

---

## Quality & Impact inspection

### The effectiveness of probation work in Suffolk

---

An inspection by HM Inspectorate of Probation  
June 2017

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

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

© Crown copyright 2017

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](http://www.nationalarchives.gov.uk/doc/open-government-licence) or email [psi@nationalarchives.gsi.gov.uk](mailto:psi@nationalarchives.gsi.gov.uk).

Where we have identified any third party copyright information, you will need to obtain permission from the copyright holders concerned.

This publication is available for download at:

[www.justiceinspectorates.gov.uk/hmiprobation](http://www.justiceinspectorates.gov.uk/hmiprobation)

Published by:

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

# Contents

Foreword .....	4
Key facts .....	5
<b>1. Overall judgements and recommendations .....</b>	<b>6</b>
Protecting the public .....	7
Reducing reoffending .....	7
Abiding by the sentence .....	8
Recommendations.....	9
<b>2. The arrangements for delivering probation services in Suffolk.....</b>	<b>10</b>
National context.....	11
Local context .....	12
Organisational arrangements in the CRC.....	13
Organisational arrangements in the NPS .....	22
<b>3. An evaluation of the quality of probation services in Suffolk .....</b>	<b>27</b>
<b>Protecting the public.....</b>	<b>28</b>
CRC effectiveness .....	28
NPS effectiveness.....	32
The CRC and NPS working together .....	35
<b>Reducing reoffending.....</b>	<b>37</b>
CRC effectiveness .....	37
NPS effectiveness.....	40
The CRC and NPS working together .....	43
<b>Abiding by the sentence.....</b>	<b>44</b>
CRC effectiveness .....	44
NPS effectiveness.....	46
The CRC and NPS working together .....	46
Appendix 1: Inspection methodology .....	48
Appendix 2: Background data .....	49
Appendix 3: Background information: Norfolk & Suffolk Probation Trust 2013 inspection outcomes.....	52
Appendix 4: Data analysis from inspected cases .....	53
Appendix 5: Glossary.....	56

## Foreword

We report here on our inspection of work done in Suffolk by the Norfolk & Suffolk Community Rehabilitation Company (CRC) and the South East & Eastern division of the National Probation Service (NPS). In short, nowhere near enough good work is being done by the CRC or the NPS in Suffolk.

With the Ministry of Justice's delay in providing the promised strategic (IT) gateway, and CRC funding so tight, the CRC owner (Sodexo) has been wrong-footed. Having put in place those parts of their operating model most likely to bring efficiencies, implementation has stalled. Transition to the new model has been handled poorly in Suffolk. To compound matters, this CRC has particular, unresolved funding issues, and is at a standstill while these are resolved with the Ministry of Justice.

The Sodexo model is conceptually sound overall. Two features that are allowable within CRC contracts concern me, however. Some service users' main contact with the CRC will be by telephone when in my view, individuals posing a risk to their families or the public should be supervised more actively. Those who are supervised face-to-face are often seen in open booths. This is not likely to encourage the candid exchanges sometimes necessary, and it does not provide sufficient privacy. I question these two aspects of the model and the funding constraints that encourage them.

We were inspecting shortly after further changes in the CRC - a not unfamiliar situation, we find. Staff were working hard, but individual caseloads were very high, and staff morale was low. Although we saw some good work, the quality of work was generally poor.

As we found in Kent, the NPS in Suffolk is suffering from chronic staff shortages. Staff had variable and sometimes unacceptably high caseloads. What is more, although staff and managers were working hard, the quality of work was poor overall. We found a reluctance to use services available from the CRC. In the face of work pressures, local leaders had reduced the requirement to review cases, a retrograde step in my view. Yet as a national organisation, the NPS is able to consider its policy for staffing in the south east, and also to ensure that local leaders exercise discretion well, so as to promote the best possible outcomes for service users and the public.

There is a simple truth here: to deliver well, all probation providers must be able to employ enough skilled staff, and then make sure they can give of their best. To do that, they need sufficient funding and the right priorities, systems and ways of working. Above all, staff need to be engaged and valued, in order to deliver well.



**Dame Glenys Stacey**

HM Chief Inspector of Probation  
June 2017

## Key facts

<b>262,388</b>	The total number of offenders subject to probation supervision across England and Wales <sup>1</sup>
<b>3,092</b>	The number of offenders supervised by the Norfolk & Suffolk CRC <sup>1</sup>
<b>37%</b>	The proportion of the CRC cases which relate to a custodial sentence (pre or post-release supervision) <sup>1</sup> . The proportion for all England and Wales CRCs was 40%
<b>63%</b>	The proportion of offenders who were recorded as having successfully completed their period of licence or post-sentence supervision with Norfolk & Suffolk CRC following a release from custody <sup>2</sup> . The performance figure for all England and Wales was 75%, against a target of 65%
<b>14,936</b>	The number of offenders supervised by the South East & Eastern division of the NPS <sup>1</sup>
<b>872</b>	The number of MAPPA eligible offenders managed by the NPS in Suffolk <sup>3</sup>
<b>6 (of 21)</b>	The number of CRCs owned by Sodexo Justice Services in partnership with Nacro

<sup>1</sup> Offender Management Caseload Statistics as at 30 September 2016, Ministry of Justice.

<sup>2</sup> CRC Service Level 9a, Community Performance Quarterly Statistics April-September 2016, Ministry of Justice.

<sup>3</sup> Multi-Agency Public Protection Arrangements (MAPPA) Annual Report March 2016, Ministry of Justice.

# 1. Overall judgements and recommendations

- Protecting the public
- Reducing reoffending
- Abiding by the sentence
- Recommendations

We last conducted a performance inspection of probation services in Suffolk in November 2013, when services were provided by one organisation, the Norfolk & Suffolk Probation Trust. Direct comparisons over time cannot be made, as we have since developed our inspection methodology, and in any event probation workloads and work types have changed as well (see Chapter 2). The outcomes from our 2013 inspection are summarised in Appendix 3.

The findings of this 2017 inspection are set out in the following chapters and summarised here.

## Protecting the public

### **CRC effectiveness**

Overall, the quality of work was not sufficient. This was particularly concerning in domestic abuse cases and those involving the safeguarding of children.

The CRC did not review the NPS's initial assessments of the risk of harm posed well enough. Then CRC plans did not redress any shortcomings sufficiently, leaving some victims more vulnerable than necessary.

### **NPS effectiveness**

The work was not of sufficient quality overall. As with the CRC, this was particularly notable in cases of domestic abuse and those involving the safeguarding of children.

Initial assessments were generally sufficient, but risks posed to known adults and/or children were not assessed well enough, with pertinent information missing. Local managers expressly allowed routine formal reviews to be conducted annually unless there was a change in circumstances. We found that changes in circumstances did not always lead to a review. These arrangements left some victims more vulnerable than necessary.

Internal multi-agency public protection eligibility forums provided a degree of scrutiny, and work to improve risk management planning was in train.

### **The CRC and NPS working together**

The two agencies were generally working together well. New Integrated Offender Management arrangements were bedding in, and NPS officers worked with the Multi-Agency Safeguarding Hub and, through them, provided information to the CRC. Information-flows from court had improved.

## Reducing reoffending

### **CRC effectiveness**

The quality of work was insufficient.

The CRC was dilatory in completing assessments. We found assessments were

generally superficial and sentence planning was poor. The delivery of interventions was correspondingly patchy, and poor overall. Responsible officers had very high caseloads, but were often delivering one-to-one work rather than using supply chain providers or in-house groupwork (as anticipated in the operating model) thereby increasing the demands on their time. Leaders were taking action to redress the balance.

Service users had not received an acceptable level of service in too many cases.

### **NPS effectiveness**

The quality of work was poor across the spectrum of work to reduce reoffending.

The majority of court reports did not provide sufficient information to help the CRC undertake good, comprehensive planning. The risk assessments to support allocation appeared inflated to us: we found an unusual proportion of cases that we considered should have been allocated to the CRC. Then, assessment and subsequent planning were not good enough in too many cases.

Plans were not delivered well enough. There had been insufficient progress in most cases.

### **The CRC and NPS working together**

Relationships worked reasonably well, with regular interface meetings focused on problem-solving.

The NPS chose not to use interventions on offer from the CRC, seemingly to save money, although the national delivery model for probation services assumes that they will.

## **Abiding by the sentence**

### **CRC effectiveness**

Overall, the quality of work was poor.

Individual service users' needs were not taken into account in enough cases. In too many cases, not enough appointments had been offered and non-compliance had not received an appropriate response.

Over one-third of service users had not complied with the sentence.

### **NPS effectiveness**

Overall, the quality of work was acceptable, but in too many cases, not enough appointments had been offered.

There had been sufficient progress in enough cases, and the response to non-compliance was appropriate.



## **The CRC and NPS working together**

The establishment of the CRC hub and the NPS central enforcement unit had created problems for each organisation which had affected enforcement. These were being resolved by middle managers and, where necessary, senior managers via interface meetings.

# **Recommendations**

## **The Community Rehabilitation Company and National Probation Service should:**

1. make sure that sentencers are fully aware of the content and availability of CRC interventions and programmes
2. make sure that workloads are manageable and distributed equitably
3. offer sufficient and appropriate contact to all service users
4. improve the quality of case management, specifically: assessment, and the planning and delivery of interventions, and with a particular focus on the risk posed to known adults and children
5. provide effective management oversight of all relevant cases.

## **The Community Rehabilitation Company should:**

6. communicate well with staff and engage them effectively
7. make sure that service users can be interviewed in private when necessary and appropriate
8. provide sufficient, needs-led and good quality rehabilitative activity requirements
9. re-engage non-compliant service users where possible and enforce where necessary, taking into account individual circumstances.

## **The National Probation Service should:**

10. provide specific support to responsible officers carrying concentrated caseloads of offenders posing a high risk of harm.

## **Her Majesty's Prison and Probation Service should:**

11. redress known difficulties in recruitment in the south east and east of England.

## **The Ministry of Justice should:**

12. resolve the dispute with the CRC about the payment mechanism to allow them certainty of funding.

## **2. The arrangements for delivering probation services in Suffolk**

- the national context
- the local context
- organisational arrangements

## National context

In 2014, the UK government extended probation supervision for the first time to offenders released from prison sentences of under 12 months (over 40,000 people each year<sup>4</sup>). Now, over 260,000 adults are supervised by probation services annually, and all offenders released from prison on licence are subject to supervision<sup>5</sup>. In addition, since May 2015, in an initiative known as 'Through the Gate', probation services must provide offenders with resettlement services while they are in prison, in anticipation of their release.

Probation services were formerly provided by 35 self-governing Probation Trusts working under the direction of the National Offender Management Service (now known as Her Majesty's Prison and Probation Service (HMPPS)). They are now provided in a mixed economy model. The government wished to promote innovation in probation services, and in June 2014, under the *Transforming Rehabilitation* programme, probation services in England and Wales were divided into a new public sector National Probation Service and 21 new privately-owned Community Rehabilitation Companies providing services under seven-year contracts with a lifetime value of approximately £3.7 billion.

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

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

Most CRC income is from a fee relating to the number of offenders under various forms of supervision, and the requirements to which they are subject. If the CRC fails to meet certain service levels, financial penalties may be incurred. In addition, there is the possibility of additional income - payment by results - triggered by reductions in proven reoffending, once relevant reoffending data is available. The government is currently reviewing CRC performance measures and detailed funding arrangements in a probation system review.

The transition to the mixed economy model has been challenging, and the new expectations of probation providers demanding. Those serving short sentences are more often prolific offenders, less receptive to rehabilitation. Through the Gate services require persistence and good joint working, and those arrangements are still under-developed across the country.

The overall volume of NPS work has risen noticeably in the last year, while staffing levels have risen marginally. The CRC caseload has risen<sup>6</sup> while staffing levels have

4 Figures relate to releases from determinate sentences of less than 12 months during 2015 (excluding 15-17 year olds). Source: Offender Management Statistics, Ministry of Justice, October 2016.

5 Offender Management Caseload Statistics as at January 2017, Ministry of Justice.

6 Across the 6 Sodexo owned CRCs, about 29,000 offenders are supervised at any one time: this includes about 6,200 in custody and 22,800 in the community. Source: Changing Lives for the Better, Sodexo, February 2017.

fallen. The balance of sentencing, however, has changed recently. Payment under contract to the CRC reflects the weight of work attributed to sentence type and current sentencing trends have reduced the amount of payment CRCs receive for their total caseloads. The new arrangements provide opportunities to innovate and develop new systems, but payment shortfalls have led to financial constraints and uncertainty for CRCs and reluctance to commit to longer-term investment or settled supply chains.

Anticipated income has not materialised in part because of falling conviction rates<sup>7</sup> and changes to sentencing, with community sentences having generally declined<sup>8</sup>. The most recent published proven reoffending statistics indicate that the one-year reoffending rate varied from 30.2% to 36.4% between regions for those offenders starting a court order and managed by probation providers in the period from June 2014 to March 2015<sup>9</sup>.

## Local context

Here we report on probation services delivered in the Suffolk area by the Norfolk & Suffolk CRC (N&S CRC) and the NPS South East and Eastern (SE&E) division. Suffolk is locally governed by Suffolk County Council and divided into the seven local government districts of Babergh, Forest Heath, Ipswich, Mid Suffolk, St Edmundsbury, Suffolk Coastal and Waveney. In 2015, the population of Suffolk was estimated at 0.75m, with a higher proportion of white British residents (90.8%) than the England and Wales average (80.5%). Unemployment in Suffolk is lower than the average for England, whereas proven reoffending rates are higher. We provide demographic data and information about the area in Appendix 2.

The CRC is one of six across England owned by Sodexo Justice Services. Part of a large multi-national private company, it works in partnership with a well-known charity, Nacro, to deliver probation services. It is the third largest CRC-owning company in the country by contract value, with 19% of the market share<sup>10</sup>. Sodexo also runs 4 of the 14 private prisons in England and Wales, with all 4 located in England<sup>11</sup>.

The CRC has not met any of the end-state performance targets now expected in the most recently published data and is below the national average on all but one. The latest monitoring reports<sup>12</sup> for all contract performance measures show it performing poorly overall when compared to other CRCs.

In contrast, the NPS South East & Eastern division has mixed performance against national targets and when compared to other divisions. It is performing above the national target on six of the ten published measures for which data was available and at or above the national average on three of those measures.

7 The total number of individuals sentenced by the courts in England and Wales has fallen from 1.43m in September 2006 to 1.2m in September 2016.

8 Source: Criminal Justice Statistics Quarterly Update to September 2016: England & Wales, Ministry of Justice.

9 Source: Proven Reoffending Statistics Quarterly: April 2014 to March 2015: England & Wales, Ministry of Justice.

10 Source: Offender management statistics quarterly, July to September 2016 Table 4.10: Offenders supervised in the community at period end, by NPS Region, Division and CRC, England and Wales.

