and desistance?</b>	<b>Previous inspection</b>	<b>Current inspection</b>
Is there a clear and timely plan for how the service user's resettlement needs will be addressed?	74%	82%
Does the plan sufficiently draw on available sources of information?	84%	82%
Is the service user meaningfully involved in planning their resettlement and are their views considered?	87%	85%
Does the resettlement plan identify the service user's strengths and protective factors and consider ways to build upon these?	68%	55%
Does the plan take sufficient account of the service user's diversity and personal circumstances?	84%	82%
Does the resettlement plan take account of factors related to risk of harm?	No comparable data available	84%
<b>Does resettlement activity focus sufficiently on supporting the service user's resettlement?</b>		
Are resettlement services delivered in line with the service user's resettlement needs, prioritising those which are most critical?	No comparable data available	No comparable data available
Wherever possible, do resettlement services build upon the service user's strengths and enhance their protective factors?	No comparable data available	72%
Does resettlement activity take sufficient account of the service user's diversity and personal circumstances?	No comparable data available	71%
Does resettlement activity take sufficient account of any factors related to risk of harm?	No comparable data available	84%

<b>Is there effective coordination of resettlement activity?</b>		
Is there effective coordination of resettlement activity with other services being delivered in the prison?	No comparable data available	83%
Is there effective communication with the responsible officer in the community, prior to and at the point of release?	52%	84%
Do resettlement services support effective handover to local services in the community?	No comparable data available	70%



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ISBN: 978-1-84099-926-6