



Her Majesty's
Inspectorate of
Probation

A thematic review of the quality and effectiveness of probation services recovering from the impact of exceptional delivery models introduced owing to the Covid-19 pandemic

A themed review by HM Inspectorate of Probation

February 2021

Contents

Foreword	3
Contextual information	5
Executive summary	6
Recommendations	11
What we found (part one): leadership, staffing and facilities	12
National leadership	12
Local management.....	13
Local arrangements: staffing and facilities.....	15
What we found (part two): casework	23
Court work	23
Case management	25
Work with victims	34
What we found (part three): service delivery	36
Interventions including accredited programmes and rehabilitation activity requirements	36
Unpaid work.....	38
Resettlement services	41
Approved premises and homelessness prevention.....	43
Partnership work.....	44
Annexe 1: Methodology	48
Annexe 2: Caseloads	51

Acknowledgements

This inspection was led by HM Inspector Keith McInnis, supported by a team of inspectors and operations, data, research, communications and corporate staff. We were also supported by EP:IC (Empowering People: Inspiring Change), a company which deployed consultants with lived experience of the criminal justice system to gain feedback from service users about their experiences. The manager responsible for oversight of this inspection was Helen Rinaldi. 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.

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

© Crown copyright 2021

You may re-use this information (excluding logos) free of charge in any format or medium, under the terms of the Open Government Licence. To view this licence, visit www.nationalarchives.gov.uk/doc/open-government-licence or email psi@nationalarchives.gsi.gov.uk.

This publication is available for download at: www.justiceinspectors.gov.uk/hmiprobation

ISBN 978-1-84099-963-1

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

Follow us on Twitter [@hmiprobation](https://twitter.com/hmiprobation)

Foreword

The Covid-19 pandemic has had an unprecedented impact on every aspect of society. With the high infection and death rates across the United Kingdom, few people have not been directly impacted. Probation services, like all public services, have had to respond in an agile, effective and safe manner.

This is the second review by HM Inspectorate of Probation examining the impact of the pandemic on the delivery of those services across England and Wales. In November 2020, we published the first of these reports, which examined the initial response between late March and July 2020. This review reports on how probation services started to recover after that first lockdown period, looking at the work undertaken between late July and the end of November 2020 to increase both face-to-face contact with service users and the delivery of related services, including accredited programmes and unpaid work. It is based on the work of six Community Rehabilitation Companies (CRCs) and six regional areas in the National Probation Service (NPS). A third report, due to be published later this year, looks at how probation services are managing, within the context of the current pandemic, the planned transition to a unified service in June 2021.

Building services back up after the initial national lockdown has been a monumental task, and one that staff at all levels should be proud of. The majority of staff we interviewed said that progress towards recovery had been well managed, communication had generally been good and that, as offices had reopened or extended their opening times, they had felt safe. The primary focus of the service, appropriately, remained the safety of staff, service users and the public. While those individuals assessed as posing the highest risk of harm started to be seen face-to-face again, telephone contact still remained widely used. It was therefore encouraging, and perhaps surprising, that our inspection of 240 individual cases found that issues relating to risk of harm were actually *better* managed in those cases sentenced or released from custody after July 2020 than in those released or starting a community sentence before the pandemic. In fact, consistently across all key aspects of case management, our most recent case sample of cases starting supervision from late July to September 2020 scored better than that from the beginning of the year, with a particularly impressive 21-percentage point increase in the proportion of CRC cases found to be satisfactory for risk management planning.

The need to build back delivery of accredited programmes and unpaid work from the very low levels possible during the first lockdown has been embraced by services and was, until the latest lockdown in January 2021, progressing reasonably well. Backlogs in delivery remain, however, and reducing them is, and will remain, a major challenge, particularly given the limited physical space available, need for social distancing and, with programme delivery, lack of suitably trained staff. Addressing these backlogs and enforcing compliance must be the focus while restrictions in activity continue.

While many staff have embraced working from home for at least part of each week, this presents its own challenges, and many staff feel under more pressure as restrictions have lifted than they did during the early stages of the pandemic. A blended model of supervision, combining both home working and office-based contact, may be a way forward in the future, but the case for it has yet to be made comprehensively, and a robust, large-scale evaluation of the effectiveness of telephone supervision is urgently needed, given the reliance that is being placed on it now and potentially in the future.

Recovery is not a linear path. It is likely that service delivery will be restricted for some time to come, and there will be fluctuations. Since the completion of this piece of work, vaccines for Covid-19 have been announced and are being rolled out, while the nation has also entered a third national lockdown. The former gives hope for the future, the latter a reminder of the challenges we face. Recovery from the pandemic will be a slow process, and one that must be balanced against the safety of all involved. Probation services have taken positive initial steps, for which all those involved should be congratulated, but there remains much still to be done.

A handwritten signature in black ink that reads "Justin Russell". The signature is written in a cursive, flowing style.

Justin Russell
HM Chief Inspector of Probation

Contextual information

Timeline of Covid-19 and probation services

23 March 2020	Prime Minister Boris Johnson announces partial lockdown of the United Kingdom to contain the spread of Covid-19
24 March 2020	Her Majesty's Prison and Probation Service (HMPPS) issues exceptional delivery model guidance to the NPS and CRCs
02 June 2020	HMPPS publishes Roadmap to Recovery
14 October 2020	The first Covid-19 tier regulations come into force, defining three levels of restrictions to be applied as necessary in geographical areas
05 November 2020	England's second lockdown begins for four weeks, to 02 December 2020
04 January 2021	Prime Minister Boris Johnson announces third lockdown for England, approved by Parliament on 06 January 2021

22,756 (28,270: ↓20%)	Number of community sentences, suspended sentence orders and deferred sentences started, July to September 2020 (compared with baseline pre-Covid-19 level, July to September 2019)
15,632 (21,405: ↓27%)	Numbers starting pre-release supervision, July to September 2020 (compared with baseline pre-Covid-19 level, July to September 2019)
4,259 (6,041: ↓29%)	Unpaid work requirements commenced, July to September 2020 (compared with baseline pre-Covid-19 level, July to September 2019)
2,221 (2,172: ↑2%)	Accredited programmes commenced, July to September 2020 (compared with baseline pre-Covid-19 level, July to September 2019)
3	NPS staff deaths where Covid-19 was the suspected cause, up to 31 October 2020 ¹
19	NPS service user deaths related to Covid-19, up to 31 December 2020
9	CRC service user deaths related to Covid-19, up to 31 December 2020

¹ The equivalent information for CRC staff is not readily available.

Executive summary

Introduction

The impact of the Covid-19 pandemic has permeated every aspect of life. The initial lockdown in March 2020 saw the introduction of exceptional delivery models (EDMs) for probation services across England and Wales. Some aspects of service delivery were suspended, including group delivery of unpaid work and accredited programmes, while the day-to-day supervision of service users was largely restricted to virtual contact, with only limited face-to-face access.

By the middle of June 2020, the restrictions imposed by government were beginning to reduce. Limited access between households was allowed, some retail outlets began to reopen, and schools began to provide face-to-face access for some age groups. The probation *Roadmap to Recovery*² was published on 02 June and outlined a strategic plan to increase probation activity across the country in a step-by-step process, beginning in July.

Probation services remain very much in recovery, and few would suggest that 'business as usual' is likely for some time still. However, most areas of service delivery have begun to increase their activity and to move toward a more 'normal' approach to engaging with service users. Change is, nevertheless, slow and varies across regions and, indeed, within regions. Particular emphasis has been placed on increasing face-to-face contact with service users, particularly those presenting the highest risk of harm, in getting accredited programmes up and running again, and ensuring that unpaid work is provided to as many of those ordered by the court as is practical. It is a huge testimony to all involved that this has, to date, been largely managed well.

This report summarises the results of a thematic review, undertaken between 28 September and 27 November 2020, on the effectiveness of this recovery work. It focuses on six probation regions and the work carried out by both the NPS and CRCs operating in those regions. In total, we reviewed 240 probation cases. These were divided to provide a sample drawn from a period prior to the initial EDM lockdown, 13 January to 28 February, and also from the recovery period, 27 July to 25 September 2020. There was an even split of cases between the NPS and CRCs. We also undertook a voluntary survey with responsible officers in each of the local delivery units (LDUs) we visited, giving us a total of 289 returns. We undertook 177 meetings and focus groups with staff and managers, all remotely, including those with a national workstream remit. We also interviewed 71 service users who experienced being managed during this period, although some of these individuals were not managed by the services we were visiting. More detail on our approach can be found in Annexe 1.

Leadership, staffing and facilities

The model of recovery has seen a large shift away from the initial gold, silver and bronze national command structure associated with the initial lockdown and EDM period, with a greater emphasis upon regional implementation, recognising individual differences and impacts of the pandemic. A range of workstreams have been introduced to support the central Probation Business Recovery Programme Board. Overall, this model works well and, despite initial concerns raised by some CRC senior leaders, appears to be effective in managing a rapidly changing environment. It is to the credit both of staff and managers across all probation services that, while services have had to adjust to the national crisis, they have, largely, managed this through clear direction and planning.

² Her Majesty's Prison and Probation Service. (2020). *Roadmap to recovery*
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892498/probation-roadmap-to-recovery.pdf

Overall, staff feel that senior leaders communicated their strategies well and gave clear guidance about how to manage work during the initial EDM period. While fewer staff believe this in relation to recovery, three-quarters of staff in our survey still felt that strategies for managing recovery have been communicated sufficiently well, and that guidance remained clear about managing work. We consistently found clear lines of communication in the areas we visited and, while some staff have found working within EDMs more difficult than others, most generally embraced the changes and were clearly driven to provide the best service they could.

For some areas, the challenge of implementing the initial EDMs or moving into recovery has been that of the availability of technology. Some areas we visited during this inspection did not initially have sufficient equipment to enable staff to work from home or to deliver services remotely, and, in this regard, CRCs were impacted far harder than was the NPS. This challenge has been compounded further by, in many cases, CRCs not having access to remote communication platforms such as Microsoft Teams, which has made liaison with other organisations more difficult. Despite this, we saw little difference in the effectiveness of the work undertaken, or in the views about service delivery expressed by staff. In most cases, staff worked with what they had, and what they were used to, and did not necessarily see themselves as hindered any more than other services. That said, a theme that we did encounter regularly was that CRC staff felt they were often the 'poor relation' in comparison with the NPS, particularly in relation to the availability of technology.

Reopening offices that were closed and extending the opening hours of those that remained open during the early stages of the pandemic have been a huge task, and one that most staff we spoke to felt had been managed reasonably well. Almost three-quarters of responsible officers in our survey said that they felt safe going into an office. Nationally, there has been a gradual increase in face-to-face contact, and a consequential reduction in both 'doorstep' visits and telephone contacts; this is largely reflected in our own case samples. While positive, and many staff we spoke to during the inspection feel that this is a progressive step, there is little doubt that for many this has increased the pressure they feel in managing their work. Most staff are in offices only part of the week and are trying to fit a large number of face-to-face contacts into a restricted amount of time. Furthermore, managing service users, who often live quite chaotic lives and struggle to adhere to tight time slots for appointments, can compound the pressure on staff. For many staff, the length of time that restricted working has been in place has led to feelings of 'Covid fatigue'.

While most responsible officers feel well supported by their line manager, middle managers (senior probation officers (SPOs) and their equivalents) appear to be the group that felt under the most pressure. Many spoke of feeling overwhelmed by the task they faced and, while this was widely acknowledged across areas and at national level, this remained an area of potential risk to progressing recovery.

Casework

At the peak of the initial lockdown, court activity reduced to around a quarter of the pre-pandemic level. The introduction of a virtual platform to facilitate court activity has been successful but does add substantially to the amount of time that hearings can take. Several initiatives have been developed or extended to help with recovery, including the extension of Saturday courts and the introduction of 'Nightingale' courts. While court staff we spoke to generally felt supported and reasonably positive about working remotely, much of the time in court remained under considerable pressure. The increase in paid overtime and the buying back of annual leave to increase available resources have helped but may not be sustainable. The reduction in oral and on-the-day pre-sentence reports, compounded by limited staff resources, meant that, in some areas, there could be substantial delays in completing reports and in returning cases to court to be heard. It is nevertheless encouraging that we found the quality of the court reports we reviewed to be good.

Furthermore, we found a substantial improvement in access to safeguarding and public protection information at the court stage in our recovery cases, compared with those from pre-EDM.

During the initial lockdown, breaches reduced substantially, with priority being given to those with a public protection concern. Since courts have increased their capacity, the number of breaches has also risen but remained, at the end of November, below the pre-pandemic level, reflecting largely reduced face-to-face activity (compared with before March) and reduced activity in unpaid work and accredited programmes. In turn, the backlog of breaches held by both the NPS and CRCs had reduced as courts started hearing more cases.

Overall, the quality of casework we reviewed was good. Our pre-EDM case sample was selected as a benchmark of 'normal' activity regarding assessment and planning, against which we could compare those cases sentenced during recovery and identify the extent to which work was comparable. In fact, we found that, of 18 key questions relating to casework, 16 scored better in the recovery case sample than the pre-EDM sample. Although some of the differences were minimal, the fact that the pattern was so consistent attests to an overall improvement.

In all the areas we visited (virtually) during this inspection, probation services had placed a particular emphasis on assessing and managing the risk of harm that individuals posed. This emphasis was also reflected in the cases we reviewed. Across our quality standards relating to assessment, planning, delivering and reviewing, scores relating to the assessment and management of potential risks to the public were better in the more recent case sample. Of particular note is the improvement in the focus on safety in planning, where the improvement in CRC cases was 21 percentage points. An integral aspect of risk management is information sharing and liaison with partner agencies such as children's social care services and the police. In this regard, we saw a substantial improvement between the pre-EDM and recovery case samples. In 70 per cent of pre-EDM cases, we determined that risk of harm information from partner agencies was included in assessments, and this rose to 81 per cent in recovery cases.

The pattern of improvement between the two case samples was also reflected in work undertaken with service users. Although actual numbers were often relatively small, we found that where areas of criminogenic need had been identified during assessing and planning, sufficient focus had been placed upon these areas of need in more of the recovery cases we reviewed than in those from the pre-EDM case sample. Much of the delivery period for the pre-EDM cases sample fell within the height of the initial lockdown and we saw examples of work subsequently improving once recovery began, but this is nevertheless indicative of an improvement in overall activity as services moved into recovery.

