



Probation inspection

Domain one rules and guidance

HMI Probation, June 2019

Contents

Introduction	3
1. Organisational delivery	4
1.1 Leadership	4
1.2 Staff	16
1.3 Services	35
1.4 Information and facilities	48
2. Rating characteristics	64
3. Glossary	74

Introduction

The three domains are structured separately to allow us to make comments and judgements about specific areas of work. The domains do not operate in isolation; there is a relationship between them. Following our April 2019 consultation, we revised the questions and prompts in domain one to link more explicitly to the delivery that we inspect in domains two and three. The revised rules and guidance and rating characteristics reflect this.

Judgements in domain one relate to how leadership, staffing, services and information and facilities impact both on domain two *and* domain three.

Domain one rating judgements will be informed by the evidence in advance submitted by the organisation, interviews undertaken during the inspection fieldwork weeks and our analysis of correlation with the findings from domain two and domain three.

Purpose of the domain one R&G

The domain one rules and guidance explains how evidence should be assessed and how judgements should be formed against key questions and standards. The purpose of the guidance is to provide advice, clarity and a consistent understanding of the required expectations. The rules and guidance are based on international and national probation standards and rules, CRC contractual provisions, and our own standards and benchmarks. As such, they outline approaches that set high standards to assess quality.

Role of the rating characteristics

The rating characteristics indicate what will guide a lead inspector to recommend a specific rating. They provide a framework to support the lead inspector's recommendation rather than being a checklist; we do not expect every characteristic to be present for the corresponding rating to be given.

The characteristics for 'good' and 'requires improvement' are closely aligned to the key questions and prompts in the standards framework.

The characteristics for 'outstanding' capture whether the organisation is:

- innovative and creative;
- forward-looking and proactive;
- open and transparent;
- supportive, empowering and inclusive;
- agile and responsive; and
- collaborative and outward-looking.

The characteristics for 'inadequate' capture whether the organisation is:

- solely reactive;
- defensive and blaming;
- characterised by division and conflict;
- unresponsive; and
- inward-looking.

1. Organisational delivery

1.1 Leadership

The leadership of the organisation supports and promotes the delivery of a high-quality, personalised and responsive service for all service users.

Judgement:

In order to form an initial judgement about this standard lead inspectors should weigh up the balance of 'yes' and 'no' judgements for each key question within this section.

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

Judgement:

In deciding whether to answer 'yes' to this question, lead inspectors should consider the extent to which delivery is above or below the line for each prompt, and whether those aspects that are judged sufficient outweigh those that are not. Where, on balance, the areas below the line outweigh those that are above, the lead inspector should consider a negative judgement. One or more areas that are considered below the line may be of such importance that they preclude a judgement of 'yes'. Given the significance of prompts a), b) and d), a negative judgement for any of these means that the overall response to this question must be 'no'.

a) Does the vision and strategy prioritise the quality of service and adherence to the evidence base?

Guidance:

Each Community Rehabilitation Company (CRC) and National Probation Service (NPS) region should have a vision and strategy that is clearly stated and set out in relevant documents such as strategic and business plans, and which gives a very high priority to delivering quality services. The vision and strategy should outline how the provider is working to address disproportionality and unequitable outcomes for those with protected characteristics (*Equalities Act 2010*). It should be aligned with the NPS overall strategic plan (NPS regions), and may be aligned with plans for other CRCs under the same ownership. Providers should engage the voluntary and community sector as a strategic partner in developing the vision and strategy.

There must be evidence that the vision and strategy is driving delivery and not merely statements of intent. Inspectors may use domain two and three findings to support evidence of delivery.

Quality of service: we are interested in what services are like to use, from the perspective of those receiving them. We also consider whether they do what they are supposed to do in relation to reducing reoffending; managing and minimising risk of harm to others; and ensuring individuals abide by the sentence of the courts. Quality of service is more than simply achieving agreed performance targets.