11 Private prisons run by Sodexo are: HMP Bronzefield; HMP/YOI Forest Bank; HMP Peterborough; and HMP Northumberland. Source: Ministry of Justice website, 30 January 2017.

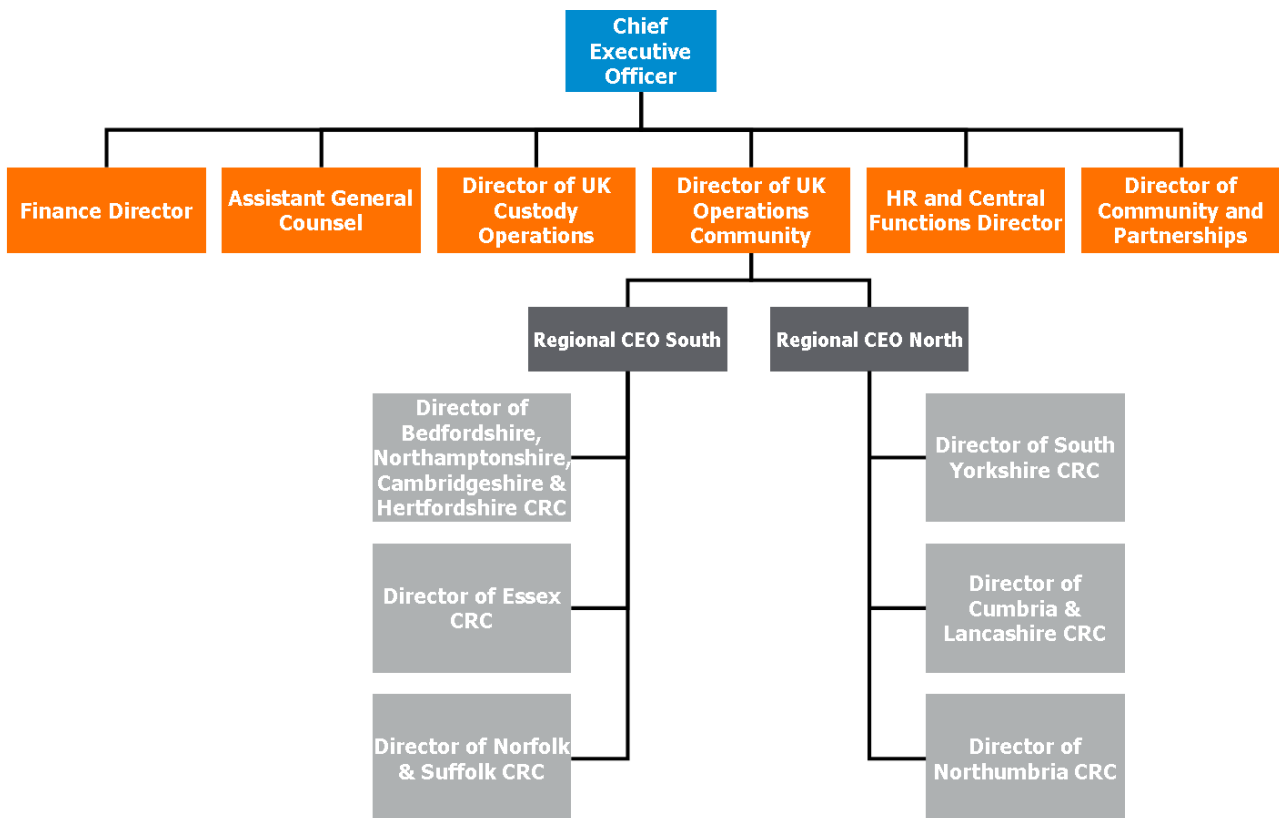
12 Community Performance Quarterly Management Information release, Ministry of Justice July–September 2016.

# Organisational arrangements in the CRC

## Governance

Corporate and strategic decision-making for all Sodexo CRCs sits with the Sodexo Justice Services UK board. Two Regional Chief Executive Officers (CEOs) translate Board strategy into operational delivery, with each responsible for three CRCs.

**Figure 1.1: Organogram showing Sodexo Justice Services UK structure**

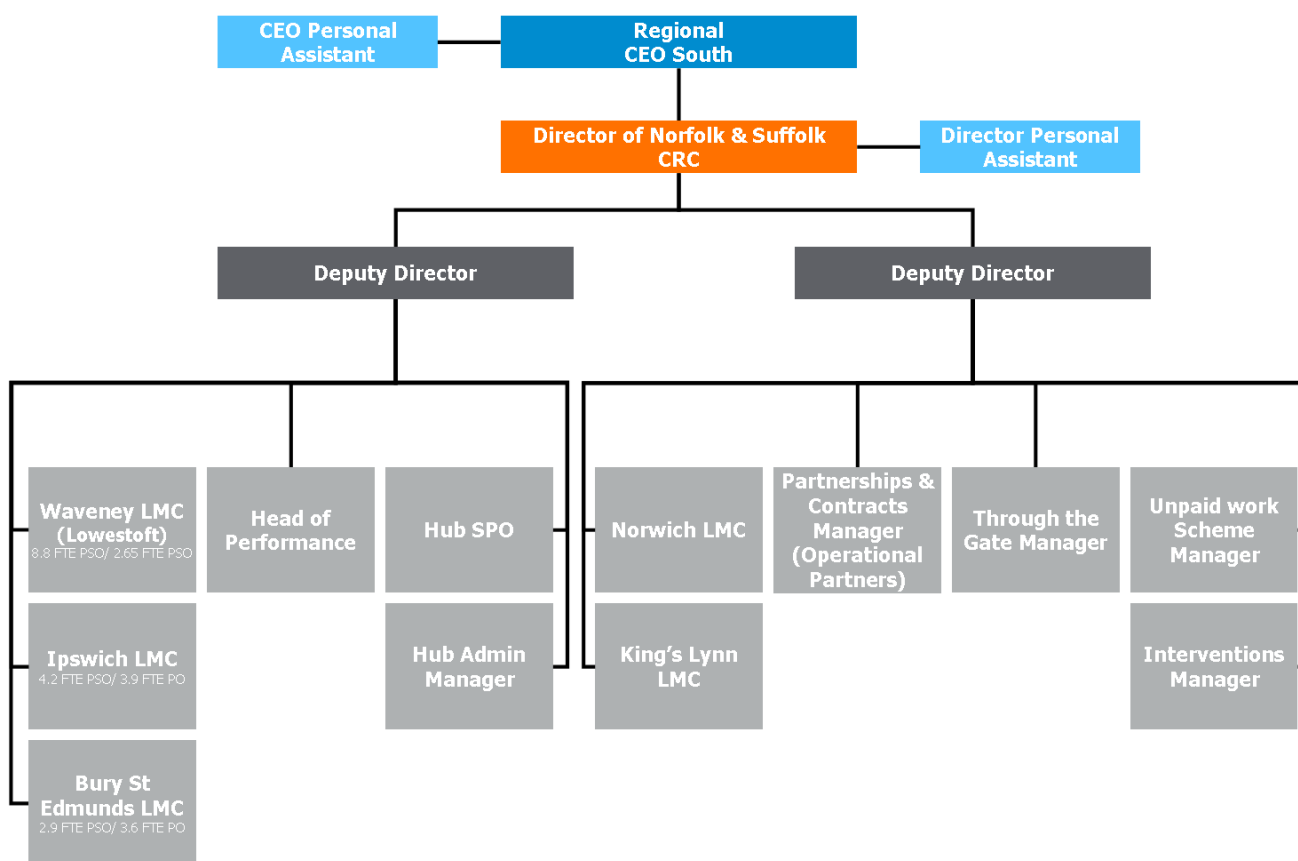


*Information source: Sodexo Justice Services UK*

Norfolk & Suffolk CRC's structure (Figure 1.2) differs slightly from the arrangements in the one other Sodexo CRC where we have inspected – Bedfordshire, Northamptonshire, Cambridgeshire & Hertfordshire (BeNCH) CRC<sup>13</sup>.

<sup>13</sup> We inspected in Northamptonshire in January and February 2017.

**Figure 1.2: Organogram of Sodexo's Norfolk & Suffolk CRC**



Information source: Sodexo Justice Services UK

In the year prior to our inspection there had been frequent changes to the leadership arrangements and personnel, as, along with other Sodexo CRCs, the organisation implemented a new regionalised structure, part-implemented the Sodexo operating model and made other changes, partly for commercial reasons. The two Deputy Directors were appointed relatively recently, in April and October 2016 respectively. At the time of our inspection, the recruitment of a permanent Director was imminent, with the post filled temporarily meanwhile.

### The operating model

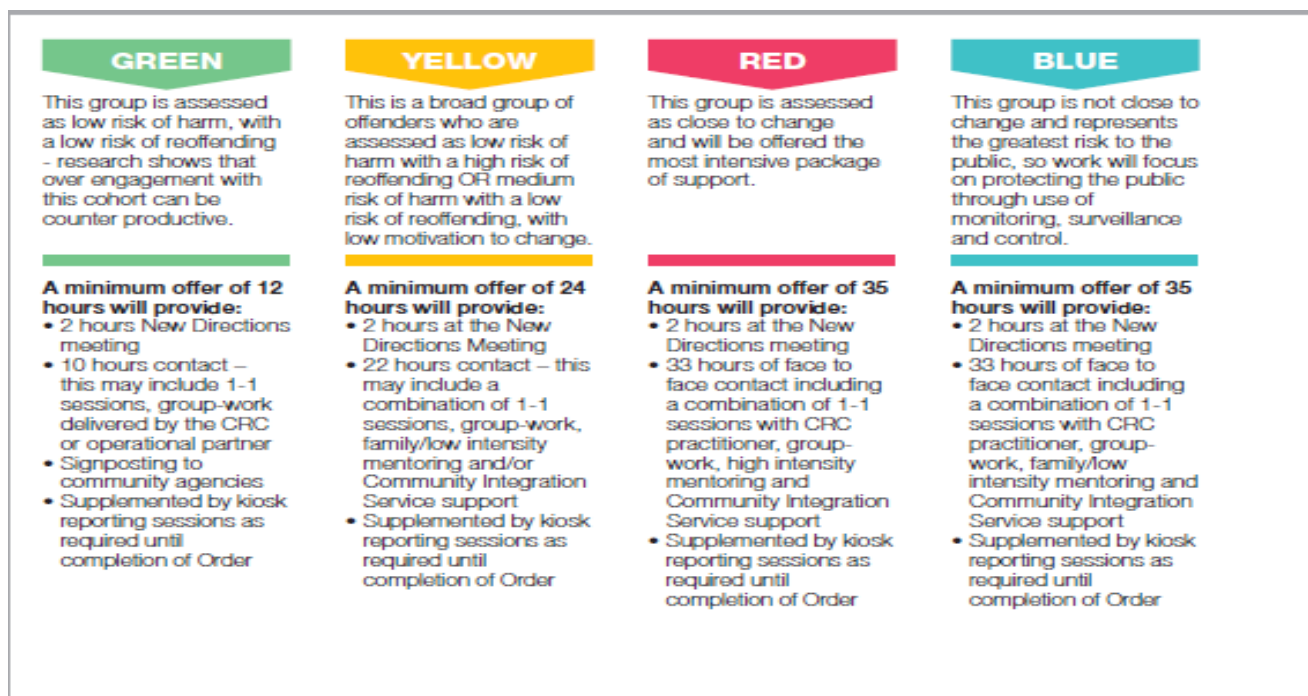
As we have previously reported<sup>14</sup>, Sodexo's planned operating model takes into account robust reducing reoffending research on the need to develop strong and meaningful relationships, and the importance of taking a holistic approach to developing a positive self-identity and to tackling practical issues with the support of the local community. The model is to be rolled out across each of its six CRCs, with implementation led by local leadership teams. It has several innovative features, including a prioritisation model and a planning and assessment tool known as 'Justice Star'.

In brief, each CRC is to categorise each new service user using the prioritisation

<sup>14</sup> HMI Probation (April 2017) *Quality & Impact inspection of probation work in Northamptonshire*.

model, as shown in Figure 1.3. Once categorised, service users are to work with responsible officers to agree together the service user's strengths and needs, and the work they need to do to achieve their goals using Justice Star. Service users can be recategorised, for example after a significant event, such as a breach.

**Figure 1.3: Sodexo's 'Changing lives for the better'<sup>15</sup> description of the focus and nature of work expected with categories of service users:**



Local management centres (LMCs) are the main places where service users report in person, and it was envisaged that these would be supported by a network of smaller neighbourhood centres, based in local communities. This has not come about in Suffolk: Ipswich and Waveney (Lowestoft) are LMCs and Bury St Edmunds is considered a neighbourhood centre. A step-down process provides for lighter-touch case management towards the end of sentence. The model includes supplementary reporting using biometric technology which is not yet available.

Finally, each CRC has a central administrative hub, to act as the single point of contact for all stakeholders and to support or deliver key functions such as assignment of cases, making supervision appointments, setting up service user attendance on intervention programmes, liaison with partner agencies and enforcement action. There is also a team of responsible officers based within the hub.

### The operating model in practice

As in BeNCH CRC, the operating model is not fully implemented. The prioritisation model and Justice Star are not deployed, for reasons we have reported previously: the necessary strategic (IT) Gateway, first promised for June 2015, has still not been

<sup>15</sup> *Changing lives for the better. Working in partnership to reduce reoffending and improve communities.* Sodexo, 2016.

implemented. Meanwhile, assessment and planning is carried out using the legacy Offender Assessment System (OASys), a basic tool ill-suited to Sodexo's operating model. Mobile working and the anticipated neighbourhood centres were still awaited.

Senior managers described the CRC as being at a "*commercial standstill*". The CRC had been unable to agree the Weighted Annual Volume measure that determines payment with the MoJ. The Weighted Annual Volume band had reduced significantly, while workloads had increased by nearly 30% since January 2015<sup>16</sup>.

## The hub

Using established (Sodexo) criteria, the hub initially assigns cases either to LMCs or to the hub itself. Officers in LMCs then carry out service user induction, assessment and planning, confirm the assignment (to the hub or LMC) and decide upon and activate rehabilitation activity requirements (RARs). If information emerges suggesting the need for a different level of supervision, they can refer the case back for reassignment.

Approximately one-third of CRC cases are assigned to the hub<sup>17</sup> although not all service users are eligible. Those with domestic abuse or child safeguarding concerns (with the exception of standalone unpaid work cases), Integrated Offender Management (IOM) cases, those with a Drug Rehabilitation Requirement, and those without an address or telephone or requiring translation services are excluded.

Regular changes to hub processes had affected service users, confused staff, and led to some poor quality work. This had improved as the model was becoming embedded. Leaders acknowledged that relationships and working arrangements between field officers and the hub required improvement. As in BeNCH CRC, there were clear tensions.