Although we saw several well-managed cases, where the responsible officer had been creative in the work they undertook with service users, often engaging with them more frequently than the EDM prescribed, this was not always the case. In some cases, more work could, and should, have been undertaken. Telephone and remote contact can be used to check on service users' welfare concerns and provides a vehicle for building rapport; however, while important, this form of contact is rather limited in the long term. There are clearly challenges in undertaking constructive work via the telephone and, while we have seen examples of good-quality work via this medium, as more service users are seen face-to-face this should result in more focus on addressing reoffending and less on welfare support.

Accredited programmes

At the point of initial lockdown, all accredited programmes were suspended. Initially, remote one-to-one contact focused on those individuals close to completing the programme they were on. This was soon extended, and we saw and heard of various examples of positive engagement by programme staff with individuals who were at this time either part-way through a programme or on waiting lists. Such work was orientated to maintaining motivation in anticipation of resuming the programme, or undertaking comparable, non-accredited, work where orders were likely to end before programmes could resume.

Across all areas we visited, programmes were beginning to restart. The introduction of a prioritisation framework to focus resources and the advent of the alternative delivery framework (ADF) to determine how accredited programmes should be delivered have formed the strategic focus nationally; staff have generally been positive about both. Progress has been steady, and, at the conclusion of our fieldwork, delivery levels nationally stood at 62 per cent of pre-pandemic levels, which, given the circumstances, is encouraging.

The reintroduction of groups within national social distancing guidance has proved a challenge for most areas, although most have risen to this. Nevertheless, with fewer participants in each group, further increases in levels of delivery are largely dependent upon finding more and larger physical spaces in which to deliver programmes, and more suitably trained staff to deliver them. By the middle of January 2021, however, accredited programmes have once again had to be suspended owing to the third national lockdown.

Unpaid work

The gradual restarting of unpaid work has, like that of accredited programmes, been steady. At the end of November, delivery levels stood at 50 per cent of the pre-lockdown level, although there remains substantial variation across the country. Most projects have fewer service users on them, in order to ensure safe practice, and in most cases service users are expected to make their own way to site, in order to avoid unnecessary risks by using vans for transportation. While social distancing restrictions remain, there may be a limit, within existing resources, on how far recovery can continue.

Several positive new initiatives have been introduced by unpaid work providers. 'Project in a box', developed by a group of CRCs managed by Sodexo Justice Services in the South of England, was a notable example. Some areas are also trying to develop new, smaller, projects that are more local to the service users they are working with, to reduce travel time and improve efficiency. An agreement to increase the proportion of unpaid work hours that can be utilised through employment, training and education (ETE) activity from 20 per cent to 30 per cent has been positive and most services see this as an area for them to develop further.

Although the number of cases we reviewed with unpaid work as part of the order was relatively low (22 pre-EDM and 23 in the recovery sample), the quality of assessments was lower with the more recent cases. The reason for this was unclear and requires further investigation.

The backlog of unpaid work cases (those having not completed their order within the requisite 12-month period) has increased steadily since the initial lockdown. At the end of November, the proportion of cases with outstanding unpaid work hours at the 12-month point was 23 per cent of all those ordered to do unpaid work.³ A resolution to this is being pursued by Her Majesty's Prison and Probation Service (HMPPS).

Following the introduction of a third national lockdown in January 2021, the vast majority of unpaid work parties was, again, suspended.

Resettlement

Most prisons have continued to exercise some restrictions on the level of access to prisoners that resettlement staff have. Most prison-based staff have adjusted the way they have engaged with prisoners in light of the restrictions – for example, introducing self-assessments and cell-based activities rather than individual and group work. While necessarily limited, this has been a fairly positive approach. Nevertheless, unsurprisingly, these limitations are reflected in our case sample,

³ See data at: www.justiceinspectorates.gov.uk/hmiprobation/inspections/recoverythematic2021

where resettlement assessments in the recovery cases were judged to be less focused on individual needs and less likely to engage prisoners effectively, compared with those from January and February 2020. Encouragingly, liaison between prison-based staff and responsible officers, and work to address immediate resettlement needs (both areas where activity is less impacted by Covid-19 restrictions) were assessed to be virtually the same in each case sample.

Approved premises and homelessness prevention

The small number of approved premises that had to close at the beginning of the pandemic have now reopened. Overall, approved premises staff and managers have managed the impact of restrictions well, despite the challenges of social distancing and the use of personal protective equipment (PPE). Most premises are now reintroducing group activities and, while staff generally feel safe, the planned introduction of regular Covid-19 testing in December was welcomed.

Homelessness prevention teams were introduced across England and Wales in April 2020 to offer additional support, both practical and financial, to those leaving prison without accommodation. This initiative has been positive, and it is encouraging that it has now been extended to the end of March 2021. Most staff we spoke to during the inspection felt that the initiative was having an impact, and a small number of the cases we looked at had benefited from the project.

Partnership work

Consistently during our inspection, staff and managers alike spoke positively about work with partner agencies throughout the pandemic. For many, the use of virtual platforms to facilitate engagement and liaison had improved relationships, often because it is quicker, easier and can save on travelling. Similarly, for many responsible officers, having limited contact, and sometimes little or no face-to-face contact, with service users can raise additional concerns about the management of risk of harm. Effective engagement with partner agencies can reduce some of those concerns.

Access to provision to address offence-related needs, like drug or alcohol services, had gradually increased, and most partner agencies we spoke to were providing more services than they had in the early months of the pandemic. Much of what was available, however, was still online, and access for some service users without digital access could be a problem. The extent of service user digital exclusion remains largely unknown.

Work with women under probation supervision throughout the pandemic has been largely positive. Many agencies providing services for women report very quickly taking services online at the point of the initial lockdown, and finding an increase in demand from women throughout the period. As recovery has built, several service providers are offering a wider and more flexible range of support for women in response to need.

Recommendations

Her Majesty's Prison and Probation Service, together with Community Rehabilitation Companies, should:

1. ensure that the digital technology used by probation services is compatible with that used by key partners, to facilitate effective liaison and remote service provision
2. establish the extent to which service user digital exclusion impacts upon access to available service support and provision, and resolve shortfalls
3. resolve the backlog of unpaid work, to ensure fair justice for perpetrators and victims of crime
4. resolve the backlog of accredited programmes, to ensure rehabilitation for perpetrators and protection for victims of crime
5. urgently conduct a large-scale, robust outcome evaluation of the effectiveness of remote (telephone-based) supervision for different types of service user, if this is to become a standard part of a 'blended' approach to supervision in the future
6. evaluate the effectiveness of alternative delivery arrangements for accredited programmes and rehabilitation activity requirements (RARs), including those delivered on a one-to-one basis, if this, as well as group delivery, is to become a routine form of future provision.

Community Rehabilitation Companies should:

7. ensure that assessments of those due to complete unpaid work are comprehensive, focus on diversity and personal circumstances, and consider the risk of harm that the individual may pose to others.

What we found (part one): leadership, staffing and facilities

National leadership

In March 2020, in response to the Covid-19 global pandemic, probation services across the country dramatically changed the way in which they delivered provision. EDMs were introduced to underpin arrangements. Most offices closed or vastly reduced the frequency with which they were open, unpaid work was suspended across the country and the delivery of accredited programmes was curtailed. The primary focus of the new operating models was on managing the risk of harm, with face-to-face contact with service users largely restricted to those posing the greatest risk. Most staff across CRCs and the NPS started working from home. A clear gold, silver and bronze command structure was put in place, to drive developments and to ensure clear lines of communication from the HMPPS headquarters to all areas across the country. This presented a phenomenal challenge, but it was largely managed well.

By the beginning of June, some of the initial restrictions imposed nationally by the government began to be lifted. Similarly, HMPPS began to consider how provision could begin to work towards recovery. The probation *Roadmap to Recovery*⁴ was published on 02 June. This was in response to the UK government's publication of *Our Plan to Rebuild: The UK Government's Covid-19 recovery strategy*.⁵ The roadmap clarified that progress would be a step-by-step process, focusing on gradually building services through three stages, with an overarching emphasis on protecting the health of staff and service users, while building the capacity of services to deliver core probation functions and managing resources to reduce backlogs of work. Within the roadmap, 06 July was identified as the initial point at which the process of reintroducing and ramping up services would begin. This model remains the cornerstone of the probation services' recovery plan.

Within the model, local chief executive officers of CRCs and NPS regional probation directors are responsible for managing the pace and focus of recovery, on the understanding that they are in the strongest position to do so within their areas, while the central Probation Business Recovery Programme Board, led by the Director General of HMPPS, maintains oversight of progress and is supported by a range of operational groups. Core data is collected fortnightly to feed into the national tracker, which helps develop a national picture of recovery progress. Several workstreams are also in place, through which leaders manage progress in their respective arenas. These include:

- approved premises and accommodation, and homelessness
- accredited programmes
- non-accredited programmes
- unpaid work
- courts

⁴ Her Majesty's Prison and Probation Service. (2020). *Roadmap to recovery* https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892498/probation-roadmap-to-recovery.pdf

⁵ HM Government. (2020). *Our plan to rebuild: The UK Government's Covid-19 recovery strategy*. Presented to Parliament by the Prime Minister by Command of Her Majesty on 11 May 2020. Command Paper number CP 239. ISBN 978-1-5286-1911-0. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/884760/Our_plan_to_rebuild_The_UK_Government_s_COVID-19_recovery_strategy.pdf

- enabling infrastructure
- community and post-release supervision
- Through the Gate services
- offender management in custody
- victims.

Lead managers for each workstream have developed their own recovery plans and have regular meetings with representatives from across the country, including those from CRCs. Communication from these workstreams has generally been described as good by managers in local areas.

Senior managers from some CRCs have been slightly less positive about their experiences of arrangements to manage recovery. Rather than having different EDMs for each of the CRC provider organisations, as was the case during the initial lockdown, HMPPS has adopted a model of minimum reporting standards for CRCs, aligned with those of the NPS and managed via contract managers. A view held by some CRC managers was that this initial approach was something of a 'knee-jerk' reaction to ramp up the delivery of services such as unpaid work and accredited programmes at a speed which was not realistic. Similarly, a view was expressed in some quarters that minimum reporting standards were initially too rigid and gave little flexibility to respond to levels of individual need and office capacity. These issues have largely been resolved and more positive relationships now appear to have been established. A CRC workstream was introduced as part of the overall recovery team in October 2020, which has helped, and a CRC chief executive officer now sits on the Programme Recovery Board.

Overall, this recovery model works well and is effective. Its built-in flexibility enables local variations to be managed effectively, while a clear overarching approach ensures consistency. This was particularly apparent as the country experienced different levels of restrictions in the autumn of 2020 with the introduction of the Covid-19 tiering system and, in November 2020, the second national lockdown. Recovery largely held up well during this second lockdown. There remains concern about how services will manage following further restrictions being brought in by the government.

There is an acknowledgement in HMPPS headquarters that the pressure on services, and the staff delivering them, is increasing. The psychological impact of the continued pandemic, shorter days and colder weather, together with the stresses caused by the loss of flexible working as more services return to face-to-face contact, add to these. Trying to maintain the balance between pushing services ahead in recovery and supporting staff welfare remains a challenge, but one that is being achieved reasonably well.

Local management

The introduction of initial EDMs in March 2020 was undertaken quickly by senior managers across all areas. Many senior managers during this inspection spoke of the pressure to respond to such unprecedented circumstances and the need to give clear messages to staff across their organisations. The introduction of a 'command and control' model with a clear gold, silver and bronze structure was a pragmatic approach and was largely seen as effective. In our responsible officer survey, 83 per cent of respondents said that they felt senior leaders had communicated their strategies sufficiently well during the initial EDM period between April and June. Similarly, 88 per cent said that they felt they had also received sufficient guidance about how to manage their work.

The move towards recovery has been complex. Striking the balance between ensuring that services deliver the order of the court and managing risk of harm, while taking account of lockdown and the health and wellbeing of staff and service users, has been a challenge. The need to do this swiftly and consistently compounded matters. While the initial EDMs were effective, limited face-to-face contact made risk assessment and management extraordinarily difficult. As one regional probation director put it: ***“We were getting to the point where people were finding it [the EDM] stifling”***.

A major challenge for senior managers across probation regions, as well as at a national level, is that of the forthcoming transition, in June 2021, of probation services to a single organisation. All areas we visited were incorporating work regarding this transition into plans to manage recovery. Few expect a full return to ‘business as usual’ before this transition.

Consistently across all the areas we visited, senior managers have developed strong lines of communication; they regularly review EDMs, to reflect local need and planned developments. The dissemination of information via LDU leads and SPOs, or their equivalents, has generally been good.

Most staff have embraced the expansion of office access and increased face-to-face contact with service users. Communication has, broadly, been clear. In our survey of responsible officers, 75 per cent said that senior leaders communicated their strategies well as restrictions were lifted, and 80 per cent said that they received sufficient guidance on how to manage their work as recovery occurred. Both figures are slightly lower than those relating to the initial EDM period but remain good. Some staff in our responsible officer survey have commented positively that: ***“there has been clear guidance from management, with telephone conferences to clarify with SPOs and emails”***, and ***“weekly meetings help staff to understand what the recovery steps will look like and what to expect”***. For others, the messages have been mixed and confusing, such as in the following examples: ***“we have been inundated with emails, with information overload resulting in it being unclear what the current message is”***, and ***“there has been guidance; however, this has changed frequently, making it very difficult to keep up with what the current and correct procedure is”***. These views were also largely reflected in our meetings with responsible officers, with little variation between areas or between CRC and NPS staff.

Without exception, senior managers spoken to throughout the inspection believed that the recovery model provided a positive approach and that being able to reflect local and regional differences was important. The challenge is, nevertheless, substantial.