Adherence to the evidence base: there should be clear evidence of how the strategy achieves high quality services and the key actions that leaders and managers have taken to ensure these are delivered. The strategy should be explicit about the evidence base which underpins the strategic vision.

Evidence:

The evidence will be current strategic, business or delivery, equitability and inclusion plans that apply to the locality of the inspected area. These should be supplemented by meetings with senior managers for them to articulate their approach in more detail.

Judgement:

In judging evidence against this prompt, lead inspectors should consider how far quality is prioritised in practice, drawn from the current vision and articulated in strategic planning and how it has an impact on delivery.

b) Are staff, partners, suppliers and other stakeholders sufficiently engaged in delivering the vision and strategy?

Guidance:

It is important that staff from across the organisation and at all levels are engaged with the vision and strategy. They should all have had adequate opportunity to engage with the strategy and be delivering against it. Similarly, other partners, suppliers and stakeholders should be engaged with and delivering against the vision and strategy. Inspectors may use domain two and three findings to support evidence of delivery.

Leaders refers to anybody who is acting in a leadership position within the organisation and includes board members, senior, middle and first line managers.

The vision and strategy may be communicated through a variety of channels and mechanisms, including staff conferences and events, written documentation, intranet, Q & A fora, staff consultations, team meetings and first line briefings.

Senior leaders should have processes in place for judging how effectively staff and stakeholders are engaged with the vision and strategy. This may be through staff surveys, feedback from middle managers and feedback from stakeholders.

Evidence:

Inspectors should consider the findings from domains two and three in judging whether staff, partners, suppliers and other stakeholders are engaged with delivering the vision and strategy.

This could include examples of internal and external consultation of strategic plans for communicating the vision and strategy, presentations, events and online, staff and other stakeholder surveys, and other mechanisms leaders have used for judging the effectiveness of the communication, that have taken place since the last HMI Probation inspection. It should also include discussion with middle managers and front-line staff about their role in delivery of the vision and strategy.

Judgement:

Here we are looking for evidence that the majority of staff and external stakeholders are engaged with the vision and strategy. We are also seeking evidence that the vision and strategy has been shared with other stakeholders beyond the organisation who deliver services within the locality of the inspected area.

c) Does the organisation's culture promote openness, constructive challenge and ideas?

Guidance:

For an organisation to be effective it should promote a culture where staff at all levels feel able to contribute to service improvement and where they are clear about how decisions are made and how they can input to them. Staff should have opportunities to contribute to the formation of the vision and strategy as they are then more likely to own it.

Culture refers to 'the ways things are done around here', and incorporates the organisation's beliefs, behaviours and values that influence the way people work. An open culture is one where staff are routinely consulted about issues affecting them and their work, and receive clear explanations for how important decisions are made. Staff should have opportunities to constructively challenge (i.e. question) plans and decisions affecting them and their work, for example through team meetings, and meetings between management and unions which are valued by both sides. Processes for being open to ideas might range from suggestion schemes at the most basic, through to full-blown innovation strategies, the formation of development teams, and the championing of new initiatives to which staff have contributed. An open culture is also one which is responsive to ideas and challenges which may come from service user forums and consultation with external stakeholders such as sentencers and partner organisations.

Evidence:

This may include a communication strategy, staff reference group arrangements, innovation strategies, consultation arrangements including minutes of management and union meetings, and examples of staff and service user suggestions and initiatives or responses to staff and service user surveys. It will also come from discussion with managers and staff about how things are done around here and how decisions are made.

Judgement:

Here we are looking for evidence that senior managers have provided opportunities for constructive challenge, that there is open communication up and down the organisation, and that ideas from staff, service users and partner organisations are sought and progressed. Where there is a culture of secret decision-making, blocks in communication or inattention to the views and ideas of front-line staff, this would lead to a negative judgement.

d) Are there effective governance arrangements and clear delivery plans that translate the vision and strategy into practice?