Until recently, case management for less complex individuals (those considered at low risk of reoffending and posing a low or medium risk of serious harm) was divided into discrete tasks then allocated daily to responsible officers. Service users did not have dedicated responsible officers, limiting the opportunity to form worthwhile relationships. They now have dedicated responsible officers for those tasks that involve contact with them. Other tasks remain distributed, as before.

In cases assigned to the hub, induction is followed by a programme of telephone contact with hub responsible officers and where decided, referrals to supply chain providers for face-to-face programmes and RARs. In practice, some service users may just meet with external providers following induction, although the prioritisation model does not make that explicit.

Under the operating model, the intention was that cases supervised in the LMCs were to be transferred to the hub when the interventions had been carried out, but the transfer mechanism was unclear. We were told by senior managers that, because assessment tools are not currently in place, no specific process has been developed. Responsible officers told us that some cases had been transferred in the weeks prior to our inspection, in some instances without their knowledge.

The hub is responsible for enforcement administration. The CRC's enforcement

---

<sup>16</sup> Source: Norfolk & Suffolk CRC

<sup>17</sup> Source: Norfolk & Suffolk CRC



policy was thought unduly restrictive by responsible officers in the field, however, as it limited significantly their discretion to decide when not to enforce – presumably, driven in part by contract pressures. Some maintained that breaches were leading to poor outcomes, with service users who were *generally* doing well breached for minor infringements, rather than being re-engaged.

## Leadership and management

Sodexo and N&S CRC priorities had been influenced inevitably by the need to meet contract targets. A recent drive to improve performance against contract targets was bearing fruit, with local data showing more met. It was evident from the cases we inspected that the quality of work had not been a priority. A Sodexo CRC-wide quality audit group had been established in autumn 2016, however, and a quality assurance framework had recently been introduced.

At the time of the inspection, a new CEO for the south region was making efforts to improve staff communications and engagement. Staff are not enamoured with the operating model or the halfway house they find themselves in, and senior managers recognised that many staff are not sufficiently engaged. Staff and middle managers reported that they did not feel included in the transition, that communication had been poor and often by email, and that changes to process were sometimes ill-thought out, when their involvement, their knowledge and experience could have helped the organisation to avoid pitfalls. With little chance to contribute, staff generally did not share a sense of ownership of the operating model or new ways of working. Some did not understand the model fully.

It was clear that the poor change management had affected the quality of work in the cases inspected.

## Staffing and caseloads

There has not been a staff survey to evaluate staff engagement, but we welcomed Sodexo's intention to undertake one across all its CRCs later this year. Meanwhile, we found staff morale noticeably low. Some staff were distressed, and some clearly overworked. The CRC was aiming for caseloads of between 55 and 70 for full-time officers working in the LMCs. CRC-wide data showed some very high caseloads: full-time officers in the community had held up to 106 cases, and hub officers up to 236. Caseloads had been reduced in the weeks prior to the inspection; however, there remained inconsistencies and some officers were still holding caseloads well in excess of the maximum target. Almost two-thirds of the responsible officers we interviewed told us their workload affected their ability to help service users achieve outcomes. Staff absence rates were nevertheless stable and, at just over 3%, lower than one might expect.

Senior managers were confident they were making progress. Middle managers were hopeful that the more stable management arrangements and an anticipated increase in staffing would lead to improvement. Staff had been recently recruited (15), bringing total numbers to 137 against the CRC's own target of 149. It had been recognised that a middle manager was needed in each LMC and this had been implemented.

The numbers of staff directly involved with the supervision of service users had reduced by almost one-third over the 2 years to February 2017 (down to 102<sup>18</sup>), but numbers were supplemented by 11 agency staff and – as anticipated in the model – a number of supply chain staff (24). Support service and corporate staff numbers had reduced more significantly, from 38 to 10, and middle managers now have a wide range of management responsibilities other than supervising practice.

Training was managed at regional level. A Sodexo core training grid defined the training required for specific roles. There was a one-day Sodexo induction event for all new staff to undertake within their first three months, and, for those working with service users, basic risk of harm training was carried out within the same timeframe. Formal training was reduced in 2016 in light of the delays in implementing the new case management system, but had now been resumed.

### Available services and involvement of the third sector

Sodexo's model includes an extensive supply chain, but a number of key providers in this CRC were facing reductions in income and other changes to their work, as the CRC sought to find savings. Senior managers told us that until recently these services had been under-used by staff, unintentionally. Certainly, specific targets had led to a significant increase in their use from September 2016.

The St Giles Trust had delivered education, training and employment (ETE) services in the community and custody as part of the Through the Gate provision and (alongside another supplier) provided mentoring services but were withdrawing elements of the service to concentrate on ETE in the community.

Well-regarded accommodation services were provided in the community. Anglia Care Trust (ACT) found safe and sustainable accommodation for service users in a remarkable 90% of cases<sup>19</sup>, but had had to reduce its efforts, to meet CRC contract requirements. ACT offered a blended service of accommodation support, and finance, benefit and debt advice across Ipswich, Bury St Edmunds and Lowestoft. It considered its terms of engagement unsatisfactory, however. Payment for contact hours rather than outcomes had led to a reduction in the number of days that staff were present in the CRC because of CRC financial constraints, putting future performance at risk.

Ormiston Families delivered one-to-one interventions and groupwork aimed at reducing harm to children, improving family ties, and reducing inter-generational offending. In Suffolk, they had one family worker covering Waveney and Lowestoft and one covering Ipswich and Bury St Edmunds. Again, the CRC contract was for contact hours. Arrangements were not working as envisaged by Ormiston Families: there had been an increase in groupwork despite the intervention having been designed originally for one-to-one delivery. Ormiston Families told us that it was likely that the service would be reduced due to cuts in funding and low referral numbers.

Open Road was the largest drug and alcohol charity in Essex and was contracted to deliver 2,500 hours of mentoring services in the community for Norfolk & Suffolk CRC. The decision to offer individual mentoring was made by the responsible officer. The charity reported low numbers of referrals for individual mentors, however.

<sup>18</sup> Full-time equivalent figures are used; all figures supplied by the Norfolk & Suffolk CRC.

<sup>19</sup> Data supplied by Anglia Care Trust.

Mentors had been used to co-deliver RARs with CRC staff, but this had not worked well as Open Road was unable to guarantee continuity of mentors.

The CRC appointed a veteran's coordinator in May 2016 and there was a range of veterans' services across the area. These were not the subject of formal contract arrangements, however, and this presented problems for enforcement. The services could only be offered on a voluntary basis and service users could not, therefore, engage in them as part of their RAR days.

The CRC offered two common, well-established accredited programmes, the Thinking Skills Programme (TSP) and Building Better Relationships (BBR). There had been difficulties in meeting the demand for programmes. This had meant that there was often a delay between the sentence being made and the programme starting. Programme managers told us that service users completing the programme foundation course in December 2016 may not start the main programme until July 2017.

### Rehabilitation activity requirements

The CRC undertakes a good range of interventions but delivery was not sufficiently organised, resulting in significant delays for some service users. The CRC aimed to deliver RARs mainly through its own groupwork or by referral to the supply chain. Currently the aim was to deliver the following in-house:

- Welcome and introduction: a three-session programme which service users carried out early on in their order.
- Motivation and Compliance (re-engaging): a three-session programme.
- Social Skills: a ten-session programme.
- Victim awareness: a five-session programme.
- Anger management: a ten-session programme.
- Alcohol management: a ten-session programme with an extra three sessions for drink drivers.
- Women's emotional well-being programme: a six-day programme delivered from the women's centre in Ipswich and in the LMCs.
- Exit: a one-day programme for those finishing orders including sign-posting to other services.

With the appointment of a RAR coordinator in January 2016, service users are now identified for RAR activities and placed on waiting lists. Groups were planned simply when there were enough people waiting. There was no timetable. Little was known about attrition rates and the underlying reasons for non-attendance; those running the RARs did not always know what action had been taken when someone failed to attend (communication between programme staff and responsible officers or the hub was poor) and there was no quality assurance of the RAR groupwork programmes, some of which were being carried out by lone staff.

## Unpaid work

An audit by the National Offender Management Service (now HMPPS) in N&S CRC in November 2016 had concluded that unpaid work requirements were generally being delivered well. Performance had improved significantly and at the time of our inspection, the CRC was on course to meet contract targets: commencements within 7 days were running at 86% and successful completions at 90%<sup>20</sup>.

There was a good supply of placement opportunities sourced by specialist staff in each office, including work with Care Farms and The Wildlife Trusts, and we were delighted that a project to restore a local lido had achieved a High Sheriff's award. Unpaid work was currently available over seven days in Ipswich and Lowestoft and over six days in Bury St Edmunds (shortly to be seven), normally from 09:00 to 17:00. Public transport could be problematic on Sundays. Quality assurance of work placements was undertaken by the scheme manager.

Nevertheless, and as we have found elsewhere, unpaid work was not always delivered as planned, and the CRC struggled to ensure that supervisors were always available to facilitate delivery. There had been a two-year freeze on supervisor recruitment to provide posts for relocated probation service officers (PSOs) who did not, ultimately, transfer. We were told by the unpaid work manager that this had caused a significant problem in finding capable supervisors to deliver group placements. Additionally, there were delays in appointed supervisors taking up post, in large part due to slow central processes: staff recruited in July 2016 had not come into post for four to five months and there had been several changes in the unpaid work induction process which had caused confusion and delay.

Inspectors met with a group of five service users carrying out unpaid work. All said that they had previously reported and been sent home at some point during their order. Three of them had experienced enforcement when they felt they had legitimate reasons for absence, echoing responsible officer concerns.

## Services for women

The Director of the CRC had developed the women's strategy and was leading on the work across the region. The strategy included a comprehensive action plan and there was evidence of progress towards achieving the targets contained within it.

Arrangements varied across Suffolk. Each office had at least one female responsible officer who carried out women-only induction. In Ipswich, induction took place at the Lighthouse women's centre, and women met with the Lighthouse support worker during their induction. Where possible, all further appointments were arranged at the Lighthouse women's centre where the responsible officer worked two days a week. Not all of these arrangements applied to those women supervised by the hub, however. In the Bury St Edmunds and Lowestoft offices, female service users were assigned to female responsible officers, but there were no women-only time slots for reporting.

The Lighthouse was a well-established women's centre, with a good range of programmes including the Freedom Programme (for victims of domestic abuse);

---

<sup>20</sup> NOMS Norfolk & Suffolk CRC Unpaid Work Audit: Final Report issued 27 January 2017.

Women's Emotional Wellbeing Specified Activity Requirement <sup>21</sup>; Stronger Families (a community-group programme for children exposed to domestic abuse); Thera-play (a group for children aged from 3 to 16 years and their mothers); Who's in Charge (for parents/carers of children who use violence against or abuse their parents/carers); and CREATE (relationships between mothers and children). Feedback from women who had used these programmes was overwhelmingly positive. There was a drop-in facility, which women could continue to access beyond the end of their order.

Some supply chain providers (for example, ACT) were integrated into the centre. Those attending were supported by a dedicated women's support worker (funded by the CRC) together with their female responsible officer. Women could complete their unpaid work hours at the Lighthouse and there was the opportunity to continue afterwards as a volunteer.

Placements for unpaid work (other than at the Lighthouse) were limited and needed to improve. There were some individual placements at charity shops, however, mixed groups were still being used. Efforts were made to avoid lone females within mixed groups and there were some female supervisors.

### Resettlement services

It was acknowledged by senior managers that Through the Gate services were not working well and required review. The issues identified to us by the provider, the St Giles Trust, echo the findings in our thematic inspections of Through the Gate work<sup>22</sup>.

Services were delivered mainly at HMPs Wayland and Norwich although work was also carried out at other prisons including HMPs Hollesley Bay and Peterborough. Following an initial screening by the prison, the St Giles Trust met with service users within five days of their arrival into custody and carried out the basic OASys assessment. Work focused on the relevant issues: finance, benefits, debt, ETE, sex working, family ties and accommodation.

### Working environment

In Suffolk, the CRC operated from three offices: Ipswich, Bury St Edmunds and Lowestoft. The hub was based in Norwich. The Ipswich team had recently moved to new premises. Bury St Edmunds and Lowestoft remained co-located with the NPS and there were no plans to move.

The hub and the new Ipswich office were hardwired. Bury St Edmunds, Lowestoft and the unpaid work staff based in the Ipswich NPS office used wireless connections which, we were told by staff, were unreliable and prevented printing and scanning. Work was in hand to hardwire those offices following the decision to remain co-located with the NPS, but this was a lengthy process, dependent on MoJ approvals.

Work was continuing to implement the CRC's new operational management system. The software was currently being tested by the MoJ and the roll-out process was

<sup>21</sup> Specified activity requirement: a requirement previously attached to court orders and now replaced by a Rehabilitation Activity Requirement.

<sup>22</sup> HM Inspectorate of Probation (2016) *An inspection of Through the Gate resettlement services for Short-Term Prisoners*; HM Inspectorate of Probation (2017) *An inspection of Through the Gate resettlement services for Prisoners serving 12 months*.

being determined. Sodexo also had their own management information system which imported data from the HMPPS performance hub, coupled with personnel and finance data to manage performance locally. This was available to managers but not front-line staff. The intention was to link the Sodexo system with the operational management system to provide performance data which would be available to front-line practitioners.

Service users did not visit the hub. The Bury St Edmunds and Lowestoft offices had interview rooms whereas the Ipswich office relied heavily on the open-plan booths on which we have commented previously<sup>23</sup>. In the space of an hour, an inspector sitting in a booth overheard separate conversations with service users about arrangements for taking part in a domestic abuse programme, claiming benefits, an ex-partner being taken into a refuge, access to children and about a service user's depression and insomnia. Some challenging work by a responsible officer with a service user about his violence to his partner was also clearly audible.

Service users commenting on the booths said they were:

*“inappropriate”*

and

*“definitely wrong”.*

One said

*“I could hear every word of the conversation. I shouldn't be hearing that”*

and another,

*“It's embarrassing. You get asked things like “how did the meeting with social services go?””.*

We were told by senior managers that, while all service delivery was always subject to review, they did not think that this model of delivery was unduly problematic, with some modifications. We remain deeply uneasy about booth arrangements that do not provide sufficient privacy. As well as dignity, respect and safety considerations, service users may be less forthcoming. There were plans to create a private interview room in Ipswich.

## Organisational arrangements in the NPS

The NPS is a relatively new national, regionalised organisation. Operational services are delivered in-house save for those commissioned from the CRC. Staff are drawn predominantly from the former Probation Trusts. The NPS is part way through an ambitious programme, known as E3<sup>24</sup>, to standardise processes nationally.

<sup>23</sup> HMI Probation (April 2017) *Quality & Impact inspection: The effectiveness of probation work in Northamptonshire*.

<sup>24</sup> NPS E3 Operating Model, 2016 (Effectiveness, Efficiency and Excellence). Further details are provided in Appendix 5.