The challenges of both the initial lockdown and subsequent recovery have depended on the starting point of those organisations. That challenge has been greater for some than for others. In Warwickshire and West Midlands CRC, for instance, only around 30 per cent of staff initially had laptop computers and mobile telephones to facilitate remote working. Developing their initial EDM and restructuring services to ensure that all necessary work was undertaken was a colossal task, compounding an already complicated situation. At the time of our inspection, the issues about mobile technology had still to be fully resolved. Other areas, such as Bristol, Gloucestershire, Somerset and Wiltshire (BGSW) CRC, for example, also experienced substantial staffing shortfalls at the point of the initial lockdown. Nevertheless, despite this, by the time of this recovery inspection there was little difference between the quality of work between these and other similar services not experiencing such challenges, and no major differences in the views expressed by responsible officers.

Strategically, all areas spoke of the value and impact of maintaining good relationships with partner agencies. Engagement with police and crime commissioners, reducing reoffending partners and criminal justice boards was widely reported to be easier, with boards still

meeting regularly and, in many cases, being better attended than prior to March 2020. One senior manager spoke of partnership working being *“a real positive through the Covid-19 pandemic; more focused, more purposeful and more collaborative”*. She appeared to speak for many when she said that she feared that this positive from the current crisis could be lost as things returned to ‘normal’.

During this inspection, the country once again entered a national four-week period of lockdown between 04 November and 02 December 2020. Senior managers we spoke to before this point, and those we spoke to during it, were unanimous in their belief that, while they anticipated that progress in recovery and increasing the provision of services and frequency of service user contact might slow, it would not return to the position at the beginning of the pandemic. This is, broadly, what we found.

Local arrangements: staffing and facilities

Since the beginning of July 2020, offices across probation services have begun to reopen steadily, or substantially extend the times they are open, in order to facilitate increased face-to-face contact with service users. Face-to-face contact is prioritised for those presenting the highest risk of harm, managed by the NPS. Contact with this group of service users is often weekly. Those assessed as complex and/or posing a medium risk of harm (usually with child protection and/or domestic abuse concerns) may be seen less frequently but still face-to-face. The gradual increase in face-to-face contact has been coupled with a reduction in the frequency of telephone contact and/or ‘doorstep’ visits (socially distanced contact, usually at people’s homes, introduced during the initial lockdown). Nationally, telephone contact has fallen across the NPS, from a peak of 81 per cent of all contacts during the week starting 10 May 2020 to 57 per cent in the week starting 29 November 2020, at the conclusion of our fieldwork.⁶ Across all CRCs at the end of November, 74 per cent of all contacts were made by telephone, compared with a peak of 91 per cent during the week beginning 29 June 2020. Face-to-face contact has simultaneously increased in the NPS, from a low of 6 per cent during the week starting 10 May 2020 to 33 per cent at the end of November. In CRCs, face-to-face contacts accounted for 17 per cent of all contacts during the week starting 29 November 2020, compared with a low of 5 per cent during the week starting 19 July 2020. Nationally, at the end of November there had been no contact with 19 per cent of service users in the previous four weeks, compared with a pre-lockdown baseline of 33 per cent.

This pattern is largely reflected in our case sample. During the initial March to June lockdown, only 13 service users in our case sample were seen face-to-face, 30 via ‘doorstep’ visits and 105 were supervised via telephone. Following the easing of restrictions, this changed to 139 being seen face-to-face, 32 via ‘doorstep’ visits and 194 via telephone contact. This demonstrated not only a shift towards face-to-face contact, but also a more mixed approach, whereby most service users began to be managed through a combination of both face-to-face and telephone contact. In 57 per cent of relevant cases in our sample, the frequency of contact remained the same, but usually with changes in contact type. This was further reflected in our responsible officer survey, with 63 per cent saying that they were going into offices more often than during the early EDM period and 87 per cent attending an office at least fortnightly.

⁶ See data at: www.justiceinspectorates.gov.uk/hmiprobation/inspections/recoverythematic2021

While a positive indicator of recovery, we reviewed a small number of cases where it appeared that the type and levels of contact with service users were driven less by *their* needs and more by those of the responsible officer, as in the following example:

Case example

Daniel is a 42-year-old sentenced to 25 months' custody for offences of burglary, racially aggravated assault and assaulting by beating. He was released from prison in August 2020. Daniel only has telephone contact planned due to the supervising officer currently shielding. There was insufficient management oversight in this case and no indication of how the service user would be seen face-to-face, given that the responsible officer was unable to do this.

The reopening of offices and extending of hours has been a colossal task. Plans for reopening had been in place for some months prior to July, with those offices opening throughout the initial lockdown period having to follow both government and Public Health England guidance. Central direction was made available for all probation areas and, while CRCs were not obliged to follow the guidance, most did so as a matter of course. All areas we visited also spoke of close liaison with unions, and most spoke of relatively positive engagement. Some office opening was delayed owing to legionella bacteria testing, but the vast majority were open as at the end of November 2020.

Some staff spoke of initial delays in getting appropriate PPE. The following is an example:

“Our office was open through lockdown on a weekly basis, to see the 'critical few' and prison releases. We did not receive PPE until week eight of lockdown and have only recently been notified that the office is now 'Covid-19 compliant' with screens etcetera, but we have been seeing people right through lockdown”.

All areas we visited have systems for assessing staff and ensuring that those who are vulnerable do not come into offices, and that those who are deemed as presenting a heightened, rather than critical, risk are regularly reassessed. Although this does vary a little in approach across areas, overall assessments are managed appropriately.

Along with PPE and social distancing, most offices manage staff in offices through the creation of 'bubbles' or their equivalent. This is not dissimilar to the way that schools manage pupils. Staff are allocated to a bubble and generally work exclusively within it, coming into offices at the same time as colleagues within the same bubble but maintaining social distancing. Generally, this means coming into offices a few days a week. Typically, this might mean staggering office attendance to two days one week and three the next, or one full week out of every three.

The government's introduction of 'test and trace' through the National Health Service has meant that most areas we visited were beginning to see higher numbers of staff self-isolating. The management of teams through bubbles means that if someone within a bubble tests positive for Covid-19, it does not necessarily mean that the whole of that bubble needs to self-isolate. Overall, this model of office management appears to work reasonably well.

While some staff spoke of still being nervous about coming into offices, in our responsible officer survey 73 per cent of respondents said that they did feel safe. With a few exceptions,

this was also reflected in focus group meetings we had with staff. The following were typical of such comments:

“I now feel our CRC has made sure our office is Covid-19 safe”.

“I feel there is sufficient signage, hand sanitiser, cleaning products and distancing measures when I attend the office, so that I feel safe”.

Similarly, while some service users were still anxious about coming back to offices, most were happy with the measures taken to keep them safe, as the following suggests:

“They had screens, sanitiser, you couldn’t touch handles. I felt safe and secure. I was apprehensive at first, but it was good, there was non-contact with everyone. A very sterile and safe way”.

At the onset of the pandemic, most staff working for the NPS already had access to mobile technology in the form of laptop computers and mobile telephones. For them, reverting to a largely virtual way of working, while not without its challenges, was, nevertheless, relatively straightforward. They were able to use both email and, usually, Skype as a means of communication and to undertake team meetings and liaison both with colleagues and partner agencies with relative ease. This was not, however, the case for all CRCs. In one CRC, for example, some staff were asked to use their own mobile telephones for work purposes; although they were financially compensated for doing so, with effective safeguards being put in place, this was indicative of the different challenges faced by CRC staff from the outset of the pandemic.

Similarly, as the NPS has moved to using Microsoft Teams as a day-to-day platform for meetings, several CRCs were still limited to teleconferencing, rather than video-conferencing. Other CRC staff are able to access Microsoft Teams but only as invitees. Staff told us that partner organisations have worked to accommodate them and their limited technological capability, but the quality of communication is, nevertheless, compromised. Despite this, in our survey 62 per cent of responsible officers said that they had access to sufficient resources to work from home, with relatively little difference between CRCs (57 per cent) and the NPS (65 per cent). However, while CRC staff referred to limited access to information and communications technology equipment and virtual platforms, NPS staff focused more on the limited desks, chairs and space at home. Generally, staff appeared to work with what they had, and tried to make the most of its limitations. Although staff in CRCs regularly complained that they felt they were the ‘poor relation’ to the NPS, it is a testimony to their resilience and commitment that they have, despite in some cases limited access to technology, managed to deliver services reasonably effectively.

Although 75 per cent of respondents in our survey said that information given to service users about changes in service delivery at the onset of the EDM was sufficient, this dropped to 65 per cent in relation to recovery. In large part, it has been the responsibility of responsible officers to pass information on to service users, but for some this has not always been clear and has caused confusion, as one responsible officer commented:

“We have been given information to pass on to service users in all good faith, but this has again changed regularly, with me telling them one thing and then having to tell them it’s changed”.

Some service users in our survey were frustrated and confused about messages received concerning levels of contact and what they might expect from their responsible officer. Some

spoke of increased contact with their responsible officer but without knowing the reason for it. It is apparent that a clear understanding of what levels of contact should be, and why, is key to the acceptance of and adherence to reporting expectations by service users.

Despite the increase of face-to-face office contact, most service users are still having some contact via telephone – usually managed by responsible officers, and usually from home. For those assessed as low risk of harm, supervision via telephone remained almost the exclusive means of engagement. Overwhelmingly, service users in our survey were happy with supervision taking place over the telephone, and in fact most did not want to 'get back to normal'. The following comment is typical of what we were told:

"I'm actually much happier. It always seemed a chore to go to the office. Sometimes it would take an hour to get there, just for a 10-minute meeting".

The nature and focus of telephone contact, however, seem to make a difference:

"[I receive] just a call once a month for five minutes, it's just silly. They're just checking on me rather than anything else. They don't want to know anything, just that I'll answer the phone".

"I don't really have many concerns. I don't understand the concept or purpose of the phone call though, besides checking on me and booking the next appointment. It doesn't seem [to be] about helping me".

For others, telephone contact is at least as effective as an office visit, as the following quote demonstrates:

"Phone calls have been much better, and they are always focused. So, one week is around drug use, one week around positive things to do. Lockdown has been hard, but probation [staff] have helped as they have taught me tools to deal with life when it gets hard, but before, when it was just appointments, it would just be like, I didn't want to talk. It does make a huge difference".

While many staff undoubtedly find benefits in working from home, such as less travelling to offices, more control over their time and a better work/life balance, for many others the challenges are extensive. Trying to manage difficult and sensitive issues with service users within the limitations of space at home, while also accommodating domestic arrangements and/or caring responsibilities, remains a serious challenge for responsible officers.

Most (72 per cent) respondents to our survey, told us that they found some aspects of their work during the initial lockdown period particularly difficult to manage. Although this has fallen to 55 per cent as restrictions have been lifted, it remains high. While some staff have adapted gradually to home working, a return to offices, increased face-to-face service user contact and the long period of remote working have caused what was widely referred to as 'Covid fatigue' and compounded already difficult circumstances. The following are typical of comments made by responsible officers:

"As a working mother managing the demands of three children with reduced schooling, having them off at different times and with different pick-up times, as well as fitting this in with expectations to be back in the office, is really difficult".

"Home working over a prolonged period has been very difficult, leading to feelings of isolation and low mood. This is not a job that can be done without direct contact with colleagues, in terms of emotional and professional support".

Not having everyday contact with colleagues complicates these issues and as time has gone on, some responsible officers report it impacting even more widely, sometimes, for instance, on decision-making. Although responsible officers report having access to managers or colleagues, they are often hesitant to send emails or make telephone calls over what should be a fairly simple decision. As one responsible officer put it:

“Too often, I spend too long thinking about whether I should give someone a warning. It takes two minutes in an office, but when I’m at home I ruminates and over-think things”.

In most areas, and in all CRCs, average caseloads had reduced slightly from immediately before the initial lockdown in March 2020 to the point when we started our inspection fieldwork at the end of September (see Annex 2 for a detailed breakdown of caseloads across the areas visited). Given the backlog of court cases that still remains across many parts of the country, this is not surprising, but there remains a concern that, as backlogs reduce, caseloads will, inevitably, rise.

Despite these lower caseload levels, most staff indicated that work in this period of recovery had become more difficult. Of responsible officers surveyed, 67 per cent told us that their workloads were manageable prior to the pandemic, with NPS staff finding them slightly more difficult than CRC staff (with 64 per cent of NPS staff saying that their caseloads were manageable, and 70 per cent for CRCs). With the reduction in restrictions, this reduced to 60 per cent (58 per cent for NPS staff and 64 per cent for CRCs), only minimally better than during the initial lockdown (55 per cent for NPS staff and 63 per cent for CRCs).

Despite staff feeling safe in offices, many found that the limited access to them compounded their struggles with managing cases. Consistently throughout our inspection, responsible officers in both CRCs and the NPS spoke of the challenges that seeing more people in offices entailed. Arrangements for booking service user appointments varied across areas and offices. In some cases, responsible officers booked these themselves for days when they attended the office, usually via an online booking system. In other places, they were given several appointment slots, which they then allocated to the service users they needed to see. Service users confirmed this and told us that there was little flexibility in the time of appointments, to avoid overuse of waiting rooms. and because they were asked before appointments about any potential Covid-19 symptoms. This new appointment approach, however, was widely considered by service users to be a positive step; as such, they were keen to see it continue for the time that the virus remains a risk.

Given the limited access, this often meant that responsible officers had back-to-back appointments throughout the day. The following comments were typical of what we were told:

“The capacity to see people in the office has been quite restricted and therefore a high workload is now being seen on one day”.

“Due to being in the office one day a week, office days are usually manic, and it can be quite stressful”.

“There is now less flexibility, with reduced office hours and times when people can report”.

These issues were compounded to a large degree by the fact that many of those service users who are being seen face-to-face live rather quite chaotic lives, and adhering to tight and often limited appointment timings can be a major challenge.

Caseload figures clearly do not tell the whole story of workload pressures. Where staff were self-isolating or shielding (often the older and more experienced team members), their service users needed to be seen face-to-face by others. This often added more pressure to those with already extremely busy schedules.

Many service users – in particular, women – felt that the relationship they had built up with their responsible officer during the Covid-19 pandemic had been supportive, especially from a welfare point of view. For several, their responsible officer had been their only real support during this time; this was often very different from their previous experiences of probation, as one service user commented:

“Never in a million years did I expect my probation officer to become my biggest support”.