Guidance:

There must be clear governance arrangements in place to ensure that vision and strategy impacts on delivery. Governance arrangements should set out clear lines of accountability and decision-making through relevant boards and meeting structures, with clarity about who is responsible for delivering each element of the strategy (the responsible owner). Delivery plans should set out the mechanisms by which the strategy will be translated into practice, where and to whom progress should be reported, and their delivery reviewed. There should be clear feedback loops to responsible owners about what is and what is not working, and necessary changes to implementation agreed. There should be evidence that appropriate programme and project management approaches have been followed to ensure that strategies have been implemented in a timely fashion, within an agreed budget and to a good standard.

Evidence:

There should be a clear organogram and accountability diagrams, which set out responsibility, accountability and decision-making structures for the organisation, and for each element of the strategy, with examples of delivery plans. There should be individual examples of how strategies have been translated into practice as evidence of a corporate approach to implementation. Evidence should also include regular review of delivery plans, programme and project documentation and the minutes of governance meetings. Annual reviews of strategic business plans and CRC annual service reports since the previous HMI Probation area inspection

Judgement:

Here we are looking for evidence that the organisation uses a consistent approach to strategy implementation, which is coordinated within a well-defined accountability structure using clear delivery plans that are regularly reviewed.

e) Is the impact of the strategy on delivery monitored and regularly reviewed?**Guidance:**

The impact of the strategy should be monitored at senior management and/or relevant Board level. Ideally an annual review of the strategy, feeding into revised and updated business and delivery plans, should be supported by reviews two or three times a year. Reviews of the strategy should include an analysis of changes in the internal and external operating environments, changes in mandates, legislation, instructions and guidance and following consultations with key stakeholders.

Evidence:

This should include progress reports, strategy reviews, and comparisons with previous strategies, or the minutes of relevant Board and management meetings where progress has been reviewed or which relate to strategy revision. This should be supplemented with discussion with senior managers and those responsible for monitoring the impact of the strategy. Annual reports and CRC annual service reports will also be relevant.

Judgement:

A positive judgement should reflect evidence of regular scheduled progress reviews against an agreed strategy by the Board and/or senior management, utilising appropriate monitoring information, and measuring the impact of the strategy. This should lead to amendment of the delivery plans where required. There must also be a full review of the impact of the strategy at least on an annual basis which is more than a superficial exercise. If there are no reviews of progress and no significant reviews of the plan, this may be reflected in a negative judgement.

f) Does the leadership team effectively influence partners, suppliers, the courts and other stakeholders to support the delivery of the vision and strategy?

Guidance:

Each organisation should have a map of their key stakeholders to identify who they ought to engage and influence in the development and implementation of their vision and strategy. Stakeholders are all those who have an interest in the delivery of the products and services of the organisation, and for the NPS divisions and CRCs these will include, but are not limited to:

- CRC/NPS
- courts
- suppliers (including supply chain partners) and potential suppliers
- police
- Multi-Agency Public Protection Arrangements (MAPPA) (NPS)
- prisons (including local resettlement prisons)
- police and crime commissioners
- local authorities
- child and adult Safeguarding Boards
- community safety partnerships
- housing providers
- significant local employers and training providers
- family intervention programmes
- substance misuse commissioners and service providers
- health commissioners/health and well-being boards
- Youth Offending Teams (YOTs)
- local voluntary organisations, especially those providing services for offenders
- victim services (NPS)
- women's organisations
- organisations representing black and minority ethnic (BME) groups

Senior leaders should have mechanisms for engaging and influencing these stakeholders in the production of their strategic and business plans to identify where their interests are aligned, where there are opportunities for joint-work or commissioning, and where there are opportunities for providing improved access to services for offenders or victims. This should include consultation when outlining and reviewing annual service commissioning plans.

Evidence:

This may include details of local strategic arrangements and how the inspected area contributes. Examples of consultation with key stakeholders, membership/leadership of reducing reoffending boards, MAPPA strategic management boards, inputs to commissioning fora, section 11 safeguarding audits, information on joint initiatives, and interviews with key stakeholders about their involvement. The interface arrangements and alignment of priorities with the NPS and CRC.