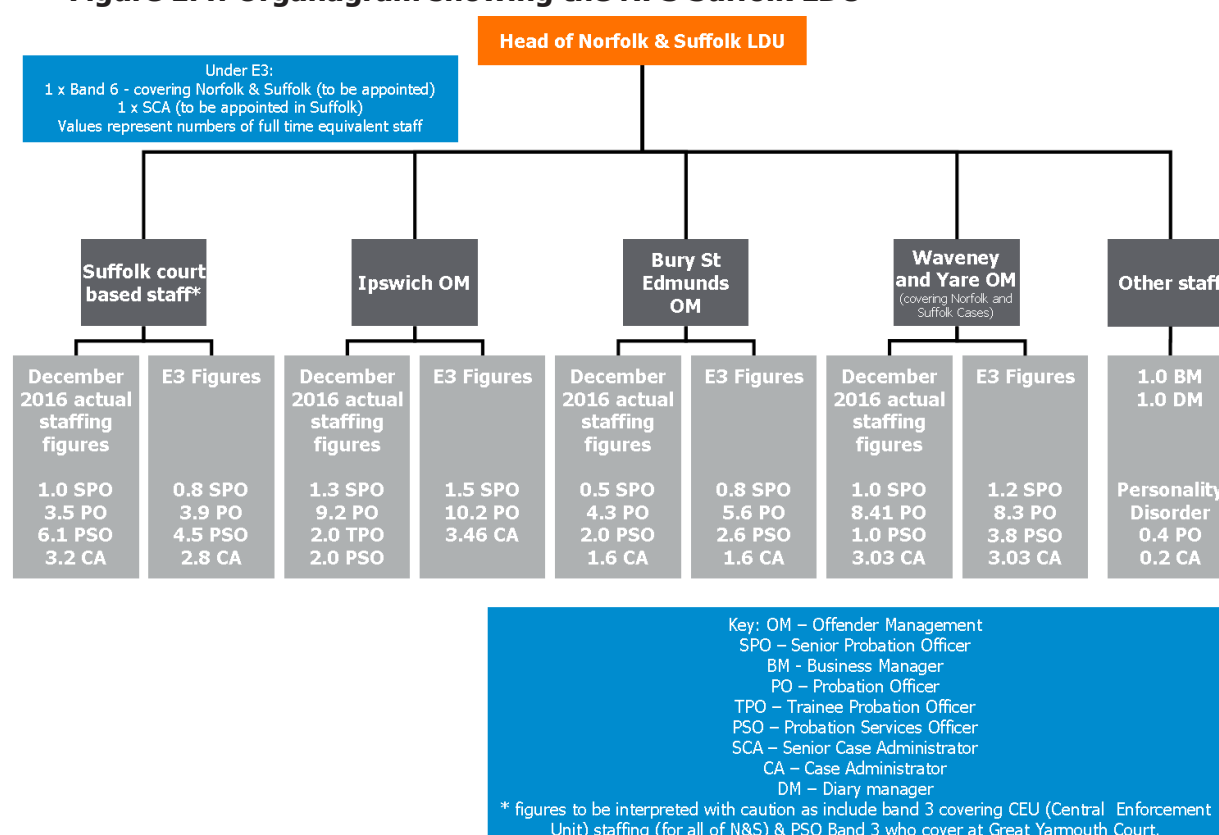
## Leadership and management

Norfolk & Suffolk operate as one LDU in the NPS SE&E region. From a larger senior management team in the days of the Trust, the Head of the LDU was now the only senior LDU manager, supported in Suffolk by a business manager, four operational senior probation officers (SPOs) and a performance and quality SPO. The NPS Probation Divisional Director had responsibility for ten LDUs and was also the national lead for the rate card, accommodation, health and ETE. Similarly the Head of Performance and Quality was divisionally-based and reported on performance to the divisional senior leadership team.

The weakness of the work to protect the public and to reduce offending, the reluctance to use interventions available from the CRC and a move to annual reviews of cases all served to demonstrate the high level of demand on the LDU. Responsible officers were clearly working at pace and under some pressure. Nevertheless we found staff morale to be good. Staff felt supported, and recognised that managers were also under pressure. Overall, there was confidence in managers, in each other and in the local leadership; we struggled to share the latter, given our findings.

In the NPS November 2016 offender survey, Norfolk & Suffolk LDU returned the highest number of responses in the SE&E division by a considerable margin (20.8% returned, compared with the next nearest of 12.4%). Of those, 78.7% were positive about their experience with the service. This is similar to the average for the division (of 79.5%).

**Figure 1.4: Organogram showing the NPS Suffolk LDU<sup>25</sup>**



Information source: NPS South East & Eastern division

25 The Figure has been amended to reflect only Suffolk staff where possible.

## Staffing and caseloads

The NPS was noticeably under-staffed. Under E3 proposals, Norfolk & Suffolk should have 49.5 full-time equivalent probation officers (POs) working in front-line offender management; there were, in fact, 42. This number included those POs currently on maternity leave, some of whom were being covered by agency staff. The number of PSOs should have been 21.6, but at the time of the inspection there were just 10, although some additional PSOs had been recruited, to bring the number to 18 by the end of March 2017<sup>26</sup>.

The SE&E division had found it hard to recruit staff, with the draw of London no doubt a factor. A business case was being compiled for NPS 'red area' status, to enable more flexibility and higher pay. This was likely to take three months to process, and meanwhile recruitment was slow and reliant on national processes.

The currently approved agencies were unable to provide qualified POs. There was a similar frustration about trainee POs, with the division receiving far fewer proportionately than other divisions in the most recent recruitment tranche. It was hoped that more would be secured in the next intake (July 2017) although interest in trainee vacancies was low both divisionally and nationally. In order to address the shortfalls, the LDU was promoting progression and promotion opportunities for PSOs.

Available NPS data suggested caseloads varied considerably from person to person, and area to area, with some individual caseloads uniquely high when compared to those we have found elsewhere in the NPS. We found responsible officers with 60 or 70 cases, and others with less than 10. There was no specific personal support for responsible officers managing particularly demanding or complex cases and/or high caseloads.

Cases are to be transferred from POs to PSOs when the assessed Risk of Serious Harm falls below high *and* the main components in a sentence plan are completed and the service user is compliant. As case reviews were not being carried out, however, cases could not be transferred. All offices had staff with caseloads measured at 140% and above on the workload management tool which equated to about 60 cases per person, when the aim was for just over 40 cases per person. Leaders recognised that the workload management tool was not the best of tools, and it was being revised. Most responsible officers interviewed thought that their workload had affected their ability to help service users achieve desired outcomes.

There were gaps in training for PSOs - for example, training to supervise life-sentenced prisoners - and practitioners suggested that training was not being kept up to date. So for example, practitioners cited the lack of training to help them address internet sexual offending. Online training was described as problematic due to a lack of equipment.

## Available services

The NPS had issued a *Free Services Directory* and responsible officers were required to use these before accessing provision requiring a fee. They included mental health, drugs and alcohol, housing, and debt services accessed directly or via the local

<sup>26</sup> Figures supplied by the NPS South East & Eastern division.



authority, health services or charities. The women's centre in Ipswich was included in the directory, although access to the women's RAR programme was available only through the rate card.

### Accommodation

Excellent services were on offer, but in some cases, those being released from custody were referred too late to avoid homelessness upon release.

There was a long-standing arrangement with ACT, funded by Suffolk County Council. ACT employed a housing officer based in the NPS Ipswich office three days a week and the Bury St Edmunds Office for the remaining two days. ACT had their own supported housing provision and were able to take difficult-to-place people. Support was not only available to offenders on supervision and those in approved premises but also to those who had recently finished supervision but had outstanding accommodation issues. The service was highly regarded by responsible officers.

A Suffolk Offender Accommodation Programme provided for work with higher-risk offenders, including those managed under MAPPA at Levels 2 and 3. The contract was outcome-based, with the target of getting 85% of service users into accommodation.

### Mental health

Provision was growing, with a focus on personality disorder.

A project to help manage those with personality disorders had been established with joint funding from the National Health Service and HMPPS. A psychologist based in HMP Wayland worked four days a week for the NPS. A responsible officer specialised in working with personality disorder and had 40% of his time allocated to that work across Suffolk and Norfolk. His role was to offer support and guidance to responsible officers to make sure a screening was completed in all cases. There had been a concerted effort since his appointment in May 2016 with an ambition to screen the whole LDU caseload. To add to this team, a trainee psychologist from the University of Nottingham was due to begin a six month, part-time placement working directly with some service users in Bury St Edmunds. There were plans to evaluate this work to see if other placements should follow.

The personality disorder team had also been involved in completing a training needs analysis and training NPS staff. They had recently provided training to improve the resilience of those officers working with personality disorder. This has been very well received. They had also provided a two-day awareness training programme for the NPS and had three more scheduled this year.

### Accredited programmes

The NPS was delivering two sex offender treatment programmes: the Thames Valley Sex Offenders Group Programme (TVSOGP) and the Internet Sex Offender Treatment Programme. There was also a one-to-one programme available for internet offending. TVSOGP was delivered in Ipswich but was over-subscribed, resulting

in a backlog. In part, the waiting list was longer due to the inclusion of lower risk offenders. From April 2016 the team had stopped including lower risk individuals, unless the court specifically instructed completion of the programme. The NPS had completed some work with sentencers to dissuade them from specifying programme work with this group, but the reception had been mixed and sentencers were still ordering programme requirements.

The waiting list for TVSOGP in Suffolk was now relatively short but there was a greater demand for internet programmes. A divisional exercise was underway to promote commencements within three to six months of the order. Changes were anticipated in the near future: it was expected, for instance, that the Internet Sex Offender Treatment Programme would be replaced by a new programme for offenders assessed as posing a medium risk of serious harm to others. TVSOGP was to continue in the short-term, and was also due to be replaced eventually. Training for staff to deliver the two new programmes was to take place within the next six months.

### Working environment

The NPS operated from four locations in Suffolk. They were now the sole occupants of the office in Ipswich, recently vacated by the CRC; they remained co-located with the CRC in Bury St Edmunds and Lowestoft. The central enforcement unit, managed by the Suffolk court SPO, carried out enforcement processes and was split between Norwich and Lowestoft with administrative support in Kings Lynn.

### Quality assurance

Senior managers told us that the quality agenda had been slow to get off the ground, as we have found elsewhere in the NPS. New national practice improvement tools had recently been developed for court reports, risk management plans, referrals to children's social care services, and parole reports. These were being used for benchmarking across teams, starting with court reports.

A new, quality development officer role is being introduced across all the NPS divisions. Within this division 8 have been recruited, and 1.5 full-time equivalent staff will cover the Norfolk & Suffolk LDU from April 2017. Their priority will be to embed the use of the practice improvement tools and to raise awareness among responsible officers about the new benchmarks and practice standards. In addition, a new SPO with responsibility for performance and quality in the LDU came into post in November 2016, and performance had improved since then.

# **3. An evaluation of the quality of probation services in Suffolk**

- Protecting the public
- Reducing reoffending
- Abiding by the sentence

# Protecting the public

## CRC effectiveness

Overall, CRC work to protect those at risk of harm was not effective enough and left some victims more vulnerable than necessary. This was particularly concerning in cases of domestic abuse and those involving the safeguarding of children. Management oversight had not improved practice on these cases.

### Assessment and planning

In 12 out of 29 relevant cases, the assessment of the risk posed to children was not carried out well enough. For other cases, the assessment of the risk of harm was carried out to a good enough standard in over two-thirds of cases.

Planning to manage the risk of harm posed was not carried out sufficiently well in many cases. Fewer than half of the inspected cases had sufficient planning to protect known adults or children.

***Poor practice example:** Terry had a lengthy criminal record of violence including arson, an assault on a child and unprovoked attacks on strangers, as in the current offence. There was a recent suggestion that he may have a personality disorder. It was also known that he was a long-term binge drinker. He was on medication to reduce anxiety, and may have been on other medication although he maintained not.*

*Until the inspection, there had been no risk assessment completed nor were adequate plans in place. There had been no discussion with the community mental health team to confirm or discount a personality disorder diagnosis and consider the implications for his management.*

*Contact amounted to six planned meetings with the responsible officer in nine months. This was particularly disappointing because there were signs that Terry was maturing and at the point of wanting to desist from offending and deal with some of the difficulties in his life.*

*The inspector reviewing the case commented on the “total failure to support and rehabilitate a difficult and potentially dangerous person”.*

Other cases were more appropriately managed, as in the following example:

**Good practice example:** Gary was a 29 year old sentenced to a suspended sentence order for the possession of an offensive weapon. Initially, his case had been assigned to a PSO. When he became homeless, unemployed and lost his partner, his case was appropriately reassigned to a PO. The new responsible officer made immediate contact with Gary, carried out a review and put in measures to manage the potential harm he presented to the victim of his offending.

## Delivery

The work delivered by the responsible officer to protect those at risk of harm was not carried out well enough in around half of relevant cases. In the small proportion of cases where there had been work delivered by external providers, less than half had been sufficiently focused on protecting those at risk of harm from the service user. The responsible officer had taken all reasonable action to keep the risk posed by the service user to a minimum in only 10 out of 24 relevant cases.

The Local Safeguarding Children Board thought that the CRC did not have an organisational safeguarding policy, whereas one had actually been produced recently, in January 2017. The Local Safeguarding Children Board was also concerned about delays in the Multi-Agency Safeguarding Hub (MASH) receiving notification of adults being released from prison in safeguarding cases. Safeguarding training for all staff had started prior to the inspection and was ongoing.

The following example shows what could be done to manage risk of harm effectively:

**Good practice example:** Pablo, a 37 year old foreign national, was subject to licence following imprisonment for the breach of a restraining order. The order had originally been imposed for an offence of violence against his (then) partner. He was awaiting deportation and so his supervision focused mainly on public protection.

The responsible officer was concerned about levels of risks posed to staff and the public, but also to Pablo himself. This was clearly recorded and information shared and obtained from other professionals throughout. Considerable and successful efforts had been made to improve his compliance, even though he was resistant. The responsible officer sought out and established a good working relationship with the Home Office regarding his immigration status. Learning was then shared with colleagues to use with other foreign nationals.

## Reviewing progress

The responsible officer had reviewed progress in managing the risk of harm posed in only 8 out of 22 relevant cases and had responded to changing circumstances in only 7 out of 18 cases.