Case example

Colin is a 43-year-old with a history of poor mental health. He was released from custody in August, during the recovery phase. He reported his previous experience of being on probation as ***“pretty poor – probation were useless”***. This time was different. His responsible officer helped get a place in a local hostel and then supported housing. He felt the quality of contact was excellent, that she had made herself available to support him and he could call and leave a message and she would call him back.

For some service users, telephone contact has meant that access to their responsible officer had been easier, quicker and often very helpful. While potentially positive, some responsible officers told us that, as services users had become used to telephone contact, expectations had also grown and, in some cases, become unrealistic and occasionally inappropriate. Some also told us that the amount of abuse they receive had increased.

Despite pressures felt by responsible officers, in our survey almost 74 per cent said that they had received sufficient case-focused supervision since recovery had begun, very similar to the number during the first lockdown. Staff in focus groups consistently spoke about feeling supported by their line managers, especially in relation to managing difficult caseloads. The following examples are typical:

“I think that I have been unlucky, in that I have had several complex cases which have required a lot of attention and work over this period. I have had almost daily supervision, at times, with my manager, who has been great”.

“My manager has been very up to date with her supervision and this has helped immensely. It gives me a chance to voice any concerns and reflect on anything that I should be doing”.

Beyond supervision, line managers also offered wider support and guidance, both through helping staff manage their caseloads and through other practical help and guidance, as the following examples demonstrate:

“I was struggling to cope with my workload when returning from leave recently to find a number of new cases allocated while I was struggling to get to grips with the recovery EDM. I discussed this immediately with my line manager, who took immediate action to support me by stopping new allocations and giving me time to get on top of new cases etcetera. This helped a lot”.

“Our SPOs have been very proactive in providing support, both practical and from an emotional wellbeing standpoint”.

While responsible officers consistently spoke of supportive line managers, in many respects this group of staff (line managers) had been impacted the most and felt the greatest pressure. In focus groups, middle managers spoke of feeling that it was their responsibility to do all they could to reduce the pressure on responsible officers. One SPO said that she was currently seeing service users because of staff vacancies and sickness levels in her team. Others spoke of being ***“overwhelmed”*** and that ***“caseloads and extra responsibilities, including the management of offices, make the role impossible”***. Although SPOs, and their equivalents, did not always feel that they, in turn, were sufficiently supported from higher up in their organisations, LDU managers, chief executive officers of CRCs and regional probation directors widely acknowledged the pressure that middle managers were under.

Staff welfare has been a major factor throughout this time. Staff spoke widely about the level of support they received from their team and colleagues. Although many staff continued to feel isolated when working, at least mainly, from home, many also felt that regular team meetings and virtual contact with colleagues was hugely important in maintaining emotional and psychological wellbeing. Across all areas we visited, we heard examples of attempts beyond team and support meetings to provide assistance and support for staff. All organisations have employee assistance programmes and most reported some increase in their uptake, although this is difficult to quantify as figures are usually only produced annually. Other examples of more locally based support included, but were by no means limited to, the introduction of wellbeing champions in the East and West Midlands NPS, and a lockdown learning resource in Cheshire and Greater Manchester CRC, with themed months such as ‘mental health’ in October and ‘stress management’ in November. In Thames Valley CRC, an ambitious project has been introduced, called the *Together Programme*, drawing on trained staff volunteers to attempt to contact every member of staff and offer some initial support, which can be extended further if required. Overall, almost 72 per cent of responsible officers in our survey said that they felt sufficient attention was paid to staff wellbeing.

Most areas reported lower levels of sickness compared with those experienced prior to March. Given that most staff spend at least part of their working week based at home, this is not surprising as relatively minor ailments that might prevent them from attending an office might not prevent them from working at home. Some areas indicated a concern that lower levels of sickness during the pandemic might, in fact, be disguising underlying issues. It was also suggested that staff who were more likely to shield and not attend an office may also be those most likely to have been sick previously. This level of analysis, however, is not yet available. Most areas also reported that sickness levels had started to rise in the autumn. In part, this appears to relate to musculoskeletal issues caused by greater levels of inactivity as a consequence of working from home, but also an increase in stress-related sickness, which is likely to be an indication of the strain of returning to offices. While we were told that this was a pattern nationally, no work has yet been undertaken to analyse data in more detail.

Many staff we spoke to during this inspection were either new in post or in a trainee role. Clearly, training to become a probation officer during this time has been a substantial struggle, often compounded by all the other challenges of working within EDMs. For the most part, trainees felt that they were well supported both by managers and their wider organisation. The quality of training was a consistent theme, however, with most finding it difficult to undertake this remotely. This also added to the work pressure on SPOs and first-line managers, many of whom were themselves relatively new in post. Most of those in

training, however, were sensitive to the limitations currently, and accepted that what they received was the best that could reasonably be expected. For many newly recruited staff, limited training and opportunities to observe colleagues was a serious concern; as one person put it:

“As a newly qualified officer during lockdown, it was very difficult to learn new procedures and ways of working in my new team. Ordinarily, I would have been able to ask colleagues in the office but doing so felt like an imposition on people I did not know”.

Even under recovery, with increased office attendance, one officer commented that because of the bubble system, while she came to the office every week, she still had not met half the team.

What we found (part two): casework

Court work

With the onset of the initial lockdown in March 2020, courts across the country ceased sitting or reduced their operation substantially. At the peak of this period, sentencing reduced across the country to around a quarter of the pre-lockdown level. The emphasis during this time was to build a virtual platform to facilitate court functioning and enable probation staff both to engage with courts and to continue interviewing defendants, to enable the completion of pre-sentence reports. By mid-April, video links to court from other locations, such as police custody suites, had been introduced via the Cloud Video Platform, although we were told that this adds around 25 per cent to the length of time that a hearing takes to complete. Probation court staff were also given mobile telephones to interview service users for reports.

The development of an EDM specifically for courts has ensured that a substantial amount of information and support has been made available for probation area court teams. This, combined with close liaison between HMPPS and both the judiciary and Her Majesty's Courts and Tribunal Service, has seen a gradual rise in support for courts as they have reopened and increased their operation.

The use of Saturday magistrates' courts, extensions to the length of the court day and the creation of Nightingale⁷ courts to hear both criminal and non-criminal hearings have all helped to increase capacity, while social distancing has restricted physical operations.

Most court staff we spoke to throughout our inspection said that they generally felt supported in their work and that they had become accustomed to the use of technology. Most told us that the blended model (of part face-to-face and part remote contact) worked reasonably well. This was reflected in our review of cases: in the 120 cases where we reviewed the pre-sentence report, 93 per cent were assessed as having sufficient information to support the court's decision, and in 88 per cent of cases we considered that an appropriate proposal had been made to the court.

The preparing of reports for court remotely, however, does not come without its challenges. Despite setting specific times to interview service users, doing so by telephone often increased the likelihood of the service user's location being inappropriate. We heard examples of service users being in public houses or other places where confidential conversations were difficult. This often then led to difficulties in rearranging interview times, creating a backlog of work. A widely reported theme was not knowing if it was safe to interview the subject, for instance, if they were the victim of domestic abuse and in the company of the perpetrator at the time of interview. Some staff also felt that completing interviews for reports remotely diminished the gravity and seriousness of the situation to the service user.

It was nevertheless encouraging that, from our review of cases, access to safeguarding and public protection information was good overall, with there being difficulties in obtaining sufficient information in only 32 per cent of cases. This improved during recovery, with the number falling from 40 per cent in the pre-EDM case sample to 23 per cent in the more

⁷ Derived from the name of the Covid-19 overflow hospitals (named in honour of Florence Nightingale), 17 Nightingale courts were in operation at the time of our inspection (October 2020); the government has since committed to opening a further nine such courts in early 2021.

recent sample. This also reflects what staff told us in our meetings: that the ease of obtaining information from children's social care services had either remained the same or improved since March. Improvements were reportedly due, at least in part, to the greater use of technology and greater emphasis on safety issues since March. In Greater Manchester, for instance, extra staff had been brought in specifically to improve the availability of safeguarding information for courts.

The following, from our recovery case sample, demonstrates how remote access can facilitate effective engagement to write court reports:

Case example

This was a well-informed report, conducted over the telephone in line with restriction guidance. There was a good offence analysis, giving a clear assessment as to motive and factors contributing to the offence and drawing from appropriate sources to inform risk of harm. The report was also informed by a mental health assessment, and 12 sessions under a mental health treatment requirement formed the basis of the recommendation. The report asked for a two-year community order so that any treatment needs, delayed by Covid-19, could be fully addressed. This was accepted by the court.

While some staff told us that getting information about the availability of services, including mental health support, drug provision, unpaid work and accredited programmes, could be difficult, many others said that information was easily available, although often changing.

Good practice example

St Andrew's Healthcare offers a pilot programme via Chelmsford Crown and Magistrates' courts to offer mental health treatment of up to 12 sessions as part of a community order. The pilot includes a mental health practitioner at court, able to undertake assessments via mobile telephone and in liaison with a psychologist attached to the project, to agree suitability. As one practitioner said: ***"It's been fantastic and offers a lower-impact service to people in mental health need and captures those cases that would previously have fallen through the gaps, as they weren't assessed as meeting the threshold for services"***. The project is felt to have increased liaison and accessibility to mental health services both directly into the project, as well as through being able to access information from the assigned practitioners about other service users.

A consistent issue raised by court staff was the pressure of work. All areas spoke of the increase of paid overtime, the use of temporary/agency staff and the buying back of annual leave to increase capacity, but many questioned how sustainable this would be as courts continued to increase the volume of hearings to reduce the backlog of cases. A further compounding factor appeared to be the gradual shift away from the proportion of oral and on-the-day reports towards an increase in those cases requiring an adjournment. This was the result of the combined factors of limited office space in courts, due to required social distancing, and limited hearing capacity because of tight court schedules. With limited staffing and the consequential limited availability of interview slots, there remains a real concern that the length of adjournments for reports will inevitably increase. In some areas we visited, it would not be possible to interview a service user and prepare a report for over a month. Some staff expressed a concern that this could result in people being remanded in custody for longer than normal or an increase in the number of people sentenced without a pre-sentence report.

Following the initial lockdown in March 2020, the number of breaches being heard nationally, across both the NPS and CRCs, fell dramatically, from a pre-lockdown weekly baseline of 239 for the NPS⁸ and 923 for CRCs to as low as 110 per week for the NPS and 225 for CRCs in the middle of April. This largely reflected the closure of courts nationally, with priority being given to those cases deemed to be a public protection concern, primarily those held by the NPS. Although levels increased in early May across both organisations, and there have been fluctuations since, breach levels remained considerably below the baseline at the end of November 2020, although less so for the NPS than for CRCs, for which levels remained below half of the weekly pre-pandemic levels. This appears to be a reflection of reduced unpaid work activity and accredited programme delivery, along with, potentially, more flexibility afforded to those supervised by telephone, although this remains conjecture. The initial lockdown saw the introduction of breaches being suspended, logged with courts but not proceeded with. The number of suspended breaches steadily declined for both organisations from August, reflecting increased court activity, when the overall rate stood at 28 per cent of all breaches logged. By the end of November, the rate had reduced to 11 per cent overall. This was 6 per cent for the NPS and 13 per cent for CRCs, again indicating priority given to the higher-risk NPS cases. In our own case sample, 30 cases were identified as requiring breach action. In five of these, no action was taken when it should have been; one of these was from our recovery case sample. However, in 10 pre-EDM and four recovery cases, breach had been initiated but had not yet been resolved; this reflects large backlogs at court.

Case management

Generally, the quality of the case supervision we reviewed was good. We examined 240 cases in total, across the six areas we visited: 40 in each. Half the cases sampled were drawn from each CRC we visited and half from the NPS. Each of these samples was then sub-divided between a pre-EDM period of 13 January to 28 February 2020 and a staggered 'recovery' period between 27 July and 25 September 2020. While case sample numbers were too small in any given CRC or NPS area to draw strong conclusions at the local level, the collective sample enabled a good analysis of work over the two periods.

The pre-EDM case sample was designed to be a benchmark of what 'normal' case management was like in relation to assessment and sentence planning. We considered the recovery case sample to give us an indication of how close to this baseline services had managed to recover. However, overall, we found that work undertaken with recovery cases was better than that with the earlier, pre-EDM, sample. Although the differences were sometimes fairly small, improvements were consistent across both the NPS and CRCs. Across all four dimensions of assessment, planning, implementation and reviewing, 16 of 18 key questions relating to case supervision scored higher in the recovery case sample than in the pre-EDM sample. This consistency was indicative of an overall improvement between the two case periods.

At the onset, in March 2020, of the national lockdown and the initial introduction of EDMs, all services, whether NPS or CRC, appropriately focused on ensuring that case management paid particular attention to the assessment and management of the risk of harm that individuals posed to others. The reviewing of risk management plans was the primary focus. As services worked through the early stages of recovery, a further focus on the individual service user's personal circumstances gradually increased. This helped to prioritise those

⁸ See data at: www.justiceinspectorates.gov.uk/hmiprobation/inspections/recoverythematic2021

cases requiring, initially, 'doorstep' and/or face-to-face contact, and, over the recovery period, an increase in, or introduction of, office-based face-to-face contact.

Although some staff and managers we spoke to felt that too much attention was paid to meeting targets, there remained a large focus on quality assurance. All areas we visited focused attention on casework quality assurance, although its effectiveness varied somewhat, as we generally have found on pre-pandemic inspections. For those areas without, or with very limited, video-conferencing facilities, undertaking such work exclusively via email was a major challenge. Most probation services drew extensively from operational and system assurance group reviews, undertaken during the initial lockdown period and extending into recovery, and circulated learning to teams across their areas. Similarly, in several areas, feedback and 'aide memoires' to LDUs and teams on particular themes and topics, particularly focused on issues relating to managing risk of harm, were found helpful by managers. In Thames Valley CRC, for example, as in several areas, the quality performance team has been maintained throughout the pandemic and has undertaken over 200 validation audits since March. The introduction in the South West and South Central NPS regions of a recovery monitoring tool in September has enabled managers to track critical data and identify activity exceptions in specific areas; this has also been found to be extremely helpful. Most senior managers acknowledged that SPOs, and other first-line managers, have a large role in maintaining the quality and effectiveness of casework, primarily through regular supervision sessions with their staff.