Judgement:

Evidence that senior leaders have a planned approach to engaging and influencing key stakeholders in the development and delivery of their vision and strategic plans would support a positive judgement. Where engagement is patchy, sporadic or inconsistent, where strategic representation is lacking or where there is limited evidence of joint initiatives aimed at providing improved services to offenders and/or victims, this would suggest a negative judgement.

1.1.2 Are potential risks to service delivery anticipated and planned for in advance?**Judgement:**

In deciding whether to answer 'yes' to this question, lead inspectors should consider the extent to which delivery is above or below the line for each prompt, and whether those aspects that are judged sufficient outweigh those that are not. Where on balance the areas below the line outweigh those that are above, the lead inspector should consider a negative judgement. One or more areas that are considered below the line may be of such importance that they preclude a judgement of 'yes'. Given the significance of prompt a), a negative judgement against this means that the overall response to this question must be 'no'.

a) Are risks to the service sufficiently understood, with appropriate mitigations and controls in place?**Guidance:**

Each CRC and NPS region must have detailed risk registers or equivalent arrangements specific to their organisation in place which are overseen by senior leaders, and describe risks at the corporate, regional and operational levels. These may include identifiable potential serious risks across categories such as risk to service delivery, financial risk and reputational risk. Plans to mitigate each risk which are appropriate and achievable should be detailed with specific risk owners allocated. Controls should be specified, which should provide warning if a risk is increasing these should be regularly reviewed to identify any new risks and those that no longer require attention. NPS regional risk registers should be set within the context of the overall NPS risk register but identify and weight risks in the divisional context.

Evidence:

This must include a description of service risk management arrangements and sight of recent risk registers or their equivalent and their reviews, along with recent minutes of risk management and/or audit committee meetings that are applicable to the inspected area.

Judgement:

To form a positive judgement, there must be evidence that current risk management arrangements and risk registers or equivalent, relevant to the area of inspection, provide sufficient understanding of the current and potential future risks and that the mitigations in place are likely to be effective. Where there is recent evidence of risks emerging, which should reasonably have been foreseen, where there has been significant adverse impact on service delivery, and/or where there were no appropriate mitigations in place, this would suggest a negative judgement.

b) Are appropriate arrangements in place to ensure business continuity in the event of major incidents?

Guidance:

Each CRC and NPS region should have current and up to date business continuity plans in place. These should cover issues such as loss of essential ICT, loss of utilities, loss of premises (including approved premises for the NPS), severe weather events, and loss of key personnel. These should specify in detail who to contact for each eventuality, who will be responsible for coordinating arrangements (and who to contact in their absence) and detail what these potential alternative arrangements are. The plans should be available on and off site to middle managers and above.

There should be evidence that the plans have been communicated across the organisation as appropriate, that managers are aware of their responsibilities, and that they have been tested via exercises and walk-throughs.

The test of appropriateness is whether, in the event of a major incident or event happening, arrangements will be in place to ensure that services can continue (after a brief period) without major disruption.

Evidence:

This should include sight of the business continuity plan, checking with managers about its location, application and understanding of their responsibilities, and reviewing evidence of any test or walk-throughs.

Judgement:

There must be a current and appropriate business continuity plan which is readily available and has been tested and kept under annual review in order to form a positive judgement. If there is no plan, it has not been maintained, it cannot easily be located, or managers are unsure of their responsibilities, this should suggest a negative judgement.

c) When carrying out changes to systems, processes or staffing is the impact on delivery assessed and appropriate action taken?

Guidance:

For each significant change to systems, processes or staffing, there should be an impact assessment produced which identifies any potential safety and security concerns, and their impact on service delivery. This should form part of an organisation's standard, documented change management processes. Safety includes the safety of staff, service users and any potential victims. Security includes security of premises, operations and information security.