**Poor practice example:** *Doug had been given a short custodial sentence for excess alcohol and driving while disqualified. He had over 30 previous convictions for a range of offences, including domestic abuse.*

*At the point of sentence he was allocated to the CRC and assessed as low risk of serious harm. On release, he was assigned to the hub for the management of his post-sentence supervision and was being supervised through telephone contact only.*

*Very soon after release, Doug's circumstances changed considerably. He was homeless, without any source of income, and drinking heavily. This did not trigger a review and his contact with the responsible officer remained minimal. He then reported that he had returned to live with his former partner who had previously been the victim of his domestic abuse. This did not trigger a review.*

*Records indicated that there had been eight recent police call-outs and a Multi-Agency Risk Assessment Conference was called. The CRC supervision of the case did not change, however, and Doug continued to be supervised by a PSO. Contact was then lost and Doug moved around various addresses and locations. At this stage, the case was assigned to a PO.*

*The PO then learned that Doug had been charged with the assault on his former partner. There was still no change in his assessed risk of serious harm. He was not seen for ten weeks and no breach action was taken until the end of that period.*

## Impact and potential impact

There had been sufficient progress in minimising the risk of harm posed in only half of the cases where known adults were at risk (10 out of 20 cases) and fewer than half where children were at risk (6 out of 14).

## Management oversight

We saw no evidence of management oversight in most of the inspected cases. This was particularly concerning in the 17 cases (out of 20) with public protection

concerns. This had been recognised and a practice guidance note produced. Senior managers were confident that this, and the recent move to having a manager in each LMC, would improve management oversight.

***Poor practice example:** Gordon, a 27 year old, was on licence for aggravated vehicle taking. He had a history of similar offences. He was assessed as posing a medium risk of serious harm to others and was supervised by a PSO with a high caseload. Several appointments had been cancelled by the CRC. The recorded reason was other work taking priority or lack of availability of staff.*

*Gordon had been offered very little in terms of intervention and almost no offence-focused work. A review had been carried out in the week prior to the inspection, but as he had not been seen recently, it had not been carried out effectively. There had been no management oversight so the poor contact levels and compliance had not been picked up.*

Table 1 identifies the key barrier to the work of the CRC to protect the public. There were no identified enablers to this work.

**Table 1: Barrier for the CRC relating to the inspection domain of protecting the public.**

Barrier	
1.	Exceptionally high caseloads resulted in superficial assessment and poor planning. A failure to prioritise and a lack of management oversight compounded matters.

Overall, NPS work to protect those at risk of harm was not effective enough and left some victims more vulnerable than necessary. As with the CRC, this was particularly concerning in cases of domestic abuse and those involving the safeguarding of children. Management oversight had not remedied deficits in practice.

### Assessment and planning

Overall, the assessment of the risk of serious harm posed was carried out well enough in nearly two-thirds of cases. This was not the case, however, in 7 out of 16 cases where there were known adults at risk or in 5 out of 11 cases where children were assessed as being at risk.

Sufficient planning to manage the risk of harm posed to the public was in place in over half of the cases inspected. In 7 out of 12 cases where there was a risk to known adults, and in 6 out of 12 cases where there was a risk to children, the planning was not good enough.

***Poor practice example:** When Damien was released from prison he was homeless. He had a history of class A drug misuse and violence towards partners and family members, including child siblings, as well as members of the public.*

*No initial assessment, sentence plan or risk management plan was ever undertaken. Management oversight, including the MAPPa eligibility forum (MEF), had failed to pick this up. (There had been no assessment since 2015, despite two other prison sentences).*

*Contact was reactive and ad hoc and did not respond to risk of harm indicators, for example, reporting in the company of a new partner or being arrested for robbery.*

*Damien had since been convicted of a new offence and was serving a 44 month custodial sentence.*

### Delivery

In eight cases where supply chain providers were carrying out work, six were focused on protecting those at risk of harm. All reasonable action had been taken to keep to a minimum the service user's risk of harm to others in most cases where partner agencies were involved.

We judged that not all responsible officers were similarly focused. In only half of the inspected cases had all reasonable action been taken by the responsible officer to keep to a minimum the service user's risk of harm to others. Management oversight had not remedied this. In six cases that required formal management oversight, there had been no impact on three of those cases.



**Poor practice example:**

*Craig, aged 35 years, was sentenced in May 2016 to a 24 month community order for common assault and battery. The assault involved injury to his nine year old son during an altercation with Craig's partner at their home.*

*The case was transferred to a new responsible officer in September who was off work from mid November to the end of December. The case was not picked up and there was no evidence of any management oversight. There was no recognition of safeguarding concerns until the end of December, when Craig presented under the influence of alcohol, with his partner, and the responsible officer realised that children's social care services were involved.*

*At the time of the inspection, Craig was suspended from the BBR programme and his situation seemed to be deteriorating. He was expressing increasing anger and negative attitudes towards his partner, presenting while under the influence of alcohol, and reporting arguments in the home. There had been no referral to alcohol services. Little offending behaviour was being carried out with Craig.*

The following case was managed more effectively:

**Good practice example:**

*Ant had a long history of alcohol-related offending. He had been sentenced for robbery and received 44 months custody. He had previous convictions for domestic abuse and breaches of a restraining order. Children's social care services were involved with his three children and he had worked with them to safely re-establish contact.*

*There was a timely decision before release that he was to be managed at MAPPA Level 1. He had significant physical health problems and these were taken into account. He was encouraged to keep medical appointments and to look after himself. There was good liaison with staff from the night shelter where he was living and who were trying to help him secure move-on accommodation. The responsible officer was doing what was reasonable to support him.*

*By keeping him stable in the community, overall risks have been managed, and there has been specific focus on keeping his ex-partner and their children safe.*

## Recall

We were told by more than one group of staff that they considered public protection compromised by managers' reluctance to recall offenders to prison. We found no evidence of this in any of the cases inspected, however, and recognise that national HMPPS policy includes a drive to keep offenders in the community where it is safe to do so.

## Reviewing progress

Responsible officers only reviewed progress in managing the risk of harm posed in 3 out of 11 cases. Similarly, they did not respond to changing circumstances in six out of nine cases.

## Impact and potential impact

Overall, sufficient progress had been made in minimising the risk of harm posed in only half of the inspected cases. The proportion was lower where known adults were at risk (being sufficient in 6 out of 13) and only marginally better where children were at risk (sufficient in 6 out of 11).

## Approved premises

We interviewed staff and four residents at one of the two approved premises in Suffolk. Residents told us that they felt supported and safe. They had good access to community resources and felt optimistic about moving on. There were positive interventions which helped the residents plan for this. The experienced staff were proactive, engaged well with residents and intervened where necessary to manage risk of harm. The manager had good links to the community responsible officers, police and the MAPPAs coordinator.

## MAPPAs

We inspected 11 cases which were MAPPAs eligible. Of those, 10 were managed at the correct level. There was a named individual in Ipswich Borough Council responsible for support to house those being managed at Levels 2 and 3. This individual attended relevant MAPPAs meetings. The NPS ACT housing officer also attended where there were accommodation issues.

Each responsible officer had their caseloads, and each case therein, reviewed quarterly in MAPPAs eligibility forums. The MAPPAs coordinator and the team SPO met with them individually and went through their caseload identifying and/or updating relevant cases. Responsible officers found this provided them with additional reassurance, given high caseloads. The MEF process was well regarded by managers and had been running for over two years. We judged this model to be useful, although we found two relevant cases with significant deficits nevertheless.

## ViSOR

The Probation Divisional Director told us that the ViSOR system was well regarded despite known technical issues. All SPOs currently had access and there were plans for increased access across LDUs. Across England and Wales, work was underway to make sure appropriate officers could access ViSOR by desktop.

Table 2 identifies the key barriers to the work of the NPS to protect the public. There were no identified enablers to this work.

**Table 2: Barriers for the NPS relating to the inspection domain of protecting the public.**

Barriers	
1.	The workload of staff and managers was a barrier to a higher quality of public protection work.
2.	Lack of case reviews following a change of circumstances left some potential victims less protected than necessary.

## The CRC and NPS working together

Where there are public protection issues, it is essential good risk assessment commences at court or before, that there is a seamless transfer of relevant information and that it is picked up effectively by the CRC. An example of what can happen when this does not take place follows:

***Poor practice example:** Davos, a 26 year old foreign national, received a 12 month suspended sentence order for threatening behaviour. He had entered a retail store and made a threatening, sexual remark to the assistant. A member of the public had got involved and Davos had himself been assaulted and had thrown furniture about.*

*There was no report prepared for sentencing although he had a previous offence of indecent behaviour. The NPS noted the previous offence on the Case Allocation System but did not explore it and failed to make any link with the current offence. It was not recognised by the CRC either, who also failed to make the link.*

*Davos was never seen by the CRC. He failed to comply with his induction appointment and the case drifted through administrative processes. He was sentenced in May 2016 and did not appear in breach court until October of that year when he failed to appear and a warrant was issued for his arrest.*

## Integrated Offender Management

The IOM team comprised staff from the NPS, the CRC and the police. The remit and purpose of IOM had been reviewed and had changed to working with offenders posing a threat or risk of serious harm to others. It had been decided that IOM would be managed by the police during the transition to the new probation arrangements and that a review would follow. From December 2016, the new team ran in tandem with the existing scheme for a month and from January 2017, it became the Norfolk & Suffolk 180 Scheme. It was too early to judge the success of the arrangements. There was to be a three-month review of the scheme.

*Good practice example: Paul was a 25 year old prolific offender who was assessed as posing a high risk of serious harm to other people. He was sentenced for burglary and was supervised by the IOM team after release from custody. He received good support through weekly appointments with a police officer in the team. Paul had breached almost all of his previous orders and licences, but this time he had complied well. He was in employment and had a stable relationship.*

## Safeguarding

The MASH worked with both the CRC and NPS. There were quarterly meetings with both an NPS SPO and a CRC manager. Two NPS probation staff were currently nominated MASH officers and had full access to the MASH computer system, 'Guardian', enabling them to carry out safeguarding checks for both agencies. The intention was that these officers would complete checks prior to, or on the day of, the court appearance and make a note on nDelius.

There had been some issues with this process which had been discussed at the middle managers' interface meeting and were being resolved.

## Risk escalation

We were told by senior managers that there were very few cases requiring escalation and that, where it was necessary, discussions took place beforehand. Risk reviews were also rare. We saw no instances of either in the inspection.

Table 3 identifies the key enabler to the CRC and NPS working together to protect the public. There were no identified barriers to this work.

**Table 3: Enabler for the CRC and NPS working together relating to the inspection domain of protecting the public.**

Enabler	
1.	Regular interface meetings between middle managers were held, enabling any issues of concern to be discussed and resolved. Where necessary, senior manager interface meetings were held.

# Reducing reoffending

## CRC effectiveness

The CRC was not sufficiently effective in delivering interventions to reduce reoffending.

### Assessment and planning

Assessments were not completed within an appropriate time following allocation in over half of the inspected cases. We saw no in-depth assessments despite some service users having very complex needs. Senior managers acknowledged that needs assessment had been lacking.

Sentence planning was judged to be insufficient in nearly two-thirds of cases. In 11 out of 16 relevant cases, protective factors were not recognised or supported.

***Poor practice example:** Stan, aged 21 years old, was released from prison after serving a sentence for shoplifting. He was a potentially vulnerable young man who had been Looked After by children's social care services until he was aged 18 years. He had a history of offending fuelled by heavy drinking and was now without stable accommodation.*

*There had been an initial assessment but no sentence plan. The only intervention he received was to be put in touch with ACT, the local accommodation agency. Other than that, there was no evidence of constructive work or referral in relation to other areas of need.*

*At 21 years old, and given Stan's care history, he may well have had a right to help from a local authority Leaving Care Team. This had not been pursued, or even recognised.*

### Delivery

Sufficient progress was judged to have been made in delivering required interventions in only 8 out of 30 cases. Although the model was predicated on work being delivered by supply chain partners or through in-house groupwork, the unavailability of groupwork had led to responsible officers having to deliver work on a one-to-one basis for long periods of time. Caseloads made this difficult and it was perhaps not surprising that, where inspectors had identified that work needed to be carried out on thinking and behaviour or attitudes to offending, this was evident in only one-quarter of the cases. Senior managers acknowledged that provision of interventions needed to improve.

**Poor practice example:** Chaker, 33 years old, received a 12 month community order with unpaid work and a RAR for the breach of a non-molestation order.

*There was a delay of six weeks before initial assessment and planning. Insufficient progress was made on the unpaid work as it was delivered only once a fortnight. Less than half the hours had been completed in nine months, meaning an extension of the order would be needed to complete them. Almost no work had been carried out on the RAR. There was insufficient attention paid to risk of harm assessment and management. Very few appointments were offered or kept.*

*The case had not been reviewed despite this obvious lack of progress and the fact that the offender was now in breach.*

The following case was more positive, and showed good appreciation of the individual's needs:

**Good practice example:** Lucy, 28 years old, had complex mental health issues and a history of self-harm and attempted suicide. She was a repeat victim of domestic abuse, including sexual exploitation, and was vulnerable, being easily led into inappropriate relationships. Lucy did not cope well in groups and was very anxious if she was in a room with more than one person at any time.

*Lucy's sentence included completion of the Freedom Programme. Due to her anxiety, the group programme was not deemed suitable for Lucy and the case was returned to court so that one-to-one work could be done with her instead. The elements of the group Freedom Programme were now being undertaken with Lucy on a one-to-one basis.*

### Reviewing progress

Reviews had not been carried out at all or well enough in 18 out of 26 cases and planning had not been adjusted to make sure that outcomes could be achieved in four-fifths of cases.

### Impact and potential impact

The responsible officer was judged to have contributed sufficiently to achieving the desired outcome in less than half of the cases inspected.

In nearly three-quarters of cases, we judged that there had been insufficient progress towards the achievement of a desired outcome. This was particularly concerning in cases involving domestic abuse.

In 8 out of 29 cases, there was evidence that the service user has been convicted, cautioned, or had another out-of-court disposal for an offence committed since the start of sentence or release on licence. This is higher than in other CRCs recently inspected.

### Meeting the needs of service users

We spoke with four service users about the BBR programme (for perpetrators of domestic abuse). They spoke highly of it and felt that it was helping them; however, they had all waited a considerable period before starting, one for nearly nine months.

He told us that the intervening period *“felt like I wasn’t in trouble”*. He thought that in court, something was said about an alcohol requirement, but he could not remember and had heard nothing further. He told us that he would have liked help as *“alcohol is a real problem for me”*. He knew nothing about a sentence plan.

Another service user reported that after court, he heard nothing from the CRC for several weeks. When he eventually went to the office he found that they had moved premises. He told us that, as he needed to undertake the course to get access to his son, *“I had to keep chasing them”*.

All those undertaking groupwork spoke highly of the facilitators who, they said, *“went the extra mile”*. Two of the service users thought that the external tutors were their responsible officers. None had heard from their actual responsible officers unless they had missed a session.

There were 228 valid responses to the NOMS Offender Survey 2016 for N&S CRC. Of those, 61% were positive about their experience with the service.

**Table 4: Enablers and barriers for the CRC relating to the inspection domain of reducing reoffending.**

Enablers		Barriers	
1.	The CRC had skilled and willing accredited groupwork and RAR facilitators.	1.	The failure to fully implement the operating model, and the lack of groupwork availability, put significant extra pressure on responsible officers.
2.	Responsible officers were, in the main, experienced and hard working.		