Risk management

EDMs determining the frequency and nature of contact gave appropriate attention, particularly to those presenting the highest risk of harm within caseloads. This, however, determined minimum levels of contact. In many of the cases we reviewed, it was encouraging that responsible officers demonstrated a broader understanding of risk of harm, which led to them sometimes arranging more contact than that determined by the EDM alone, as in the following case example:

Case example

Gary is a 38-year-old subject to a 24-month licence following conviction for supplying Class A and B drugs. Although assessed as posing a low risk of harm to others, thus requiring, through the EDM, only monthly telephone contact, the responsible officer arranged for weekly contact due to his recent release from custody and range of needs. Support was offered to obtain a Construction Skills Certification Skills (CSCS) card and help with accommodation.

By contrast, we also found some examples where contact was too rigidly determined by the EDM, with the responsible officer not focusing sufficiently on the wider issues of risk of harm:

Case example

Michael is a 39-year-old convicted of burglary. He is on licence following release after a seven-year prison sentence, and assessed as posing a low risk of harm to others. Michael was managed via telephone contact, and a lot of what he told his responsible officer was taken at face value when, with a little more curiosity, it was clear there were issues ongoing in a number of areas. Michael reoffended during his licence period.

Nevertheless, work across all regions generally reflected the primacy placed upon managing safety and risk of harm over the pandemic period. Consistently, our scores for the management of potential risks of harm to the public were better for cases starting during the recovery period compared with the pre-pandemic case sample. In 74 per cent of pre-EDM cases, assessment focused sufficiently on keeping people safe, while this rose to 76 per cent in recovery cases. Planning was assessed as focusing sufficiently on keeping other people safe in 67 per cent of pre-EDM cases but this rose to 79 per cent in those drawn from the recovery sample. While both the NPS and CRC scores are better in this regard, it is worth noting that the improvement is minimal for the NPS (76 per cent rising to 79 per cent), while for CRCs collectively the improvement is from 58 per cent in pre-EDM cases to 79 per cent in recovery cases: a 21-percentage point improvement.

In relation to implementation and delivery, we assessed that work in 68 per cent of pre-EDM cases was sufficient to support keeping people safe. This rose to 73 per cent in recovery cases. Although not all recovery cases were subject to reviewing, primarily because in some cases they were relatively new, risk of harm was, nevertheless, sufficiently focused upon in 73 per cent of relevant cases, an improvement from 68 per cent in the pre-EDM sample.

An integral aspect of risk assessment and management is good liaison with partner agencies, and, in particular, police and children's social care services. In our case sample, although a good number of risk assessments in the pre-EDM sample included information from partner agencies and involved them in ongoing work where appropriate, this rose to 81 per cent in recovery cases. In relation to the reviewing of relevant cases, again there was a rise between the two samples: from 64 per cent in the pre-EDM sample being satisfactory in relation to input from other agencies, to 71 per cent in the recovery case sample. Across all areas we visited, staff consistently told us that information-sharing with other organisations, specifically in relation to public protection, was good, and often better than it had been prior to March.

The following example demonstrates the effectiveness of comprehensive risk management at each stage of a case:

Case example

Yannick is a 23-year-old subject to a custodial sentence of 46 months for supplying Class A drugs, assault occasioning bodily harm and common assault. He has a number of previous convictions, including violence and a sexual offence. Assessment provided sufficient consideration of need and a detailed risk assessment which included information from both the police and prison. He was assessed as posing a high risk of harm to others. The responsible officer maintained a good level of contact throughout his licence period jointly with police. The responsible officer responded quickly to engage mental health services, which started intervention, ultimately resulting in his being sectioned. There was very good regular multi-agency liaison with the housing provider and police, to manage the risk of harm and make balanced judgements about enforcement. Management oversight was regular and supportive at key decision points.

However, concerns about managing risk of harm remained a major anxiety for many staff. Trying to assess and manage risk of harm by telephone is particularly difficult, and many responsible officers spoke of the challenges of doing so when it is not always clear where the person they are speaking to is, and without being able to draw from visual, non-verbal, cues. Some service users also found contact by telephone difficult, for similar reasons. One of the service users we spoke to, who was convicted of a sexual offence, spoke about

struggling to be open in conversations over the telephone, as he lived with his parents. Another told us:

“I think I was more honest when I was having appointments at the office; [on the telephone] I was worried that my conversation could be overheard”.

The return to offices, albeit rarely full-time, has improved matters, at least partially. As one responsible officer put it:

“Managing risk of harm over the telephone during remote reporting has been tricky, as I feel I can tell a lot from someone’s presentation. I think I have a good balance now between a couple of days in the office and the rest of the time at home”.

Our case findings regarding risk management were reinforced by what public protection leads told us. Staff in areas without easy access to video-conferencing often felt at a disadvantage, but managed still to engage via tele-conferencing or as guests on Microsoft Teams. Several areas had also introduced specific initiatives to focus staff attention on increased safeguarding concerns during the pandemic. This included the ‘safer Wednesday’ initiative in Bristol, whereby women were invited into the office specifically to access support services orientated to domestic abuse. Along with a generally raised awareness of issues relating to safety, many staff and partner agencies reported improvements in communication due to the relative ease of mobile technology. One example cited demonstrates the point:

Case example

In one Terrorism Act case, a meeting was able to be convened within hours, rather than days, involving all key partner agencies, using Microsoft Teams as a shared platform. This was then followed up the next morning with a multi-agency public protection arrangements (MAPPA) level 3 meeting, including national partners.

Assessment

Assessment is the cornerstone of effective casework. Where it draws on an analysis of all available information, includes the subject’s own views and focuses on factors leading them to their current situation, as well as issues regarding safety, it increases, substantially, the likelihood of future work on the case being well managed.

In 73 per cent of pre-EDM cases and 77 per cent of recovery cases, the service user was meaningful involved in their assessment, and their views were taken into account. We assessed that 80 per cent of cases pre-EDM, but 86 per cent in recovery, drew sufficiently on the factors linked to offending and desistance. The following is an example of a comprehensive assessment drawn from our recovery case sample:

Case example

David was involved in the assessment and completed a self-assessment form, where he identified that he had problems with drugs and alcohol, and struggled to cope at times. An offender assessment system (OASys) interview had also taken place to ascertain David’s views. In terms of diversity, it acknowledged issues in relation to his drug use and emotional health. The assessment included information from children’s social care services and the local drugs agency, and provided a good degree of analysis, identifying key desistance factors such as relationships, thinking and behaviour, and drug use. The responsible officer had also completed a domestic abuse assessment, given the previous issues.

By contrast, the following case is taken from the pre-EDM sample:

Case example

The initial assessment was completed without having met Andrea. Although the initial OASys contained relevant information, it was not clear as to the relationships between the victims and Andrea. Information was 'copied and pasted' and had not been sufficiently analysed. There were no safety checks undertaken to understand what other services were involved with Andrea and in what way, resulting in 'don't know' answers. Given that Andrea has mental health and substance misuse issues, as well as trauma-related needs and four children living in the home, this should have been established as a priority.

Planning

Inevitably, effective assessment leads to effective planning, as it is based on a solid foundation, as the following case demonstrates:

Case example

The case of Marius evidenced a good example of a comprehensive and detailed risk management plan aimed at identifying, monitoring and responding to changes in dynamic risk. The contingency plan was a particular strength. Both internal and external controls were detailed, identifying actions to be taken in the event of a breach of the suspended sentence order. There were also more bespoke/personalised actions identified; the responsible officer accurately analysed the intrinsic link between Marius' own experience of trauma and the specific stressors/triggers to his own harmful and emotionally driven offending, identifying that a package of support needed to be put in place.

By contrast, planning is weak in the following case:

Case example

The concern in this case was that the assessment was dragged through from a previous prison-based OASys, which meant that there was a lack of analysis and update relevant to the community/licence phase. There was also no OASys review identifying how Covid-19 would be managed. The plan lacked any direction as to how the outstanding aims would be achieved.

Overall, case supervision planning was good. We assessed that planning took sufficient account of service users' diversity and personal circumstances in 74 per cent of all cases, with this rising from 70 per cent in pre-EDM cases to 78 per cent in recovery cases. Planning to reduce reoffending and support desistance also improved between pre-EDM cases (80 per cent) and recovery cases (84 per cent).

Most cases we reviewed outlined fairly clearly not only what work needed to be undertaken, but also how, given the limitations of contact. For example:

Case example

Clair is a 27-year-old sentenced to a 12-month suspended sentence order with 30 RAR days and a 12-week curfew for offences of criminal damage, threatening communication and harassment in relation to her ex-partner.

There was some excellent work evident in this case. The assessment and plan were personalised and comprehensive, with clear evidence of the responsible officer advancing the objectives in spite of the restrictions in contact. These included work regarding relationships, drug misuse, victim empathy, emotional wellbeing, group work delivered by 'Women's Work', and ETE work. Planned interaction was determined as a mix of weekly telephone and monthly face-to-face contact. There was a good level of liaison with relevant agencies and professionals in monitoring and managing the risks that Clair posed. This was a complex case, working with a chaotic service user; however, the responsible officer had achieved a good balance between support and flexibility, and ensuring that boundaries and structured interventions were in place.

One aspect of case supervision that has not improved in the recovery case sample is that relating to service users' involvement in planning. However, the difference is minimal: 66 per cent of pre-EDM cases and 63 per cent of recovery cases. Given that the earlier case sample was drawn from a period before there were any restrictions on either the frequency or nature of contact with service users, the fact that the difference was relatively small is encouraging.

Implementation

In the majority of cases we reviewed, we found that the order of the court or post-custody period was implemented effectively, with a focus on engaging the service user. This was again better, overall, in recovery cases (87 per cent) compared with the pre-EDM case sample (79 per cent).

Overall, we assessed that in 69 per cent of all inspected cases, the level of contact actually delivered was sufficient, rising from 63 per cent in pre-EDM cases to 75 per cent in the recovery period. Again, while some responsible officers were quite rigid in the frequency and nature of contact with service users, others were more flexible, focusing on the needs of the case, making professional judgements and often working outside the EDM to reflect this, as in the following examples:

Case examples

Nigel is a 49-year-old first-time offender, convicted of the sexual assault of a female. He received a community order of 24 months, with a single requirement of 30 RAR days. Although the order was relatively recent, reasonable progress was being made, with the responsible officer beginning to deliver necessary interventions face-to-face. In this, he was going beyond the recovery EDM, in order to promote effective intervention, which he felt could not be delivered over the telephone.

Dean is a 24-year-old sentenced to a 24-month suspended sentence order for kidnapping. He has 11 previous convictions and is assessed as posing a high risk to the public and to a known adult (his male victim). There was a good level of engagement and knowledge of the case from the responsible officer, who had increased the level of face-to-face contact beyond what is prescribed by the EDM as a result of intelligence received from the police.

From the third week of fieldwork, we noted the most important factors linked to offending in the cases we reviewed, and assessed whether sufficient services had then been delivered to meet these. This is shown in Table 1. In total, this relates to 160 cases, 81 from the pre-EDM sample and 79 from the recovery sample.

Table 1: Identified criminogenic needs within the HM Inspectorate of Probation case samples

Area of work identified	% of cases assessed as having sufficient services delivered (% of cases identified as requiring the work)	% of cases assessed as having sufficient services delivered (% of cases identified as requiring the work)
	Pre -EDM	Recovery
Attitudes to offending	40% (53%)	49% (52%)
Family and relationships	34% (54%)	49% (54%)
Thinking and behaviour	47% (95%)	52% (90%)
Lifestyles, including family and friends	54% (57%)	49% (63%)
Drug misuse	46% (46%)	52% (53%)
Alcohol misuse	48% (31%)	48% (39%)
ETE	41% (21%)	62% (18%)
Accommodation	54% (32%)	86% (44%)

Although pre-EDM cases had been managed for substantially longer than recovery cases, the latter were generally more focused on addressing identified need. Although part of the active

delivery period of the pre-EDM cases was at the height of the lockdown, we would expect to see increased activity once recovery started, although this was not consistently the case. The percentage of cases in which identified services were delivered improved slightly within the recovery sample, as more services become available.

The focus of contact with service users varied. In several inspected cases, the attention was primarily upon welfare issues and/or in building a positive rapport with the service user. While in some cases this was appropriate, it did not always reflect the necessary attention to reducing the likelihood of offending. In other cases, however, a good balance was struck between support work and also engaging in effective supervision, as in the following example:

Case example

Graham is a 33-year-old convicted in August of disclosing sexual pictures with intent to cause harm; he received a 24-month community order which included a mental health treatment requirement and 60 RAR days. The responsible officer had, appropriately, prioritised work in relation to the mental health treatment. This was delivered weekly by mental health services, with the responsible officer also maintaining weekly face-to-face contact to support Graham and build on his learning.

In many inspected cases, we saw good attempts to engage service users and to focus on appropriate work. This included examples of work focusing on cycles of change with drug users, attitudes to offending, thinking and behaviour, and work around lifestyles. We heard about several examples of workbooks and other tools being developed and sent (electronically or even physically) to service users, for them to complete during planned supervision sessions. Service users had mixed views about this, as the following comments demonstrate:

“[With the] anger management course, I’ve done as much as I can over the phone and online, but it feels like I’m doing it for the sake of it; they say they want to resume group sessions, but I suffer from anxiety and all these issues are making things worse”.

“[Regarding the] drink driving programme: this was done via a workbook, with chapters to complete and send back to probation. The workbook was enlightening; I learned things about the physical and social impact of alcohol”.

Although some responsible officers struggled with supervising service users by telephone, many tried to be creative, and looked to ways that this could have a positive impact. The following is one of several examples:

Case example

Patrick, a 37-year-old, was released from custody in August and was initially subject to weekly telephone contact. Despite being assessed as a low risk of harm to others, this level of contact was not believed to be sufficient, based on the professional judgement of the responsible officer. In the two months that followed, the responsible officer undertook work relating to victim awareness and consequential thinking. This work supported desistance, and in October the level of reporting was reduced in frequency.

However, despite much good work, we also found examples where more could, and should, have been done with service users, especially when recovery began:

Case example

Chris is a 44-year-old male, convicted of non-contact sexual offences and sentenced to a 12-month suspended sentence order and 30 RAR days. The case was allocated in February, and by mid-April contact had become monthly, by telephone. This continued until 20 October, when face-to-face contact began. However, contact to that point had been very limited, with no offence-focused activity. There was no plan in place to indicate how such work might be undertaken in the time remaining on the order.