There should at all times be safe systems of working which have been properly risk assessed under health and safety regulations, so significant changes should result in changes to risk assessments and operating procedures.

Evidence:

This could include change management plans, impact assessments for recent changes and revised risk assessments for specific services or activities. It will be important to check these out with recent specific examples, including speaking with those who have been responsible for change management or have been party to its impact. Feedback from responsible officers, domain two interviews, staff and service user meetings may contribute to evidence.

Judgement:

A positive judgement should result from evidence that the organisation has a consistent approach to assessing the impact on delivery of significant changes on safety and security, illustrated with specific examples. If there is no recent evidence of impact assessments, or if there is evidence of safety and security being significantly compromised by recent planned changes, this will contribute to a negative judgement.

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

Judgement:

In deciding whether to answer 'yes' to this question, lead inspectors should consider the extent to which delivery is above or below the line for each prompt, and whether those aspects that are judged sufficient outweigh those that are not. Where on balance the areas below the line outweigh those that are above, the lead inspector should consider a negative judgement. One or more areas that are considered below the line may be of such importance that they preclude a judgement of 'yes'.

a) Does the operating model support meaningful contact and continuity of contact with service users?

Guidance:

The operating model must be clearly set out. For the NPS there is likely to be one operating model which covers all regions. CRCs under the same ownership may have the same operating model though locally there may be some minor differences. Care must be taken in assessing each organisation to ensure that similar judgements are being applied when the model is the same or almost identical. Consideration should be given to the HMI Probation published position statement *Minimum Contact*:

<https://www.justiceinspectories.gov.uk/hmiprobation/about-our-work/position-statements/?highlight=position%20statements>

Meaningful contact focuses on addressing risk and desistance factors in a way that is accessible and acceptable to service users. Service users will be engaged in relevant activities and address any risk of harm they present. This requires services and interventions to be operated in a planned and coordinated way.

Continuity of contact requires that sentences are delivered consistently and are carefully coordinated, preferably by one responsible officer working with the same service user throughout, but, failing that, through systems and operational processes that achieve the same end.

The operating model must be responsive to the needs of service users, which requires that the model should require face-to-face contact in most situations. It should ensure that needs are being assessed appropriately and service users are being actively engaged. The operating model may allow for occasional telephone/remote appointments interspersed with face-to-face contact, but this should be the exception rather than the rule and must be based on a clear rationale.

Evidence:

This should include careful examination of the operating model on paper and in practice along with any relevant practice instructions. Discussions with senior managers and those responsible for implementing the model will be important to fully understand how it is supposed to work in their localities and what it is expected to achieve. Domain two data and service user interviews should provide evidence as to whether contact is considered meaningful, and whether the sentence has been well coordinated. Information from case inspections will give some indication as to whether there has been continuity of responsible officer. We will also look for evidence that managers monitor and manage the rate of internal case transfers between responsible officers or whether the operating model contributes to sustaining continuity.

Judgement:

A positive judgement requires evidence that the operating model has been designed to ensure meaningful and consistent contact with service users. Where it is unlikely to achieve this end or there is clear evidence that this is not happening consistently, then a negative judgement may be drawn.

b) Does the operating model encourage personalised approaches with service users, taking account of diversity factors?

Guidance:

A **personalised approach** is one in which services are tailored to meet the needs of individuals, giving people as much choice and control as possible over the support they receive. This personalised approach must include, but by no means be limited to, an individual's protected characteristics (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sex). It should also include a range of other diversity factors that could have an effect on the individual's ability and capacity to engage in interventions, such as maturity, rurality, learning needs, mental health concerns, cultural identity. There should be evidence that that consideration has been given to how **that** individual will be able to respond to **that** intervention at **that** time.

Evidence from desistance theory emphasises the need for a holistic, flexible and person-centred approach to supporting people. There must, therefore, be scope within the model for individual as well as group interventions. Service users will have different learning styles so the operating model should promote the delivery of services through a variety of channels: e.g. one-to-one with a member of staff, with support from a mentor, through activities, groupwork or formal learning. There should be arrangements for service users to be involved in planning which services they will be working with and how they should be delivered to meet their individual needs.