## NPS effectiveness

The quality of NPS practice in this area of work was poor. They were not sufficiently effective in delivering interventions to reduce reoffending.

### Court reporting

Nearly two-thirds of the reports we inspected had identified and analysed factors linked to reoffending sufficiently. Seven out of sixteen relevant cases had not recorded sufficient information regarding safeguarding concerns. Using the new NPS practice improvement tool, managers had recently identified that 72% of reports across the SE&E division were insufficient.

More positively, we found that report proposals focused clearly on the right issues in 15 out of 19 reports.

### Allocating cases

We judged that, prior to allocation, the overall assessment in relation to reducing reoffending was not sufficient in three-fifths of cases.

There were a number of inspected cases where we judged the risk categorisation to be inflated. The NPS had, at some point during the sentence, classified 11 out of 16 cases as posing a high risk of serious harm to others. Risk of harm classification is not an exact science, but unusually we judged that the highest classification in the clear majority of cases should have been medium.

### Assessment and planning

After allocation, where necessary, assessments should be reviewed and updated. This had not been completed sufficiently well in nearly two-thirds of cases in relation to reducing reoffending. Similarly, planning did not always address the correct factors. Drug use was usually recognised and planned for, as were deficits in thinking and behaviour, but other factors were not always recognised. In half of the inspected cases, protective factors did not feature in planning. Ten out of sixteen plans were judged to be of insufficient quality.

**Poor practice example:** Barry, 35 years old, was sentenced to a 24 month community order for a violent offence. The assessment was not completed until two months after sentence. He was recorded as being from an 'other ethnic group' but there was no evidence of this having been considered in the assessment.

Barry had literacy issues which had been raised in court in a letter from a character witness. This was not considered in the assessment nor was the alcohol abuse which had been a feature of his offending.



## Delivery

Sufficient progress had been made in delivering required interventions in only one-third of cases. Appropriate interventions had been delivered in all cases where accommodation was a factor; however, this was not the case for drugs and alcohol, mental health and relationships.

**Good practice example:** *Liam was a life-sentenced prisoner who had served 26 years. He had been diagnosed with psychopathic traits, which could not be changed, and had had to gain insight to recognise his own risks.*

*Release was staged, with appropriate use of Release on Temporary Licence from prison to prepare him for his discharge to an approved premises. The ACT accommodation worker met with Liam a week after release and worked with him to secure move-on accommodation at the appropriate time. The responsible officer, approved premises staff and the accommodation worker successfully persuaded Liam that he should not immediately live with his new partner, and that it was important after so many years in prison that he learned to manage independently before making that move.*

*Measures were taken to make sure his partner was fully apprised of risks and past behaviour.*

*There was good use of partnership working to support him with job applications and accessing voluntary work. Liam was currently living independently and was complying well.*

*The inspector commented that this was a “well-planned release which benefited from continuity of officers in Norwich and Ipswich”.*

**Poor practice example:** *Len received a suspended sentence order with a requirement to carry out a domestic abuse groupwork programme. The assessment had not included an analysis of why he had reoffended against the same victim, or of the circumstances of the end of the relationship and the current situation. There was no planning for the 40 RAR days or to monitor or address his alcohol consumption, despite this being a feature of his offending.*

*Due to health reasons the programme had not commenced for over eight months and no other domestic abuse work had been carried in the meantime.*

## Meeting the needs of service users

We spoke with four service users. They were generally positive about their experience. They told us that:

*“Probation has helped me change a hell of a lot”.*

*“My probation officer [responsible officer] is really calm and explains things”.*

*“She [the responsible officer] worked late so I could see her”.*

*“My PO [responsible officer] is really good, and his cover too, both really respectful”.*

## Reviewing progress

In response to workload pressures, responsible officers had been told by senior managers that they did not need to routinely review cases. Unless circumstances changed significantly, an annual review would suffice. It was not surprising then that we found that responsible officers had not sufficiently reviewed progress or adjusted planning to meet new circumstances in most cases.

**Poor practice example:** *Dylan, 45 years old, was released from a prison sentence for sexual offences. His sentence plan - a copy of the prison plan - was not reviewed. It related to completion of programmes he had already carried out. He was released to approved premises but had managed to negotiate moving back to his parents within a month. There was no review at this point or later when he obtained employment. There had been no specific interventions delivered since his release. Monitoring was restricted to Dylan reporting on his own behaviour and one home visit.*

## Impact and potential impact

Four out of sixteen service users had been convicted, cautioned, or had another out-of-court disposal for an offence committed since start of sentence or release on licence. This is slightly higher than in other NPS LDUs recently inspected.

Table 5 identifies the key barrier to the work of the NPS to reduce reoffending. There were no identified enablers to this work.

**Table 5: Barrier for the NPS relating to the inspection domain of reducing reoffending.**

Barrier	
1.	The workload of staff and managers was a barrier to a higher quality of assessment, planning and delivery of offending behaviour work.

## The CRC and NPS working together

Working relationships between the two organisations were largely effective. There were regular meetings to discuss the points at issue between senior and middle managers via the interface meetings. Middle managers concentrated on the operational interfaces and had regularly discussed courts and the transfer of information; they took a problem-solving approach. Outstanding was the need for the CRC to provide sentencers (through the NPS) with a directory of CRC interventions and services to facilitate more informed sentencing.

### Rate card

The NPS had made very few purchases of services from the CRC with the exception of unpaid work and accredited programmes. This was under review and reflected a national trend.

**Table 6: Enablers and barriers for the CRC and NPS working together relating to the inspection domain reducing reoffending.**

Enablers		Barriers	
1.	Relationships between the two organisations were healthy and were underpinned by regular middle manager meetings and senior manager interface meetings where necessary.	1.	There was a lack of information for sentencers about CRC services, which limited sentencing options.

# Abiding by the sentence

## CRC effectiveness

Overall, the CRC's work to make sure service users abided by their sentence was ineffective. The CRC was exceptionally poor at involving and responding to service users appropriately.

### Delivery

The service user's individual diversity was not taken into account at any stage of the order in over half of the cases inspected. In two-thirds, the responsible officer had failed to fully involve the service user in their sentence planning and had not reviewed plans in over half. Where plans were reviewed, information from partners had not been taken into account in just over two-thirds of cases. It was also rare for service users to be directly involved in a review of their plan.

The template in use in the new induction process included questions about barriers to engagement. Barriers were identified in just over half of the cases, but in almost two-thirds there was no work done to overcome them.

In our judgement, insufficient numbers of appointments had been offered in nearly two-thirds of cases. This had already been recognised and practice guidance had been issued. It had resulted in a substantial number of breaches in 2016. Improved monitoring was now in place. Absences, non-compliance or other inappropriate behaviour had not been responded to sufficiently in over half of the inspected cases, and this had acted as a barrier to achieving outcomes.

The following example shows what could be done to overcome barriers to engagement:

**Good practice example:** *Justin, a 27 year old, was sentenced to a 12 month suspended sentence order for an offence of wounding. He was in full-time employment, lived with his parents and had some childcare responsibilities for his three year old daughter. The responsible officer took account of Justin's childcare responsibilities and was flexible with his groupwork so he could continue to provide care to his daughter when needed and keep his employment. The responsible officer maintained regular contact with Justin throughout the order. Justin had engaged well with the Thinking Skills Programme groupwork and the feedback from facilitators was overwhelmingly positive. There were examples of him applying the skills learned in real-life situations and then discussing this with his responsible officer. Justin had not reoffended.*

## Impact and potential impact

The CRC had made sufficient progress in delivering the legal requirements of the order or licence in just over half of the cases. Overall, over one-third of services users had not abided by the sentence.

***Poor practice example:** Derek was sentenced to 36 months imprisonment for an offence of supplying Class A drugs. He had a history of offending, including violence. There had been previous domestic abuse but this had not been considered when drawing up his licence.*

*He was released from prison in July 2016, seen twice initially and then most contact was via telephone as he maintained that he was suffering from a bad back or had no money for bus fares. Both of these reasons were accepted without challenge or evidence. Absences had been judged acceptable retrospectively with no evidence for doing so. Overall his compliance was poor and no action had been taken to rectify this.*

*Following a change of responsible officer in November 2016, there was no action taken until January 2017. His current responsible officer had not met him at the time of the inspection. There had been no consideration of recall to prison.*

Table 7 identifies the key barriers to the CRC gaining compliance of individuals with their sentence. There were no identified enablers to this work.

**Table 7: Barriers for the CRC relating to the inspection domain of abiding by the sentence.**

Barriers	
1.	It was recognised that communication between the hub and LMC practitioners needed to improve.
2.	There was a lack of flexibility in relation to enforcement.
3.	Unmanageable workloads had contributed to poor contact levels and lack of monitoring.
4.	Insufficient appointments were offered to support the compliance and engagement of service users.

## NPS effectiveness

Overall, the NPS's work to make sure service users abided by their sentence was effective.

### Delivery

Although the service user's diversity was not always recognised in assessments or included in plans, it was taken into account in the delivery of interventions in most cases. Barriers to engagement were identified in most cases and the responsible officer sought to overcome them where they had been identified. The service user was not meaningfully involved in planning in half of the cases or in reviewing progress in four out of the five reviews that were carried out.

### Impact and potential impact

Progress in delivering the legal requirements of the order or licence had been made in two-thirds of cases although the number of appointments offered was not sufficient in nearly half. Conversely, the response to absence or non-compliance was sufficient in all but one relevant case.

Overall, the service user had abided by the sentence in 11 out of 16 cases.

**Table 8: Enablers and barriers for the NPS relating to the inspection domain of abiding by the sentence.**

Enablers		Barriers	
1.	Individual diversity was taken into account in the delivery of interventions.	1.	Insufficient appointments were offered to support the compliance and engagement of service users.

## The CRC and NPS working together

There were good working relationships with staff in the courts in the county (Ipswich magistrates' and Crown courts) and high levels of confidence in NPS staff. The majority of court business was completed on the day.

The separate establishment of the hub in the CRC and the central enforcement unit in the NPS, and the teething problems of each had led to difficulties in enforcement. Sentencers had commented to the NPS but over time the issues were being resolved, with regular CRC/NPS discussion.

There were no specific enablers or barriers for the CRC and NPS working together in this area.

# Appendices

- 1: Inspection methodology
- 2: Background data
- 3: Background information:  
Norfolk & Suffolk Probation Trust 2013  
inspection outcomes
- 4: Data analysis from inspected cases
- 5: Glossary

## Appendix 1: Inspection methodology

HMI Probation's Quality & Impact programme commenced in April 2016, and has been designed to examine probation work in discrete geographical areas, equivalent to a police/Police and Crime Commissioner area, regardless of who delivers the work. We inspect the work of both the CRC and the NPS, together with the contribution of any partners working with these organisations.

An inspection team visited the area for two full weeks in February-March 2017. Prior to starting fieldwork, we held fact-finding meetings with the CRC and NPS in Suffolk and gathered a range of evidence in advance. In the first week of fieldwork, we inspected a pre-determined number of cases (community orders, suspended sentence orders, and licences) of individuals sentenced or released from prison about nine months previously. These cases may not have been fully representative of all the eligible cases, but so far as possible we made sure that the proportions matched in terms of (i) gender, (ii) ethnicity, (iii) sentence type and (iv) office location – with minimum numbers set for (i) and (ii). Cases were also selected from the full range of risk of serious harm and likelihood of reoffending levels, and from as many responsible officers as possible. In Suffolk, the sample consisted of 46 cases, 30 of which were CRC cases and 16 of which were NPS cases.

The team then returned two weeks later to pursue lines of enquiry emerging in the first week, observing specific activities and interventions and speaking with key staff, managers and partners, in focus groups, meetings, or on a one-to-one basis. In this inspection, we conducted two staff focus groups involving 11 staff and spoke with 18 managers, 1 magistrate, 1 Judge and staff from 10 different partner agencies. We visited two unpaid work sites and Ipswich magistrates' and Crown Courts. We attempted to speak with those service users who provided their consent to being contacted. In this inspection, we spoke with 15 service users, 11 from the CRC and 4 from the NPS whose cases we had inspected or who were attending specific interventions.

The inspection focused on assessing how the quality of practice contributed to achieving positive outcomes for service users, and evaluating what encouraging impact had been achieved. We were mindful that current impact could provide evidence of progress towards long-term desistance. In particular, we were seeking to report on whether the work undertaken was likely to lead to reduced reoffending, the public were protected from harm and individuals had abided by their sentence.



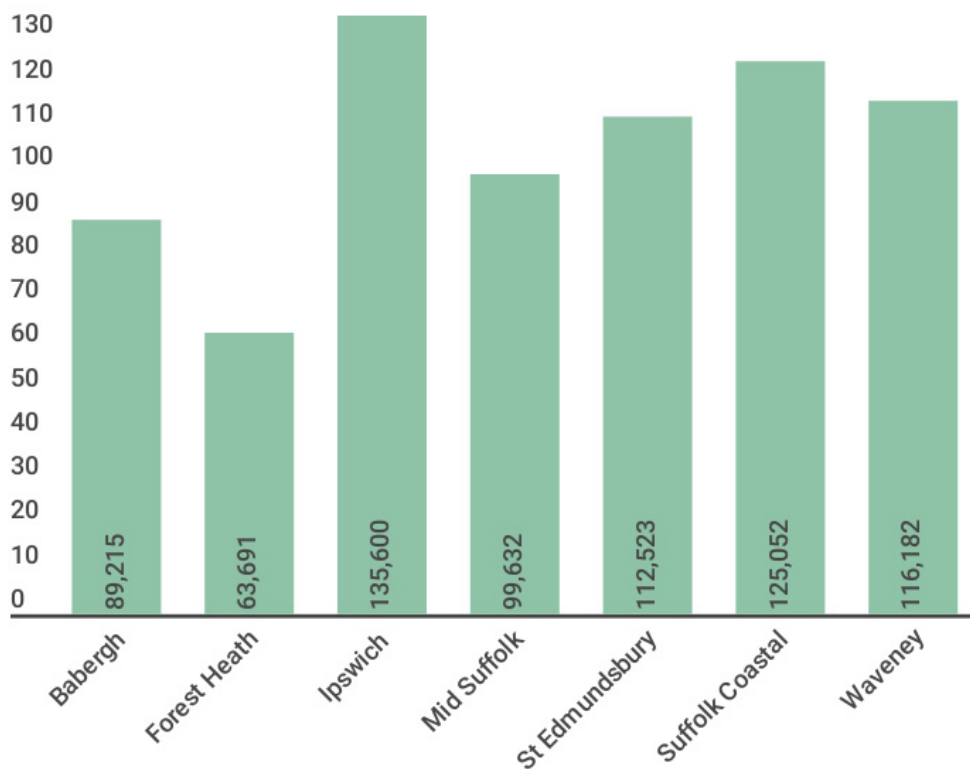
## Appendix 2: Background data

This inspection covers Suffolk, which is overseen by a county council divided into seven local government districts of Babergh, Forest Heath, Ipswich, Mid Suffolk, St Edmundsbury, Suffolk Coastal and Waveney.