Practical issues such as financial management, ETE and housing were also attended to, but this work was often dependent upon external services being available, which was not always the case. In general, the more experienced, confident and capable responsible officers were, the more likely they were to find effective ways of working, despite the limitations of Covid-19. Similarly, they tended to be more likely to draw on professional curiosity and judgement to decide on the most appropriate levels of contact with service users, rather than seeing EDM levels as 'prescribed'. Conversely, newer, less experienced staff appeared to struggle more, although there were, of course, exceptions to this.

Reviewing

Effective case management depends on comprehensive reviewing on a regular basis to inform subsequent planning. Given the improvements we found with other aspects of casework between the pre-EDM case sample and the recovery case sample, it is no surprise that a similar pattern occurred with reviewing. Across all questions used to assess how cases are reviewed, we found improvement between the two case samples, although, because of the relatively recent nature of the recovery case sample, there was more reviewing in the pre-EDM cases we inspected. This was consistent for both the NPS and CRCs.

In the best cases, the impact of the Covid-19 pandemic had hardly impacted on the quality of work by the responsible officer, with appropriate attention being paid to the level and nature of engagement and the service user's progress in relation to desistance, as the following demonstrates:

Case example

Brian is a 20-year-old who received a 14-month custodial sentence for drug offences; he was released post-lockdown. This was a well-managed case, with a good assessment and plan. It was apparent that the responsible officer had undertaken good-quality work with Brian and engaged effectively with partners, as Brian is a 'gang nominal'. A recent review had reduced the classification of the risk of serious harm from high to medium, based on his good level of compliance, engagement and no police intelligence identifying any further concerns. The review provided comprehensive updates in relation to accommodation, ETE, relationships and drugs use. The work followed the sentence plan.

The importance of liaison with partner agencies to build a full picture of an individual's progress is also demonstrated in the following case:

Case example

Mason is a 29-year-old male subject to a 12-month custodial sentence for possession of Class B drugs with intent to supply. He was released on licence and post-sentence supervision pre-lockdown and was allocated to the CRC. Although, during lockdown, face-to-face contact was stopped, the responsible officer maintained an investigative approach in her telephone conversations. There was an excellent ongoing review, informed by intelligence from the police and the serious crime group, and from an alleged victim directly contacting the responsible officer. Assessment was updated appropriately in the light of evolving evidence of domestic abuse and coercive behaviour.

There were, however, other cases where such an approach was lacking and the impact of the pandemic was, at least in part, used to justify poor practice. The following is indicative:

Case example

Kaif is a 20-year-old Syrian male sentenced to an 18-month suspended sentence order with 20 RAR days and a curfew for threatening behaviour with a blade in public. A formal review was completed in August, but no changes were made to this to incorporate concerns received from the police regarding money laundering, drug misuse, immigration status and his involvement in modern day slavery. There was also no liaison with either his 'leaving care' worker or supported housing worker. There was a lack of planning activity evident in the failure to engage with other professionals involved, with insufficient consideration given to any risks to his current partner, with whom he resides, despite reports of assaults from another female.

Work with victims

Victim work generally was good. In our meetings with victim liaison staff, most told us that they had been kept up to date with information about service provision, and had generally felt reasonably well supported by their various organisations. With the increase in office footfall during the recovery period, most victim liaison staff told us that they were spending about half their time based at home, and felt that this was a good balance.

With the advent of the pandemic in March 2020, the means of contacting victims changed, with an increase in texting and email, compared with the more formal writing of letters. Several staff believed that this had increased the level of take-up and engagement with victims, as it was more immediate. In the cases we reviewed, we found that initial contact with victims to encourage them to engage in contact and to provide them with information about sources of support occurred in 81 per cent of cases, with little difference between cases in the two samples.

The number of inspected cases, across both case samples, where there was, or should have been, pre-release contact with victims, to allow them to make appropriate contributions to the conditions of release, was relatively low, at 26, with a further 16 cases where the victim did not want to contribute. In nearly all the relevant cases (85 per cent), there was good liaison and support for the victim, and appropriate licence conditions were included as a consequence. The following is a typical example:

Case example

Leon is a 35-year-old sentenced to 60 months' custody following a domestic-related offence of arson with intent to endanger life. He was released in August 2020. Despite lockdown, and then some easing of restrictions being in place prior to his initial release, the victim liaison worker communicated regularly with one victim via telephone and texts and ensured that appropriate licence conditions were in place; these included a prohibition on contact and an exclusion zone. There was also evidence of swift communication between the victim liaison officer and the responsible officer when the victim reported inappropriate content via Leon's Facebook page. The second victim declined contact.

One aspect of victim work that did appear to have suffered as a consequence of the pandemic relates to the level of liaison between victim liaison officers and responsible officers. This was a theme throughout most of our meetings with victim liaison officers. Some told us that they felt *"forgotten about; out of sight is out of mind"*. Others suggested that, with limited access to offices, the informal discussions that normally occurred were now lacking, and this was having an impact on their work. Some victim liaison officers said that they were trying to attend team meetings more often, to keep reminding staff about their work. Although, again, numbers in our sample were low, we found that communication between victim liaison officers and responsible officers was sufficient in 71 per cent of pre-EDM cases but in only 57 per cent of recovery cases.

What we found (part three): service delivery

Interventions including accredited programmes and rehabilitation activity requirements

In March 2020, at the point of the initial national lockdown, group delivery of accredited programmes across the country was suspended. Both the NPS and CRCs initially focused attention on those individuals already part-way through a programme at the point they were suspended. For those relatively close to completion, this meant undertaking the last few sessions on a one-to-one remote basis. For the remaining participants, their circumstances were reviewed, in conjunction with the responsible officer, to identify plans for support during the lockdown. In most cases, these plans were regularly reviewed.

For those service users who had already started a programme, subsequent engagement focused on offering remote support on a regular basis, dependent upon need or, in some cases, the frequency with which they would have attended a group; for example, if they would ordinarily have attended a group twice a week, they would be contacted twice a week. In all cases, however, the focus of contact was designed to build on either what they had learned from a programme so far or, in broad terms, what the focus of the programme was, to ensure continuity and related learning.

In several areas, those on waiting lists for programmes were also contacted on a regular basis – again, in agreement with responsible officers – although this was not consistently the case. Where it did happen, the primary focus was upon maintaining motivation. This initiative was good to note.

At the point of our inspection from September 2020, accredited programmes were restarting across all areas we visited. In most cases, planning for this had been in train for some months. The development of a national accredited programmes workstream was seen as positive, and levels of communication and guidance generally were described as good. Considerable work was undertaken through this workstream to develop several toolkits for effective one-to-one supervision, with adapted programmes available to deliver on an individual basis for those who would not have time on their orders to complete their scheduled programmes. This had been supported by prioritisation of higher-risk service users and, most importantly, the introduction of the alternative delivery framework (ADF), following sign-off by the Correctional Services Accreditation and Advice Panel in September. The availability of the ADF was seen almost universally as positive. It outlines clear guidance as to how programmes can be safely delivered during the pandemic, under what circumstances, and by what delivery means.

Physically getting programmes back up and running has been a challenge for many areas. A constant theme in our meetings with programme staff was that of ensuring that group rooms are Covid-19 compliant, and that those attending groups comply with regulations. This has, inevitably, meant that groups were far smaller than previously, often with a ratio of one facilitator to three participants. As some participants needed to shield or were particularly vulnerable, delivery could often require one-to-one provision. Reduced group numbers impacted substantially on delivery levels. The same number of staff can only deliver the same number of groups, but if there are fewer in each group then fewer will receive the intervention. For many areas, the limitations of recovery were determined by the availability of appropriate rooms and appropriately trained staff.

Nationally, the delivery of accredited programmes steadily increased in response to recovery. At the beginning of May 2020, both the NPS and CRCs collectively were delivering around 10 per cent of their pre-pandemic weekly levels, usually through individual work undertaken by

telephone or, occasionally, video-conferencing. The gradual increase reflects attempts to bring more services on board within the physical limitations in place. At the conclusion of our fieldwork at the end of November, 62 per cent of programme delivery across all probation services was taking place.⁹ Extremism, sexual offending and domestic abuse programmes were prioritised, with participants selected on the basis of the level of risk of harm they posed and the length of time they had remaining on their order. Sex offender programmes (72 per cent of pre-pandemic levels) and the Building Better Relationships domestic abuse programme (65 per cent of pre-pandemic levels) accounted for the majority of programme activity, as would be expected.

While delivery levels of programmes remained below the national pre-Covid-19 baseline, backlogs continued to rise, as did the number of people ending their orders before they could complete a programme. All areas had undertaken prioritisation reviews, to identify which service users were likely to be able to access a programme within the available timeframe. Where it was determined that there was insufficient time to complete work, responsibility generally returned to the responsible officer to undertake alternative work, although often with support from the programmes team. As an example, 'Maps for Change' and 'New Me MOT' have both been adapted as an alternative to the 'Horizons' and related sex offender programmes. To support responsible officers in their delivery, some areas had developed workshops and 'case surgeries', hosted by programme delivery staff. While alternatives to accredited programmes are by no means ideal, if the alternative, because of the pandemic, was to have no direct input then this was a reasonable compromise. Nevertheless, it is essential that an appropriate evaluation of these alternatives is undertaken as a matter of some urgency to ensure effectiveness, especially if they are likely to remain for some time.

Partner link workers¹⁰ in all the areas we visited spoke of the increased importance, during the pandemic, of working with women whose partners were required to complete accredited programmes to address domestic abuse. Most partner link workers received reasonable support from their managers and liaised effectively with responsible officers. In several areas, meetings with women had been arranged to coincide with programme support sessions with their partners, so as to be sure that they were safe to speak. Telephone contact, as in other areas of work, was reported to offer greater flexibility in contact, and immediacy in offering support. Partner link workers and victim liaison workers alike relayed the anger and anxiety expressed by victims that many perpetrators were completing their orders without completing the scheduled domestic abuse perpetrator programmes.

To deliver within the ADF, facilitators are required to undergo additional training, facilitated and supported by treatment managers. Most staff we spoke to felt that the adapted model worked reasonably well, given the limitations brought about by the pandemic. Many suggested that, once service users returned to programmes, both motivation and commitment to programmes had increased, with lower attrition rates. In our case sample, we saw several examples where work during the lockdown phase was effective in supporting service users prior to a return of face-to-face contact and programmes resuming; the following are examples of this working well:

⁹ From mid-January 2021, group delivery of accredited programmes has been suspended, although one-to-one delivery (both remote and face-to-face) continues.

¹⁰ Partner link workers offer support to the spouses/partners of individuals engaged in a domestic abuse-related programme.

Case examples

Lewis is a 28-year-old sentenced to an 18-month community order for assault. There was sufficient telephone contact with Lewis during lockdown and, after the easing of restrictions, preparations were carried out to start the Resolve programme and to begin this face-to-face. Lewis attended this programme at the Colchester office, which was held in a small group. It was evident that the programme challenged Lewis and his attitudes to relationships and violence.

Max is a 23-year-old subjected to a 24-month suspended sentence order with the Building Better Relationships (BBR) accredited programme and an indefinite restraining order for offences of controlling and coercive behaviour, committed within a domestic context. Anger management RAR activity and the BBR accredited programme stopped at the point of initial lockdown. The BBR accredited programme recommenced on a one-to-one basis during lockdown, initially via weekly telephone contact and then, with the easing of lockdown, office-based weekly appointments by a trained facilitator. The responsible officer provided worksheets around anger management which are now discussed in face-to-face meetings.

Generally, most staff delivering accredited programmes felt supported. Most areas had regular forums for staff to share experiences, discuss new ways of working and consider alternative approaches, where appropriate.

At the same time that accredited programmes were initially suspended, so too was much RAR activity, especially that delivered in groups. Many staff continued to deliver such work, either remotely or, as face-to-face contact has increased, in offices. We saw many examples of responsible officers engaging in structured RAR activity, both during lockdown and in the recovery phase. While delivering RAR days by telephone is a challenge, the following two case examples demonstrate that this is not necessarily a major barrier:

Case examples

The responsible officer had displayed imagination to complete eight RAR days over the telephone. These sessions had lasted over an hour and had comprised detailed offence-focused work.

The responsible officer was well-sighted on the risk issues in this case, and was proactive in sharing information and challenging discrepancies. During the recovery period, Thomas started the Respectful Relationships RAR group remotely via telephone and, despite being at risk of programme removal because of failing to comply (failure to answer/attending under the influence), the responsible officer motivated Thomas to engage.

Several CRCs have also redeveloped RAR activity as alternatives to accredited programmes. Cheshire and Greater Manchester CRC, for instance, has developed 'Better Solutions' as an alternative to the Thinking Skills Programme, 'Managing my Emotions' as an alternative to the Resolve programme, and 'Responsible Me' as an alternative for those on the Drink Impaired Drivers programme. These particular programmes had been developed exclusively for the five Purple Futures CRCs.

Unpaid work

Unpaid work was stood down across the country at the start of the initial lockdown and did not restart until the end of June/beginning of July 2020. In the interim, a limited unpaid

work service was provided through, mostly online, ETE activity, but in most areas these levels were low.

In all the areas we visited, staff told us that during this stand-down, unpaid work staff were redeployed in undertaking support activity for other aspects of service provision, including the delivery of PPE to offices and work sites, and of office furniture to facilitate staff working from home, and accompanying staff on 'doorstep' visits for health and safety purposes. In many areas, support was also provided to community services; for instance, unpaid work staff worked at foodbanks and supported hospital transportation. Many staff, working in conjunction with responsible officers, also maintained remote contact for support purposes with service users who would otherwise be attending unpaid work. Liaison was also maintained with unpaid work beneficiaries, to ensure that they were kept informed of developments, particularly as planning to return to work started.

With the easing of lockdown, planning for the resumption of unpaid work provided a major challenge, one that continued throughout the recovery period. The primary focus was on ensuring that work sites adhered to government guidelines regarding safe working practices under the pandemic. In this regard, outdoor work sites were, generally, easier to start-up than those indoors, and most areas have focused primarily on getting these up and running. In all areas, the provision of safe working environments was the priority, and one which all staff have managed reasonably well.