Diversity factors must be taken into account within the operating model so that service users can make appropriate choices and receive services which are designed to work with their protected characteristics. There should be services which are specifically designed to meet the needs of women service users, those with learning disabilities, and those who require an interpreter or signer, and consideration should be given to the needs of those from specific BME groups represented in the geographic area.

Evidence:

This should include examination of the operating model and related practice instructions, to identify how it is intended that services will be delivered according to the needs of individuals, how these needs will be met, how the service users will input into their plans, and the choices that may be available to meet their needs including being responsive to any

protected characteristics. Evidence should be available from the organisation's diversity and equitability or inclusion plans and the monitoring of their delivery. This should be tested out in the way that the operating model works in practice through domain two and three findings, as well as through discussions with staff and service users. It may be possible for domain two data to be cut by some protected characteristics, although care will need to be applied to the use of small sample numbers.

Judgement:

A positive judgement requires clear evidence that the operating model is designed to assess individual needs and plan services which are responsive to individuals and their learning styles, and which are suitable for individuals according to their diversity needs. This must be demonstrated in the way that the operating model works in practice through discussion with staff and service users.

c) Do staff understand the operating model, how the service should be delivered and what they are accountable for?

Guidance:

Operating models should be written clearly and concisely and must be easily available and accessible to staff and volunteers. For the NPS this will be on EQuIP. Operating models should be supplemented by practice guidance which sets out what each staff role involves and for what each role is responsible and accountable. To be effective, staff need not only to understand their role, but also the roles of staff they work with, including those working in the supply chain and partner agencies.

Practice guidance should also set out in detail how services are to be delivered, whether in-house, through the supply chain or through partners. The NPS model should set out what they are accountable for and what is the responsibility of the CRCs or other partners and provider services. The CRCs should set out how they will work with the NPS, the CRC supply chain and partner agencies. There must be an alignment of respective models which avoids any potential confusion as to the responsibilities of each organisation.

Operating models should be communicated effectively to staff, volunteers, supply chains and partners through formal briefings and training events. The models should be delivered with consistency within an organisation.

Accountabilities and reporting lines should be set out in job descriptions for each role.

Evidence:

The primary evidence will come from meetings and discussion with staff working in different roles across the organisation, to ascertain their understanding of how the operating model should work and their own accountabilities within that. This may be supplemented by, and cross-referenced with, job descriptions and the operating model and related guidance to see whether they concur. The organisational organogram should be up to date and understood at all levels of the organisation and staff are clear where responsibility for decision making rests.

Judgement:

To form a positive judgement staff must understand how the model should operate, their own role within it and that of partners and supply chain providers.

If this is unclear then a negative judgement should be drawn.

d) Is there alignment between the operating model and local plans?

Guidance:

For any operating model to work it must be implemented effectively at a local level. providers should have local delivery plans, which set out how the operating model will be delivered at a smaller geographical level within each CRC and NPS division. The plans should set out in detail how the model will be translated into the local context. It is likely that, given geographical factors, population density, and the availability and capacity of supply chain and other partners, there will be some differences in how the model operates from locality to locality. The local plans and any variations in how the core operating model is to work should be clearly set out and understood by staff. The plans and any variations should be agreed at senior management level, should be appropriate given the circumstances, and there should be considerable alignment between local plans and the overall model itself. There should be a clear link between the organisation's business plan, and local business and team plans, which should be updated to reflect any changes in the organisation's operating model.

Evidence:

This should include examination of several local plans to consider how well the operating model is being implemented locally (sometimes known as the 'golden thread' – high level objectives can be followed through to team and individual objectives). Local plans should reference to relevant local strategic partnerships, where the inspected organisation contributes e.g. local reducing reoffending board. Meetings with key stakeholders can provide examples of local needs being met. In addition, there should be discussion with local senior managers about any difficulties with implementation and any variations to the model which were necessary to fit the local circumstances.