### Population demographics

The population of Suffolk was estimated at 741,895 in 2015.

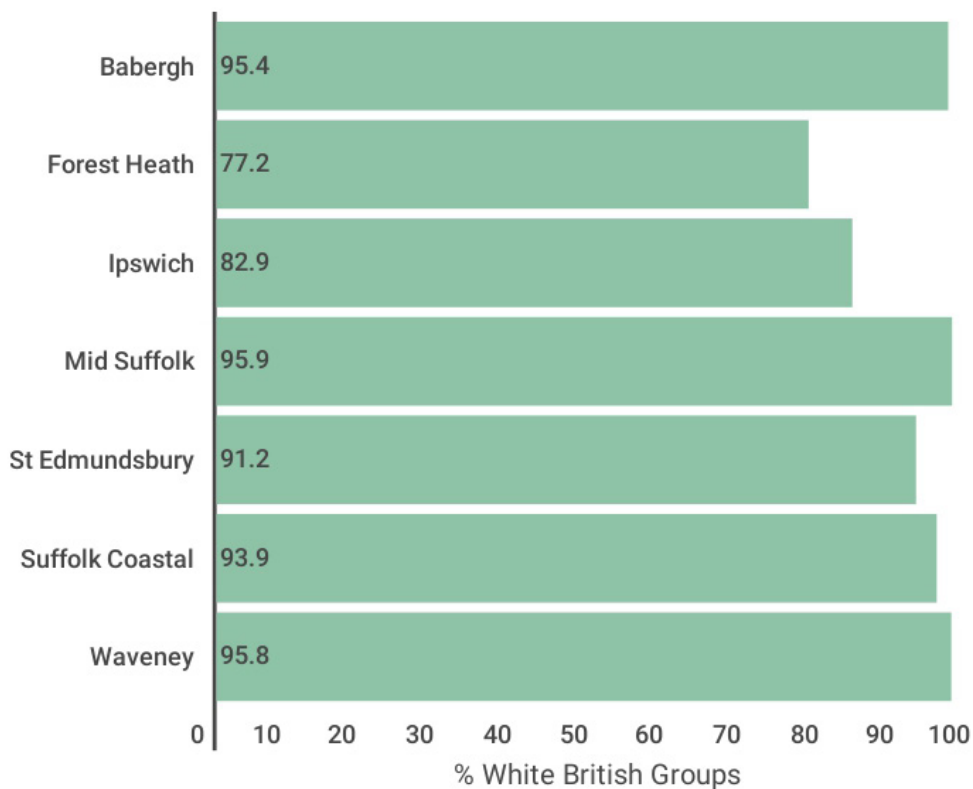
**Figure 2.1: Population estimate, mid-2015**



Source: Office for National Statistics, June 2016

Suffolk has a higher proportion of white British residents (90.8%) than the England and Wales average (80.5%).

**Figure 2.2: Ethnicity in Suffolk, 2011 census**

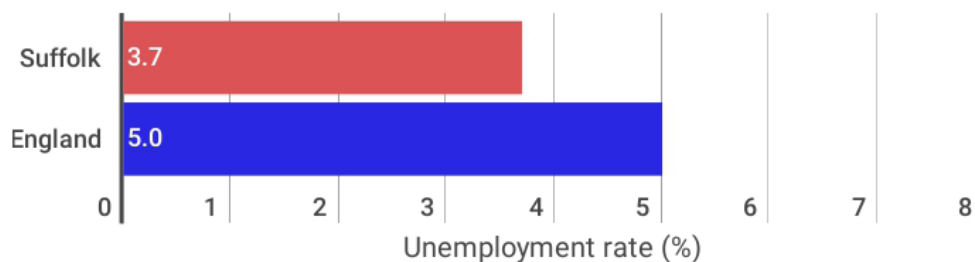


Source: Office for National Statistics, December 2012

### Levels of deprivation and crime

As shown by Figure 2.3, unemployment in Suffolk is lower than the England average.

**Figure 2.3: Unemployment in Suffolk, October 2015 – September 2016**

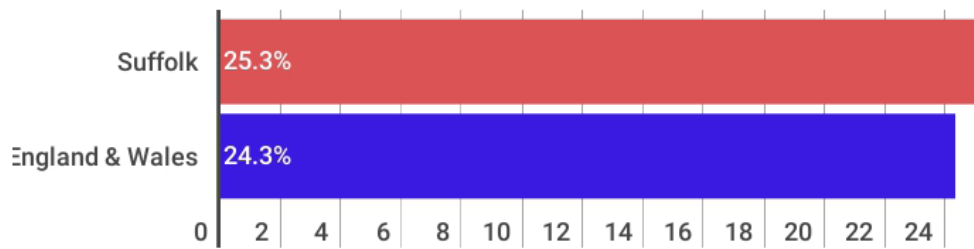


Source: Office for National Statistics, January 2017

## Levels of reoffending

The proven reoffending rates for Suffolk are set out in Figure 2.4, based upon adult offenders who were released from custody, received a non-custodial conviction at court or received a caution in the period April 2014 to March 2015. This is a little higher than the England and Wales average.

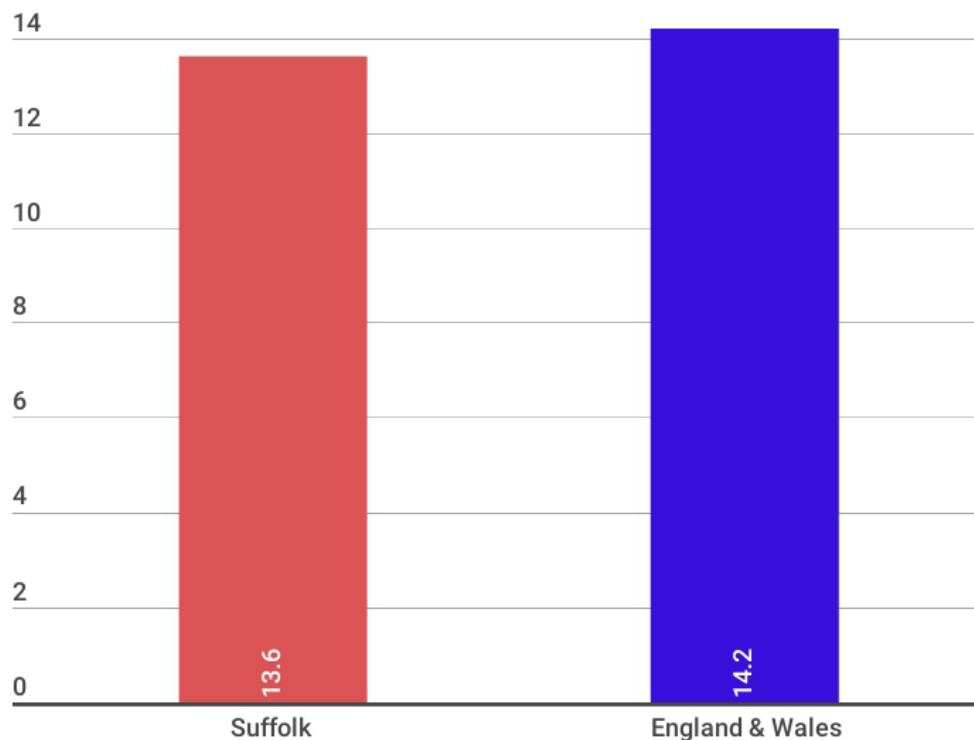
**Figure 2.4: Proven reoffending rate, April 2014 to March 2015**



Source: Ministry of Justice, January 2017

There were 13.6 previous offences on average for the Suffolk offender cohort who reoffended, slightly fewer than the England and Wales average.

**Figure 2.5: Offending histories, April 2014 to March 2015**



Source: Ministry of Justice, January 2017

## Appendix 3: Background information: Norfolk & Suffolk Probation Trust 2013 inspection outcomes

**Table 9: Findings scores for the Norfolk & Suffolk Probation Trust during the November 2013 inspection.**

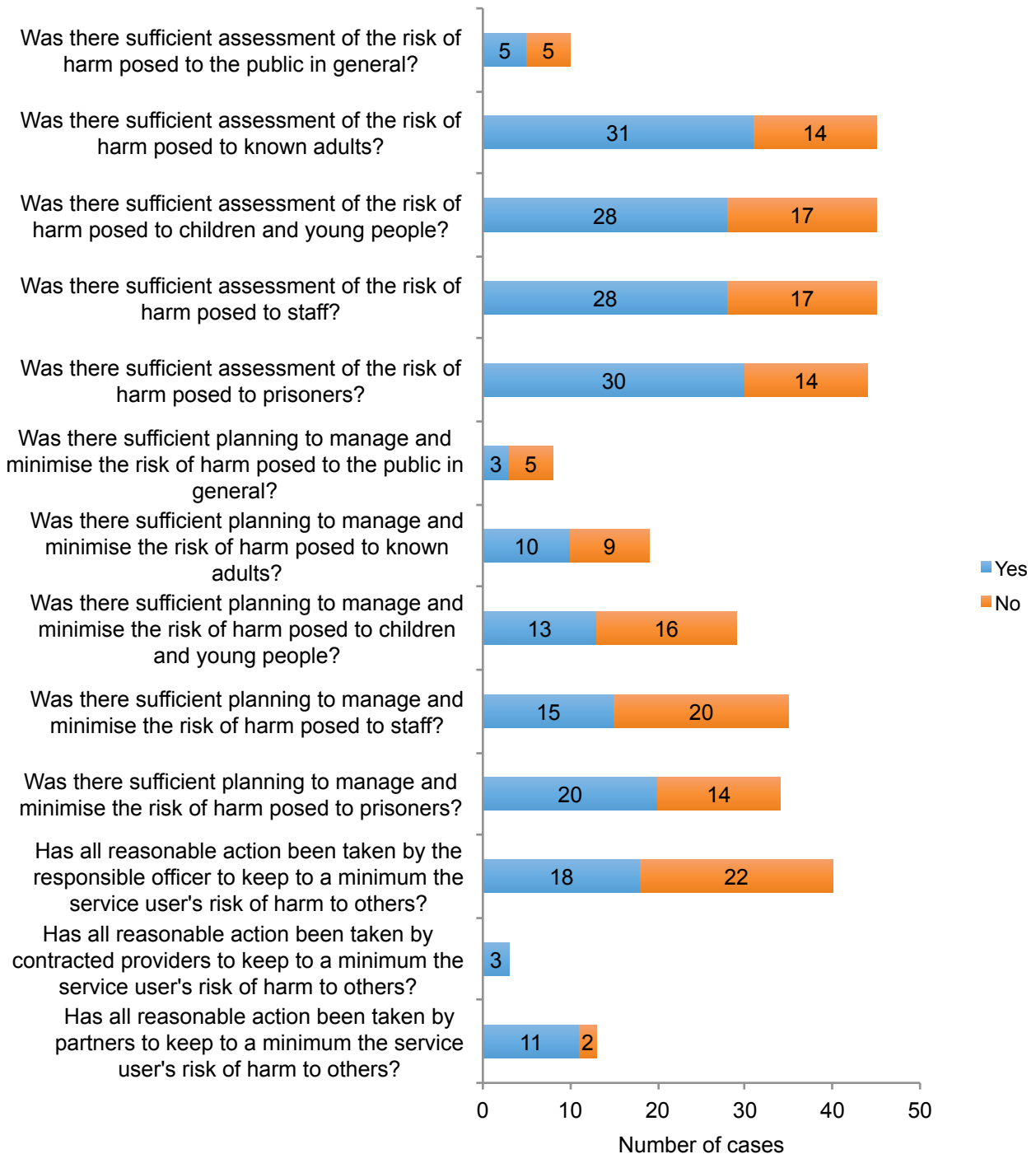
<b>Outcomes</b>	<b>The proportion of work judged to have been done well enough</b>
Assisting sentencing	<b>85%</b>
Delivering the sentence of the court	<b>77%</b>
Reducing the likelihood of reoffending	<b>66%</b>
Protecting the public	<b>67%</b>
Delivering effective work for victims	<b>70%</b>

Overall, in 2013 we found that probation services in Norfolk & Suffolk were supported by a culture of improvement. With a strong strategic leadership, the Trust had earned the respect of its partners, staff and service users, and there was evidence of an ongoing commitment to develop and deliver appropriate provision.

## Appendix 4: Data analysis from inspected cases

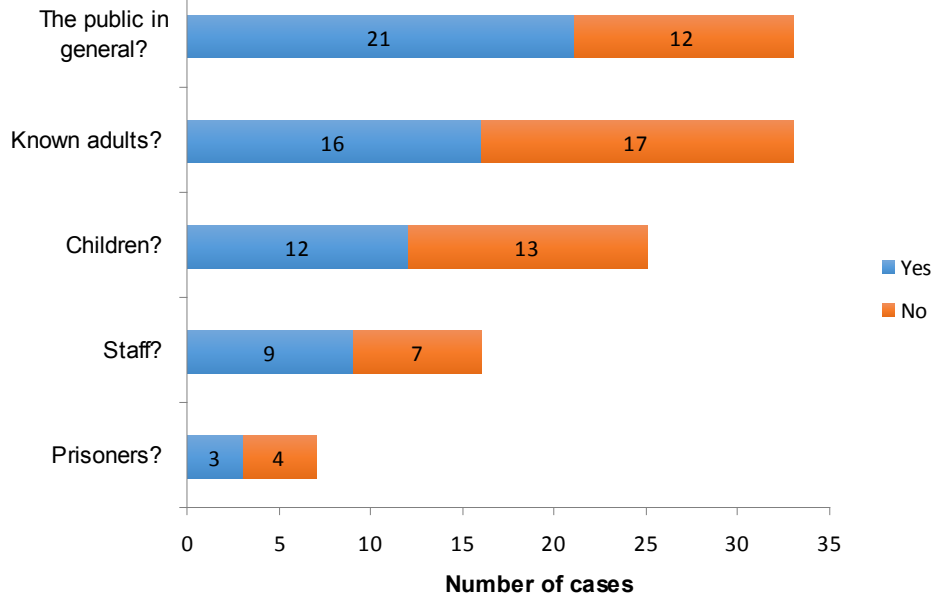
These charts illustrate key findings from relevant practice inspection cases. These are combined figures for the area as a whole (not separate CRC and NPS figures) due to the small numbers involved. These charts show absolute numbers rather than percentages. The size of the bar chart segments provides an idea of proportion, while the number gives an idea of how large the sample was.