Nationally, levels of unpaid work provision rose incrementally from the end of June, from 5 per cent to a level equating to around 50 per cent of pre-lockdown levels at 22 November 2020, although levels varied considerably across the country.

The return to unpaid work delivery inevitably started slowly, with teams running small projects, usually with only a couple of service users working with a supervisor, and generally attending two days a week. This allowed organisations to redesign services gradually and plan the increase in provision carefully. Ensuring that service users knew about how to conduct themselves, and the implications of working during the pandemic, was also at the forefront of this planning. Most areas reported extended safety briefings at the beginning of sessions, along with issuing written guidance. In Thames Valley CRC, leaflets also included a link to an online video briefing.

From our caseload sample, 45 service users were identified as having unpaid work as part of their sentence. Of those sentenced pre-EDM, 36 per cent had recommenced some activity since the restarting of unpaid work. Feedback was provided from unpaid work staff to responsible officers in all but one of these relevant cases. However, assessment was less positive, and worse for those in our recovery sample. Overall, only 60 per cent of assessments in this sub-sample of unpaid work cases considered how diversity and personal circumstances impacted on a service user's ability to complete unpaid work (68 per cent in pre-EDM cases and 52 per cent in recovery), and only 58 per cent (68 per cent in pre-EDM cases and 48 per cent in recovery) considered how their risk of harm impacted on others while undertaking unpaid work. This suggests that assessment for unpaid work was compromised somewhat by Covid-19 restrictions. Although managers we spoke to felt that their assessment processes were as rigorous as they had been prior to the pandemic, this area of practice needs further attention.

Under the recovery model for unpaid work delivery, service users consistently reported directly to site, with the usual transport vans not being used. There were rare exceptions to this if attendees were unable to use public transport or had other difficulties, but this was managed very cautiously. Several service users in our survey saw this as positive, suggesting that it was both more hygienic and more efficient. Numbers on work sites were reduced to

facilitate social distancing, and were usually restricted to six. At the time of our inspection, different areas within the six regions visited were subject to different Covid-19 lockdown tiers, and as a consequence different kinds of work party operated, with different service user levels. For example, in Derbyshire, Leicestershire, Nottinghamshire and Rutland (DLNR) CRC, while Derbyshire was at tier 2 at the time of our fieldwork, and operated work programmes with six service users, Nottingham was in tier 3 and work parties were restricted to four. This became a fluctuating picture as tier levels changed.

Although group activity was initially prioritised, most areas also focused on getting individual placements back on-stream, again within the confines of social distancing and with necessary safety precautions in place. While groups had still, generally, been able to operate where Covid-19 restrictions had increased locally, individual placements had been more vulnerable. In Greater Manchester, which went into tier 3 earlier than many other parts of the country prior to the autumn national lockdown, the loss of individual placements – for example, in charity shops – accounted for a reduction estimated at 10 to 15 per cent of their overall capacity.

In many areas, in an attempt to facilitate easier access to unpaid work, new, often smaller projects had been negotiated that were more local to service users' homes and so easier to travel to. In Greater Manchester, it was estimated in November that 75 per cent of current projects had started since March. Many areas reported increased compliance, ostensibly because of smaller and more local groups. In several areas, innovation has led to examples of alternative approaches to facilitating effective unpaid work. The Project in a Box in Essex, developed by a group of CRCs managed by Sodexo Justice Services in the South of England, is a striking and impressive example:

Good practice example: 'Project in a box'

The project was derived from the need to provide an alternative work placement for those unable to attend external sites (as a result of mental health issues, shielding, rurality etcetera), and work is completed at home. The 'project' is sent to the service user in a box, with all necessary instructions about working safely and how to complete the work. Two projects are available: making face coverings and greeting cards. There are strict standards that need to be adhered to in order to meet the criteria. There are also strict criteria as to who can take part in the project, and how service users need to be managed. Products are sold online, with proceeds going to a charity and used to buy play equipment for vulnerable children. In October, 8,500 hours of unpaid work were delivered through this project.

Following the initial lockdown, it was agreed nationally that up to 30 per cent of unpaid work hours could be used to undertake ETE activity, an increase from the previous allowance of 20 per cent. The extent to which organisations had been able to mobilise this varied. As partner providers of ETE activity had started to deliver more face-to-face contact, the availability of provision increased, but much of this work remained online and demand was often very high. It also depended on service users having access to digital technology, which was not always the case. Some unpaid work providers had produced directories of available services, and some organisations had access to their own ETE teams or providers as separate arms of their parent companies. Nevertheless, while this may well reap benefits, it remains an area that most services are trying to build up.

In many areas, new staff had been recruited to facilitate work projects, the hours of those in post had been increased and the use of sessional workers had been extended. This, combined with the extension of ETE activity and innovative new projects, had all been positive approaches to build the recovery of unpaid work. Nevertheless, limited participation

in groups and other, smaller projects inevitably meant that in many areas, fewer unpaid work hours could be delivered than was the case pre-Covid-19. Although all those we met were keen to continue building provision, there may well be a limit. The unpaid work backlog – those who have not completed their required hours within a year of the order being made – is large, and is growing. Between the beginning of May and the end of November 2020, the number of service users not having completed their unpaid work hours after 12 months had increased from 13 per cent to 23 per cent. This remains a national issue. At the point of writing, HMPPS has convened a panel consisting of probation and judiciary representation, along with staff from Her Majesty's Courts and Tribunal Service, to consider how best to resolve this backlog. Various strategies are being considered, including returning some orders to court for extension, as well as crediting unpaid work hours to individuals who have previously complied with their orders but were unable to complete unpaid work owing to the disruption caused by the pandemic.

Since the introduction of a third national lockdown in January 2021, the vast majority of unpaid work parties have again been suspended.

Resettlement services

Our pre-EDM casework sample is drawn from cases which were released from prison between 13 January and 28 February 2020. Pre-release activity was undertaken before this point and so accurately reflects pre-Covid-19 activity. While community services have begun to open offices and increase face-to-face contact with service users, prisons still remain mostly locked down, as a result of their mostly closed nature, with only limited direct contact with prisoners. It is, therefore, not surprising that we found work relating to planning and service user engagement in our pre-EDM case sample to be better than that in the recovery case sample. We determined that 81 per cent of pre-EDM resettlement cases had plans that sufficiently focused on the service user's immediate need, compared with 73 per cent in recovery cases. The service user was judged to have been sufficiently involved in planning in 81 per cent of pre-EDM cases but in only 68 per cent of recovery cases. Nevertheless, staff remained motivated and continued to attempt to ensure that appropriate pre-release planning was undertaken, in challenging circumstances.

With the initial lockdown, prisons substantially reduced both the number of staff allowed to enter establishments and the level of contact they were able to have with prisoners. In all our Through the Gate focus groups, staff reported substantial changes in their models of service delivery. Most prisons had been able to accommodate some probation staff throughout, both in Through the Gate teams and those delivering offender management. Some of the restrictions had been reduced slightly during the recovery period, enabling the delivery of some socially distanced induction groups, some face-to-face contact and more community-based staff physically to attend prisons. However, alternative approaches to engaging, assessing and planning resettlement activity with prisoners remained largely unchanged throughout the lockdown and recovery periods. Where prisons had stepped up face-to-face contact with prisoners from around September, there were concerns that this would be scaled back as/when levels of infection rose. Since the beginning of January 2021, all prisons have returned to level 4 restrictions, thus reducing again the level of contact that offender management and Through the Gate staff are able to have with prisoners.

Most prisons had changed their assessment methods in light of the restrictions, redrafting paperwork and developing forms for prisoners to complete themselves, when previously this would have been undertaken on a face-to-face basis. This move towards prisoner-completed questionnaires generated mixed views from staff; while some said this could slow the process down, many others considered that it had improved the quality of information they

obtained about prisoner needs. Some prisons have in-cell telephony, which is also used, where possible, by resettlement staff; most staff reported that this improved engagement, as in the following example:

Case example

The Through the Gate team was able to complete the resettlement plan with David via an in-cell telephone. The plan demonstrated good communication between the Through the Gate worker and the responsible officer; it covered key areas in relation to safeguarding, accommodation, benefits and engagement with the community drugs team. Appropriate checks were made regarding the suitability of the accommodation.

Nevertheless, while resettlement plans usually reflected what prisoners indicated their needs were, in some cases information was not verified, which can lead to potential risk of harm issues, as the following example shows:

Case example

There is evidence of Richard being involved in resettlement planning, with the interview being completed over the telephone. Although there was some planning in regard to mental health and substance misuse, the most imminent need of housing was not addressed. Information was received which highlighted safeguarding concerns with Richard's potential release address, but this was not followed up because of a reliance on Richard's assertions that he could return there.

In the same way that many resettlement services have adapted paperwork relating to assessment, they have also done this in relation to other activity. This has included, for example, the development of workbooks and exercises for in-cell completion to support mental health, healthy relationships and money management. Many prison teams have also developed pre-release information packs with information about available local services.

Coordination between prison and community services is vital for effective resettlement. Most staff in our focus groups reported improved relationships with other departments within prisons, as well as better communication with community responsible officers and partner agencies, following the imposition of Covid-19 restrictions. Most believed this to have occurred by necessity, given the restricted access to prisoners, but many also hoped that this would be a legacy that extended beyond the pandemic. Communication and liaison are less likely to have been directly affected by Covid-19 restrictions, and this is largely what we found in our case sample, with effective coordination of resettlement activity assessed as having occurred in 71 per cent of our pre-EDM sample and 73 per cent of our recovery sample. It is also encouraging to note that, overall, the quality of work to meet the immediate resettlement needs of prisoners upon release between our two case samples was also assessed as virtually the same: 76 per cent in the pre-EDM sample and 78 per cent in the recovery sample. Nevertheless, some staff expressed concerns that limited staffing in some prisons could impact on effectiveness. The following examples contrast the impact of two very differently managed cases, both released during the recovery period:

Case example

Peter is a 57-year-old, sentenced to 11 and a half years for the sexual assault of a female over 16. He was released from custody in September 2020. Although there were appropriate licence conditions in place, there was little by way of effective resettlement planning. The responsible officer was off on long-term sick leave and the case had not been reallocated. There was no evidence of any resettlement needs being met and no pre-release MAPPA screening undertaken, despite him being assessed as posing a high risk of harm. His release was not expected by the probation office, and he spent his first night on release sleeping rough. He was managed as a critical case and a place was found for him in approved premises, but all this could, and should, have been avoided through better pre-release planning.

Case example

Morris is a 22-year-old subject to a 30-month custodial sentence for possession with intent to supply Class A drugs. Children's social care services, the responsible officer, the approved premises keyworker and the Through the Gate worker worked well together, to ensure that Morris had appropriate accommodation, transport to the approved premises and benefits in place upon release. Appropriate licence conditions included home detention curfew, disclosure of relationships, drug testing, non-association and geographical exclusion. Health appointments and a referral to community psychiatric support were completed within days of release.

Nationally, prison recall numbers were relatively stable between March and November 2020. For the NPS, the baseline of approximately 266 per week has continued, while for CRCs recalls have been at about 75 per cent of their pre-pandemic baseline of 259. Of 27 cases in our case sample where recall was required, four who, in our view, should have been recalled were not – two each from the NPS and CRCs.

Approved premises and homelessness prevention

Managing approved premises under the restrictions of Covid-19 has been a challenge, but one that staff appear to have risen to. The initial challenge was to make premises Covid-19 safe. Inevitably, this required a reduction in available bed space, primarily by eliminating shared rooms. While this was quickly achieved, the loss, across the country, of available provision equated to approximately 21 per cent of pre-pandemic capacity in November 2020. Of the available provision, occupancy rates were fairly steady, at around 80 per cent.

The recovery of services has seen the reopening of the small number of approved premises that were initially closed during the first lockdown, and 97 out of 100 were operating by November. The three remaining premises that were not open were closed for reasons not associated with the pandemic.

Although we were told that PPE had been made available across the estate, some staff we spoke to during focus groups told us that this was not consistently the case, and that some of them felt rather vulnerable. Managing residents and ensuring that they adhered to Covid-19 rules could be a major challenge. At the time of our inspection, one premises in the North East was 'paused' to allow the reallocation of staff to larger premises. There have been outbreaks of Covid-19 in some approved premises, and in one instance closed-circuit television evidenced that residents were not adhering to social distancing, which meant that

all residents had to self-isolate. Since December 2020, the introduction of Covid-19 testing, both of staff and residents, across all approved premises has helped overall with the management of potential or actual outbreaks of the virus.

By November, approved premises staff had started to increase the range of activity available to residents. Most staff believed this to be positive, as some felt that during the initial lockdown they had *“simply been providing a bed”*. Along with some individual and keywork sessions, activities also included residents’ groups and cookery classes, but these were provided in small groups, with social distancing taken into account.

Relationships between approved premises staff and responsible officers, in terms of the management of residents and, in particular, their move-on, varied but the use of Skype and Microsoft Teams was generally felt to be positive, especially in those situations where responsible officers were not able physically to visit offices because of Covid-19 restrictions. Several of the service users whose cases we reviewed were, or had been, accommodated in approved premises. The following is an example of how work in approved premises was coordinated with that of the responsible officer:

Case example

Ray is a 38-year-old sentenced in 2018 to 48 months’ custody for an offence of arson. He was released from custody on licence in August 2020 during the recovery phase. Although the responsible officer was unable to visit the approved premises because of Covid-19 restrictions, there was weekly telephone contact and a large amount of support from approved premises staff and his keyworker, a local support agency helping with move-on accommodation and integrated offender management staff. Although Ray was recalled at the end of September, the work undertaken while in the community was appropriately coordinated.