Judgement:

To make a positive judgement implementation must be in line with the operating model. Where local arrangements are inconsistent with a negative judgement will be appropriate.

e) Where there are significant planned changes to the operating model, are these communicated and implemented effectively?

N.B. If there has not been a recent significant planned change then a judgement against this prompt will not be necessary.

Guidance

Changes to operating models may occur across the whole NPS or all CRCs within a single ownership, or they may just occur within one CRC or NPS division. In considering this prompt lead inspectors should take account of this to ensure consistent assessment. This prompt refers to significant changes to the operating model, not minor tweaks. Significant changes may include but are not limited to:

- establishing new teams or new delivery functions
- implementing new programmes or activities
- implementing new assessments or other processes
- changes consequent on the implementation of new ICT systems
- changing the balance of staff or increasing the use of volunteer/mentors
- changing the location of operations
- major change to the extent of the supply chain or changes to delivery partners
- exit management planning, where notice has been given of the CRC contract.

For any significant change, there should be an implementation plan subject to appropriate governance arrangements which sets out the nature of the change, the reasons for it, how it is to be delivered, and how it will be monitored. An appropriate programme or project methodology may be used to manage the change effectively. Training should reflect the scale of the changes. There should be a communication plan that sets out what the changes will be, and allows staff and partners to raise any questions or concerns. The operational changes should be deployed consistently across the whole CRC or NPS division and should be reflected in changes to unit and team operating plans.

Evidence:

Planned changes to the operating model over the past year should be considered, along with evidence drawn from implementation and communication plans, monitoring and progress reports to senior management and other governance arrangements. The deployment of the changes should be tested through an examination of local plans and discussion with local managers and front-line staff affected. Changes to CRC operating models should be supported with evidence of clear rationale and how they have been communicated and changes to NPS operations should be communicated through changes to EQuIP. Where CRCs have been given notice an exit management strategy and plan should be available to explain how services will be prepared and transferred to the successor organisation.

Judgement:

The test here is whether any planned changes have been communicated well and implemented effectively. To make a positive judgement, there should be confirmation from managers and staff affected that they understood what was required and why, and that they have been able to put it into practice without undue disruption. If what was required was unclear or the changes have not been deployed consistently, then a negative judgement may be appropriate.

1.2 Staff

Staff within the organisation are empowered to deliver a high-quality, personalised and responsive service for all service users.

Judgement:

In order to form an initial judgement about this standard, lead inspectors should weight up the balance of yes and no judgements for each key question within this section.

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

Judgement:

In deciding whether to answer 'yes' to this question, lead inspectors should consider the extent to which delivery is above or below the line for each prompt, and whether those aspects that are judged sufficient outweigh those that are not. Where on balance the areas below the line outweigh those that are above, the lead inspector should consider a negative judgement. One or more areas that are considered below the line may be of such importance that they preclude a judgement of 'yes'. Given the significance of prompts a) and b), a negative judgement for any of these means that the overall response to this question must be 'no'.

a) Are staffing levels sufficient?

Guidance:

Staffing levels across all roles within the organisation should be sufficient to meet the needs of service users. Caseloads should be reasonable so that practitioners are able to deliver high quality services, including at times when staff are absent due to long-term sickness and maternity/paternity leaves.

Where a workload management tool is used, we expect to see that there should be reasonable consistency in the allocation of allowances for specific activities to ensure fairness and to prevent some staff from becoming overburdened. In assessing staffing levels, consideration should be given to the extent to which face-to face work is delivered by supply chain and partner agencies or through groupwork as part of the organisation's operating model.