**Figure 4.1 Public Protection**

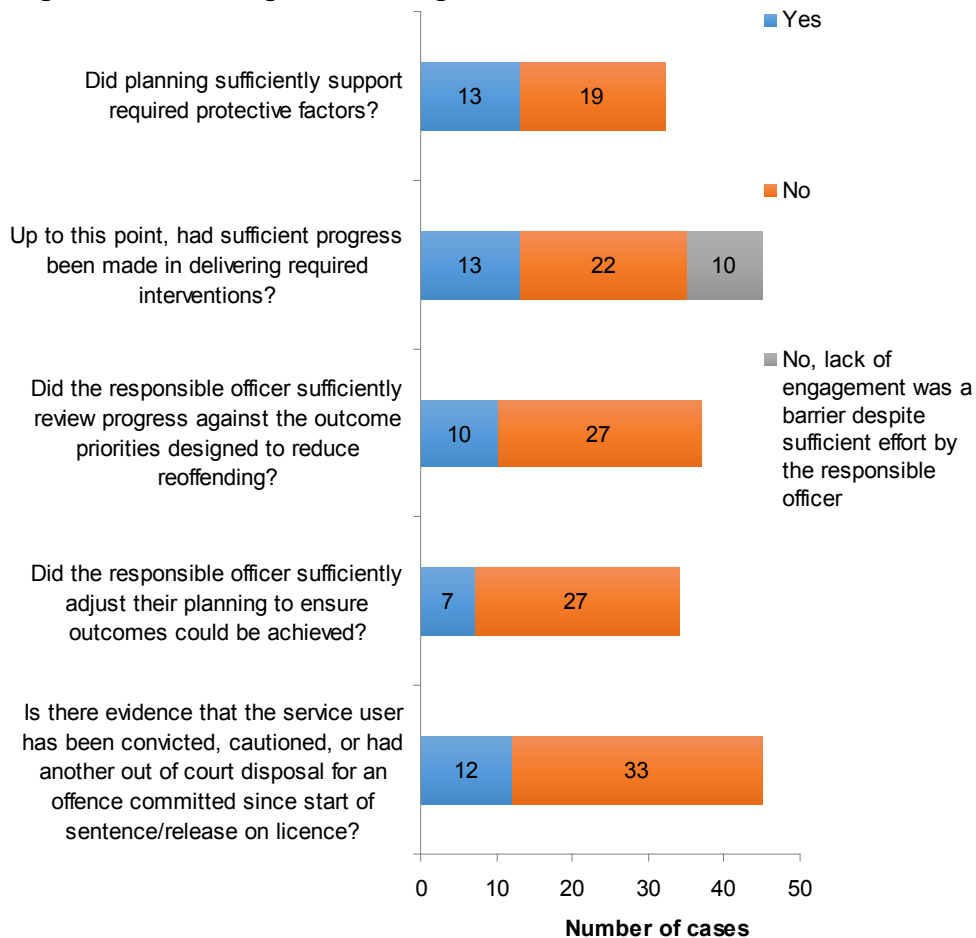


**Figure 4.2 Public Protection**

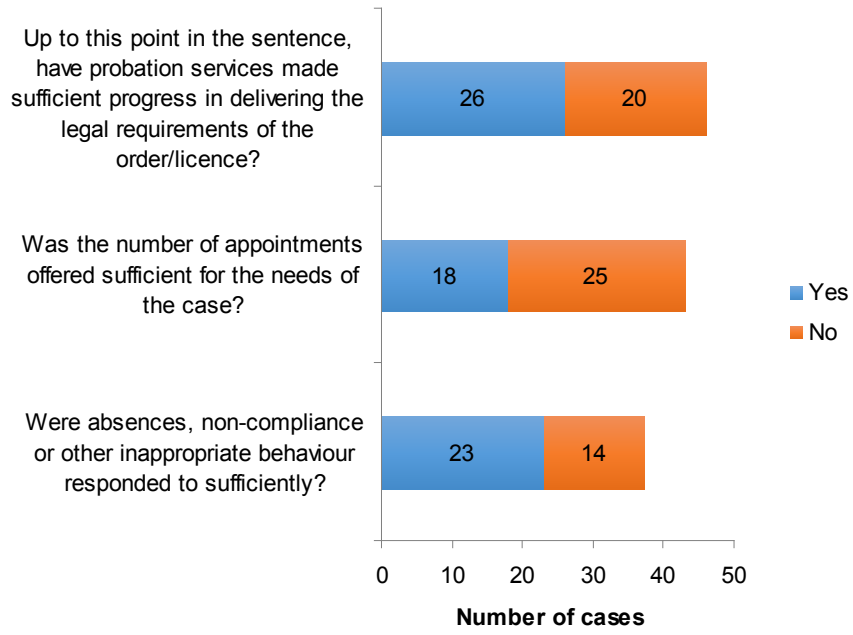
Up to this point in the order/licence, has the responsible officer made sufficient progress in influencing the risk of harm posed by this service user to:



**Figure 4.3 Reducing Reoffending**



**Figure 4.4 Abiding by the sentence**



## Appendix 5: Glossary

ACT	Anglia Care Trust: a charity dedicated to supporting vulnerable people within the community, specialising in preventative, community based services that operates across Norfolk and Suffolk
Accredited programme	A programme of work delivered to offenders in groups or individually through a requirement in a community order or a suspended sentence order, or part of a custodial sentence or a condition in a prison licence. Accredited programmes are accredited by the Correctional Services Accredited Panel as being effective in reducing the likelihood of reoffending
Allocation	The process by which a decision is made about whether an offender will be supervised by a CRC or the NPS
Approved premises	Premises approved under Section 13 of the <i>Offender Management Act 2007</i> , managed either by the National Probation Service or by independent organisations used as a short-term residence for an offender considered a high risk of serious harm, who requires close monitoring and supervision and to begin to integrate them back into the community
Assignment	The process by which an offender is linked to a single responsible officer, who will arrange and coordinate all the interventions to be delivered during their sentence
BBR	Building Better Relationships: a nationally accredited groupwork programme designed to reduce reoffending by adult male perpetrators of intimate partner violence
Breach (an order/licence)	Where an offender fails to comply with the conditions of a court order or licence. Enforcement action may be taken to return the offender to court for additional action or recall them to prison
Care Farms	A network of farms that provide access to farming-related activities to improve the health and well-being of vulnerable people. In the UK this is predominantly managed by the charity Care Farming UK
Case Allocation System	A document that needs to be completed prior to the allocation of a case to a CRC or the NPS
CRC	Community Rehabilitation Company: 21 such companies were set up in June 2014, to manage most offenders who present low or medium risk of serious harm
Desistance	The cessation of offending or other antisocial behaviour
Drug Rehabilitation Requirement	A requirement that a court may attach to a community order or a suspended sentence order aimed at tackling drugs misuse



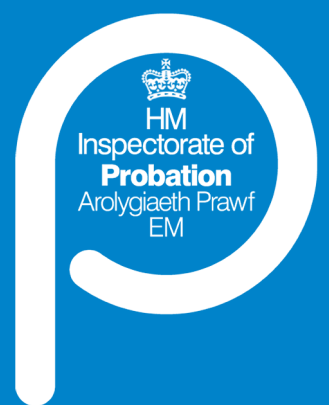
E3	E3 stands for 'Effectiveness, Efficiency, and Excellence'. The E3 programme was created following the <i>Transforming Rehabilitation</i> programme in June 2014. The basic principle is to standardise NPS delivery, redesigning the NPS structure with six key areas of focus, including: community supervision; court services; custody; youth offending services; victims' services and approved premises
ETE	Education, training and employment: work to improve an individual's learning, and to increase their employment prospects
Freedom Programme	A programme for women who have been victims of domestic abuse
High Sheriff's Award	An award made by a High Sheriff designed to reward voluntary groups and individuals who have made a contribution to improving the community
HMP	Her Majesty's Prison
HMPPS	Her Majesty's Prison and Probation Service: From 01 April 2017 HMPPS became the single agency responsible for delivering prison and probation services across England and Wales. At the same time, the Ministry of Justice took on the responsibility of overall policy direction, setting standards, scrutinising prison performance and commissioning services which used to fall under the remit of the National Offender Management Service (the agency that has been replaced by HMPPS)
IOM	Integrated Offender Management: a cross-agency response to the crime and reoffending threats faced by local communities. The most persistent and problematic offenders are identified and managed jointly by partner agencies working together
Internet Sex Offender Treatment Programme	For those who have committed an internet sex offence. Designed to explore and address the thoughts, feelings and beliefs underpinning internet sex offending with the aim of reducing the further risk of similar offending
LDU	Local delivery unit: an operational unit comprising an office or offices, generally coterminous with police basic command units and local authority structures
Licence	This is a period of supervision immediately following release from custody, and is typically implemented after an offender has served half of their sentence. Any breaches to the conditions of the licence can lead to a recall to prison where the offender will remain in custody for the duration of their original sentence

Local Safeguarding Children Board	Set up in each local authority (as a result of the <i>Children Act 2004</i> ) to coordinate and ensure the effectiveness of the multi-agency work to safeguard and promote the welfare of children in that locality
Looked After (Child)	The term used in the <i>Children Act 1989</i> to describe a child who is cared for by a local authority for more than 24 hours. Typically this is by a local authority's children's social care services department
MAPPA	Multi-Agency Public Protection Arrangements: where probation, police, prison and other agencies work together locally to manage offenders who pose a higher risk of harm to others. Level 1 is ordinary agency management where the risks posed by the offender can be managed by the agency responsible for the supervision or case management of the offender. This compares with Levels 2 and 3, which require active multi-agency management
Multi-Agency Risk Assessment Conference	Part of a coordinated community response to domestic abuse, incorporating representatives from statutory, community and voluntary agencies working with victims/survivors, children and the alleged perpetrator
MASH	Multi-Agency Safeguarding Hub: acts as the first point of contact for new safeguarding concerns or enquiries. It usually includes representatives from the local authority (children and adult social care services), the police, health bodies, probation and other agencies
MoJ	Ministry of Justice: the government department with responsibility for the criminal justice system in the United Kingdom
Nacro	Formerly known by the acronym of NACRO (National Association for the Care and Resettlement of Offenders), Nacro is a social justice charity which for over fifty years has offered a range of services to support people to change their lives and to prevent crime and the risk of reoffending
nDelius	National Delius: the approved case management system used by the CRCs and the NPS in England and Wales
National Offender Management Service	The single agency responsible for both prisons and probation services in England and Wales until 31 March 2017. Since 01 April 2017 this service has been superseded by Her Majesty's Prison and Probation Service
NPS	National Probation Service: a single national service which came into being in June 2014. Its role is to deliver services to courts and to manage specific groups of offenders, including those presenting a high or very high risk of serious harm and those subject to MAPPA in England and Wales

OASys	Offender Assessment System: currently used in England and Wales by the CRCs and the NPS to measure the risks and needs of offenders under supervision
<i>Offender Rehabilitation Act 2014</i>	Implemented in February 2015, applying to offences committed on or after that date, the <i>Offender Rehabilitation Act 2014</i> (ORA) is the Act of Parliament that accompanies the <i>Transforming Rehabilitation</i> programme
Operational management system	The new IT case management system designed, but not yet implemented, by the Norfolk & Suffolk CRC
Ormiston Families	One of the operational partners of Sodexo-owned CRCs. This is a charity working to provide family support, mentoring and group interventions to enhance parenting skills
Open Road	A charity providing support for individuals affected by drugs and/or alcohol that operates across Essex and Suffolk
Partners	Partners include statutory and non-statutory organisations, working with the participant/offender through a partnership agreement with a CRC or the NPS
Providers	Providers deliver a service or input commissioned by and provided under contract to a CRC or the NPS. This includes the staff and services provided under the contract, even when they are integrated or located within a CRC or the NPS
Pre-sentence report	This refers to any report prepared for a court, whether delivered orally or in a written format
PO	Probation officer: this is the term for a qualified responsible officer who has undertaken a higher education-based course for two years. The name of the qualification and content of the training varies depending on when it was undertaken. They manage more complex cases
PSO	Probation services officer: this is the term for a responsible officer who was originally recruited with no probation qualification. They may access locally determined training to qualify as a probation services officer or to build on this to qualify as a probation officer. They may manage all but the most complex cases depending on their level of training and experience. Some PSOs work within the court setting, where their duties include the writing of pre-sentence reports
Rate card	A directory of services offered by a CRC for use with the NPS with their service users, detailing the price

RAR	Rehabilitation activity requirement: from February 2015, when the <i>Offender Rehabilitation Act 2014</i> was implemented, courts can specify a number of RAR days within an order; it is for probation services to decide on the precise work to be done during the RAR days awarded
Release on Temporary Licence	Allows a person serving a prison sentence to be released temporarily, for example, to pursue housing or employment
Responsible officer	The term used for the officer (previously entitled 'offender manager') who holds lead responsibility for managing a case
Risk of Serious Harm	A term used in OASys. All cases are classified as presenting a low/ medium/ high/ very high risk of serious harm to others. HMI Probation uses this term when referring to the classification system, but uses the broader term risk of harm when referring to the analysis which has to take place in order to determine the classification level. This helps to clarify the distinction between the probability of an event occurring and the impact/severity of the event. The term Risk of Serious Harm only incorporates 'serious' impact, whereas using 'risk of harm' enables the necessary attention to be given to those offenders for whom lower impact/severity harmful behaviour is probable
SPO	Senior probation officer: first line manager
St Giles Trust	A charity helping ex-offenders and disadvantaged people. St Giles Trust operate in different parts of England and Wales
Supply chain	Providers of services commissioned by the CRC
The Wildlife Trusts	A charity managing nature reserves and marine conservation projects across the UK
Thinking Skills Programme	An accredited group programme designed to develop an offender's thinking skills to help them stay out of trouble
Through the Gate	Through the Gate services are designed to help those sentenced to more than one day in prison to settle back into the community upon release and receive rehabilitation support so they can turn their lives around
<i>Transforming Rehabilitation</i>	The government's programme for how offenders are managed in England and Wales from June 2014
TVSOGP	Thames Valley Sex Offenders Group Programme: an accredited offending behaviour programme for adult male sex offenders to help develop an understanding of how and why they have committed sexual offences. The programme also increases awareness of victim harm

Unpaid work	A court can include an unpaid work requirement as part of a community order. Offenders can be required to work for up to 300 hours on community projects under supervision. Since February 2015, unpaid work has been delivered by CRCs
ViSOR	ViSOR is a national confidential database that supports MAPPAs. It facilitates the effective sharing of information and intelligence on violent and sexual offenders between the three MAPPAs responsible authority agencies (police, probation and prisons). ViSOR is no longer an acronym but is the formal name of the database
Weighted annual volume	An estimate of the workload required to deliver services to offenders. This measure is used to determine the fee for service that a CRC receives. During the process of commissioning CRC contracts, the first and second year volumes were estimated by the MoJ using historical data for each contract area
Women's centre	A centre dedicated to services for women
Workload management tool	A tool to calculate the overall workload of an individual responsible officer. It takes into account numbers and types of cases as well as particular work such as parole reports



ISBN: 978-1-84099-779-8