The introduction of the homelessness prevention teams (HPTs) across England and Wales in the early weeks of the first lockdown, focusing on offering financial support and assistance in finding temporary accommodation while a longer-term option was sought, was generally believed to have been a positive initiative. The project was then continued to October 2020 and has now been extended further, to the end of March 2021. Five people in our case sample had benefited directly from the initiative. In one of these cases, a man was initially accommodated in a budget hotel through HPT funding before being offered a longer-term tenancy in Bristol. The following case illustrates how a holistic approach to supervision, supported by stable accommodation, can be beneficial:

Case example

Frank is a 44-year-old with an extensive history of offending. He received a two-year custodial sentence for a violent assault. Originally released on licence in October 2019, he was recalled in July 2020 for non-engagement and re-released for the final two months of his sentence in August 2020. The responsible officer was able to access HPT funding to place him in temporary accommodation while other options could be explored. There was good liaison with mental health services by the responsible officer, and Frank engaged in meaningful face-to-face, office-based, contact. At the end of the licence period, Frank said this had been *“the most constructive period of supervision”* he had ever been subject to.

Partnership work

In many ways, the pandemic has reinforced the importance of partnership working. While this is particularly true in relation to managing risk of harm, it remains equally true with

those organisations providing interventions and support services. Many third-party agencies were forced to cut back their provision substantially with the onset of the initial lockdown in March. Although many continued to provide some, albeit often limited, support, others had struggled, only beginning to offer services virtually in recent months.

Responsible officers and other staff spoke widely of the difficulties in accessing third-party services, and, as an alternative, often engaged in work themselves which would normally be delivered by a third party. Only 52 per cent of responsible officers in our survey said that they have access to a sufficient range of services, compared with 71 per cent prior to lockdown, although this does include access to accredited programmes and RAR groups, which have been substantially reduced.

Where work involved other organisations, this was sufficiently well coordinated by the responsible officer in 66 per cent of pre-EDM cases. Similarly, reviewing of work was sufficiently informed by input from other organisations in 64 per cent of cases. This rose in the recovery sample to 71 per cent for both questions, largely reflecting the improvement in both provision and liaison which we have seen in other aspects of recovery work. In some areas, single points of contact had been set up for different partner organisations, specifically to manage access to services.

Some drug and alcohol services had begun to increase service provision during the recovery period, but it remained mostly still online. Drug testing, other than for clinical purposes, continued to be a shortfall. In a small number of inspected cases, service users had been able to access residential drug rehabilitation programmes. One of the service users we interviewed spoke about how supportive they had found their responsible officer, who had managed to obtain a tablet computer for him to access online substance misuse meetings:

“Probation have been amazing.... I am now in rehab, detoxing and doing really well – without my probation officer doing all of this, I do not know where I would be today”.

Other services had also stepped up their online support. Several organisations we spoke to suggested that because of shortfalls earlier in the year, demand since they had increased services after the lockdown had been much higher than previously. This appears equally true where courses, such as that which leads to obtaining a CSCS card, had begun to be delivered in small groups and face-to-face. One organisation offering restorative justice work reported that they were now providing this primarily online, but that they had a waiting list for the first time ever. We saw examples in our cases of improved access to partner agencies once recovery started, including access to ETE provision, financial guidance and counselling, and an example of joint ‘doorstep’ visits between the responsible officer and Connexions¹¹ worker.

Some service users expressed frustration at services being difficult to access, and equally that their responsible officers were unable to gain access for them. Others, however, felt that their responsible officer had helped them access support and had gone ‘above and beyond’ what they had done before. Some were also frustrated at not always knowing what was available and what had reopened in recent months. For some, however, this lack of access was beneficial:

“I’ve always been referred on to places, but suddenly there wasn’t anywhere to refer me to. I was their (the probation service’s) problem”.

¹¹ Connexions is a government service providing career and other related advice.

“I felt like I was always working with so many people, it was hard work; it’s made it easier to just work with one person”.

For one service user in our survey, the issue was less about accessing services for personal support, and more about gaining self-esteem by providing services to others:

“Bernie volunteered in her probation office as a peer mentor. It was through peer mentoring that she gained a sense of self-identity, confidence and worth. The service was closed at the initial lockdown and all peer mentoring was stopped. Bernie felt ‘lost’ without this and was immensely lonely. She did not understand why an alternative peer mentoring service could not have been set up in the wake of Covid-19, or at least since July, when they started to work towards recovery”.

However, unlike the service users we spoke to in our earlier EDM inspection¹² of the lockdown period, many we spoke to had managed to access courses and services, for a variety of needs, including work on relationships, preparation for work and education, as well as receiving counselling. In nearly all cases, these courses and services were accessed by telephone. While many service users struggled with the lack of face-to-face provision for drug and alcohol support, many were nevertheless able to access this online or by telephone. As many services provided by partner agencies remain online or available exclusively remotely, the issue of digital exclusion for service users who lack computers, tablets and/or a broadband connection remains a concern. This was an issue that came up repeatedly during this and other inspections.¹³ In some cases, organisations have made tablet computers and/or mobile telephones available to service users, but it remains unclear how widespread digital exclusion is.

Relationships with partner agencies providing women’s services were generally strong. In most areas, women’s services responded quickly to the initial lockdown, adapting provision to remote access, either online or via telephone. Several provider organisations reported that telephone contact with women seemed to be particularly popular; it can be easier, more immediate and more convenient, especially if there are issues about childcare or isolation. The following demonstrates how effective a well-coordinated approach can be, even if limited to telephone contact:

Case example

Bev is a 61-year-old who received a 12-month suspended sentence order after pleading guilty to drink driving. Bev is lonely and isolated, and the responsible officer ensured that she received support from adult services and the voluntary sector – for example, in obtaining food parcels. The responsible officer has maintained an impressive level of telephone contact with her during lockdown, and this has continued into recovery. It was planned that the women’s centre would undertake work with Bev in relation to alcohol use, and thinking and behaviour but this initially had to be placed on hold. However, since the easing of lockdown restrictions, more staff have returned to work at the woman’s centre and they have now completed all of the agreed work, albeit over the telephone.

¹² HM Inspectorate of Probation. (2020). *A thematic review of the exceptional delivery model arrangements in probation services in response to the Covid-19 pandemic.*

¹³ See also: HM Inspectorate of Probation. (2020). *A thematic review of the work of youth offending services during the Covid-19 pandemic.*

Recovery in relation to women's services tended to be less about increasing services and more about offering a wider variety of options for engagement. Several women's services were already running socially distanced one-to-one sessions and group work to complement that available online and by telephone. This blended and flexible approach also appeared to have increased engagement and retention rates, compared with before the pandemic. In one area we visited, the contracted provider of women's services told us that in the preceding quarter (July to September 2020), they were 25 per cent up on programme starts and that they were running at 150 per cent of their pre-pandemic completion rates.

In our service user survey, women were more likely to say that the relationship they had with their responsible officer had improved over the lockdown period and in the recovery period; there were numerous examples of strong working relationships between female responsible officers and female service users. The following comments give a flavour of the value placed on these:

"There was never time to talk like this before".

"We get on really well; I can tell her when I am struggling; even if she has no advice [it is] just nice to have someone who listens".

"I didn't really feel like I was on probation, well not like in the past. Previously, they were always there waiting for me to trip up so they could recall me".

The powerful nature of these relationships is summed up by one woman, who told us that she was concerned she would not see her responsible officer in person before the order ended: ***"That's how all my relationships end, with no goodbye".***

Annexe 1: Methodology

Introduction

In March 2020, the Prime Minister announced a national lockdown in response to the Covid-19 pandemic. In response, HMPPS agreed EDMs with the NPS and with each of the CRC owners. In early June, HMPPS asked probation service providers to begin planning for the reintroduction of services, and the *Roadmap to Recovery* was published on 02 June 2020.¹⁴

HM Inspectorate of Probation paused inspections at the same time as the country entered the March lockdown. During June and July 2020, a qualitative review was undertaken to look at how probation services were managing under EDM arrangements. This report was published on 18 November 2020.¹⁵

This current review builds upon that first EDM thematic and was designed to explore how probation services were managing to build up provision and reinstate services as restrictions caused by the Covid-19 pandemic were relaxed.

Approach

We 'visited' six LDUs – with all fieldwork conducted remotely using video-conferencing platforms like Microsoft Teams – and examined cases managed by both the CRC and NPS operating in the area.

We reviewed a total of 240 cases, divided into two case samples: pre-EDM and recovery. The pre-EDM case sample was drawn from a randomly selected sample of those sentenced or released from custody between 13 January and 28 February 2020. Recovery cases were drawn from a randomly selected sample of cases sentenced or released from custody between 27 July and 25 September 2020. Recovery cases were staggered, to reflect the different points at which cases would be reviewed. Thus, 40 cases were drawn from each of the six LDUs: 20 from each of the NPS regions and CRCs operating in that area. Each sample was divided further, with 10 drawn from each of the two case sample periods. The following table summarises the case specification:

¹⁴ Her Majesty's Prison and Probation Service. (2020). *Roadmap to recovery*
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892498/probation-roadmap-to-recovery.pdf.

¹⁵ HM Inspectorate of Probation. (2020). *A thematic review of the exceptional delivery model arrangements in probation services in response to the Covid-19 pandemic*.

Table 2: case sample specification:

NPS region	CRC (owner)	LDU cluster	Pre-EDM case sample	Recovery case sample	Cases reviewed	Focus groups and meetings
West Midlands	Warwick and West Mercia (People Plus)	West Mercia	13/01/2020 – 28/02/2020	27/07/2020 – 14/08/2020	w/c 28/09/2020	w/c 05/10/2020
East Midlands	DLNR (Reducing Reoffending Partnership)	Derbyshire	13/01/2020 – 28/02/2020	03/08/2020 – 21/08/2020	w/c 05/10/2020	w/c 19/10/2020
South West	BGSW (Seetec)	Bristol and South Gloucestershire	13/01/2020 – 28/02/2020	17/08/2020 – 04/09/2020	w/c 19/10/2020	w/c 26/10/2020
South Central	Thames Valley (MTC ¹⁶)	Buckinghamshire and Oxfordshire	13/01/2020 – 28/02/2020	24/08/2020 – 11/09/2020	w/c 26/10/2020	w/c 02/11/2020
East of England	Essex (Sodexo)	Essex	13/01/2020 – 28/02/2020	31/08/2020 – 18/09/2020	w/c 02/11/2020	w/c 09/11/2020
Greater Manchester	Cheshire and Greater Manchester (Purple Futures)	Tameside and Stockport	13/01/2020 – 28/02/2020	07/09/2020 – 25/09/2020	w/c 09/11/2020	w/c 23/11/2020

¹⁶ Management Training Corporation (MTC) is the parent company providing probation services under contract in Thames Valley. It also runs contracted probation services across London.

We completed case assessments over a one-week period, examining service users' files and interviewing responsible officers where possible. This enabled us to examine work in relation to assessing, planning, delivery and reviewing.

Staff survey: Two weeks prior to each area being inspected, we contacted all responsible officers within the LDU due to be visited, via identified points of contact within each CRC or NPS, inviting them to complete an anonymous survey. In total, 289 surveys were completed: 142 from CRCs and 147 from the NPS.

Meetings and focus groups: We undertook 177 meetings and focus groups with staff and managers in all areas inspected, along with meetings with national and regional recovery leads. Meetings undertaken included:

- senior leaders in HMPPS, NPS and CRCs
- probation officers and probation services officers
- middle managers managing frontline staff and services
- approved premises staff
- court staff
- victim liaison officers/partner link workers
- public protection and safeguarding specialists
- accredited programme delivery staff
- partner agencies' staff
- unpaid work lead managers
- human resources lead managers
- quality assurance managers.

Service users: We commissioned EP:IC to undertake interviews with probation service users. EP:IC consultants interviewed 71 people, of whom:

- 76 per cent were male; 24 per cent were female
- 73 per cent were white British, and six per cent white 'other'; 10 per cent identified as being black or black British, seven per cent as Asian or Asian British, four per cent identified as being of 'other' ethnicity
- 65 per cent were on probation following a prison sentence, with the remainder having been sentenced to community supervision only
- 18 per cent of the sample had been working with probation services for less than six months at the time of the engagement; 35 per cent between one year and two years; and eight per cent over two years.

Covid-19 probation tracker data: this data was provided to us from MoJ, in response to a 'freedom of information' request.

Details of the above data and information is available on our website at:

<https://www.justiceinspectorates.gov.uk/hmiprobation/inspections/recoverythematic2021/>.

Annexe 2: Caseloads

Caseloads – average caseload prior to EDM and at the start of this thematic inspection¹⁷		
West Midlands CRC	01 March 2020	28 Sept 2020
Probation officer (or equivalent)	47	43
Probation services officer (or equivalent)	57	48
NPS West Midlands	01 March 2020	28 Sept 2020
Probation officer (or equivalent)	32	32.1
Probation services officer (or equivalent)	31	26.7
Derbyshire, Lincolnshire Nottinghamshire and Rutland CRC	01 March 2020	28 Sept 2020
Probation officer (or equivalent)	56.66	46.83
Probation services officer (or equivalent)	69.48	53.52
NPS East Midlands	01 March 2020	28 Sept 2020
Probation officer (or equivalent)	33.9	31.8
Probation services officer (or equivalent)	25.9	23.5
Bristol, Gloucestershire, Somerset and Wiltshire CRC	01 March 2020	28 Sept 2020
Probation officer (or equivalent)	43	35
Probation services officer (or equivalent)	38	33
NPS South west	01 March 2020	28 Sept 2020
Probation officer (or equivalent)	32.3	34
Probation services officer (or equivalent)	34.3	34.3

¹⁷ Caseload data was supplied by areas inspected during the inspection.

Thames Valley CRC	01 March 2020	28 Sept 2020
Probation officer (or equivalent)	51	45
Probation services officer (or equivalent)	35	30
NPS South Central	01 March 2020	28 Sept 2020
Probation officer (or equivalent)	35.3	33.1
Probation services officer (or equivalent)	32.2	33.8
Essex CRC	01 March 2020	28 Sept 2020
Probation officer (or equivalent)	59.9	54.9
Probation services officer (or equivalent)	56	55.8
NPS East of England	01 March 2020	28 Sept 2020
Probation officer (or equivalent)	31.4	32.1
Probation services officer (or equivalent)	32.4	30.4
Cheshire and Greater Manchester CRC	01 March 2020	28 Sept 2020
Probation officer (or equivalent)	51	42
Probation services officer (or equivalent)	61	48
NPS Greater Manchester	01 March 2020	28 Sept 2020
Probation officer (or equivalent)	29.8	29.4
Probation services officer (or equivalent)	25.9	23