Organisations should have a staffing plan which is updated and reviewed at least annually to reflect changes in the profile of service users. The plan should include realistic assumptions about the expected workload and the caseloads of staff, retention levels, staff progression and retirement, segmented by role and grade. It should cover how and when staff are to be recruited and contingencies, including the use of sessional and agency staff should there be significant fluctuations in workload or sickness levels. There should be guiding principles about how decisions on staffing are to be made and who is responsible for making these. Flexibility should be built in to respond to changing demands which may include taking on new functions or ways of working in line with service delivery plans, in addition to increases or decreases in workload.

Evidence:

This may include a formal workforce planning strategy, plan and reviews, including workload management monitoring, sickness absence monitoring, exit interview analysis and other assumptions. This should be supplemented by evidence gathered through responsible officer interviews with inspectors, through discussions with HR and other senior managers or from minutes of senior management meetings that monitor staffing by function, location and grade.

Judgement:

A positive judgement requires staffing levels to be sufficient; as a minimum they should not routinely exceed the organisation's caseload level for each grade of staff. Levels should be such that planned, and reviewed across the organisation, including effective arrangements to respond to changing demands. If staffing levels are insufficient or responses to changing demands are ad hoc or simply reactive, this would support a negative judgement.

b) Do practitioners have manageable workloads, given the profile of the cases and the range of work undertaken?

Guidance:

The lead inspector should assess whether practitioners are able to manage effectively the work they are undertaking within the hours available, most of the time. Workloads should be reasonable so that practitioners are able to deliver high quality services, including at times when staff are absent due to long-term sickness and maternity/paternity leaves. This depends upon operating models and the type of cases carried. Where a workload management tool is used, there should be reasonable consistency in the allocation of allowances for specific activities to ensure fairness and to prevent some staff from becoming overburdened. In assessing workloads, consideration should be given to the extent to which face-to-face work is delivered by supply chain and partner agencies or groupwork as part of the organisation's operating model.

Evidence:

This may include monitoring reports from any workload management tool, segmented by team and individuals, along with any workload allocation policies. It may also be derived from meetings with groups of staff. Information is also available from the responsible officer interviews, reflecting perspectives on their own workload.

Judgement:

To arrive at a positive judgement, lead inspectors must weigh up all the evidence from a range of sources to decide whether workloads for practitioners are manageable. A judgement should be made about whether aggregate caseloads are difficult to supervise effectively. Inspectors will take into account the proportion of positive answers to the relevant question in the case manager interview. A response of less than 65 per cent may suggest a negative judgement.

c) Do middle managers have manageable workloads?

Guidance:

It is important here to look both at spans of control (the number of staff they are responsible for), and the weight of other functional responsibilities. The extent to which middle managers have business function or administrative support will be relevant, as will the size of the geographical area they are responsible for and the number of office locations. Middle managers should be in a position to provide effective supervision and support for

their staff, to hold them accountable for their work, and to support and develop them. Role and job descriptions should be appropriate.

There should be a level of consistency in middle managers' workloads across the CRC or NPS region, and there should be defensible reasons for any apparent disparities, taking into account both line management and functional responsibilities. Managers should be able to complete their work to a good standard within their normal working hours, most of the time.

Evidence:

This should include examination of organograms showing spans of controls and information on middle manager's additional responsibilities. Information from meetings with middle managers will be important, as will operational staff (responsible officers') responses to questions about the support and supervision they receive.

Judgement:

To arrive at a positive judgement, lead inspectors must weigh up all the evidence from a range of sources to decide whether workloads for managers are manageable. There should also be confirmation from the reasonable majority of middle managers spoken with that they consider their workloads to be manageable.

d) Do administrative staff have manageable workloads?

Guidance:

Administrative staff here covers case administrators and those responsible for functional tasks, including reception staff and senior administrative managers. Manageable workloads are those where tasks can reasonably be completed to a good standard within normal working hours, most of the time.

Evidence:

This may include examination of job descriptions and should include meetings with administrative staff. Information may also be available from staff surveys. Discussions with operational staff (responsible officers) may prove relevant in as far as they may have to take work off administrative staff when they are under pressure. There may also be relevant performance measures and targets in hubs or customer service centres which should be considered.

Judgement:

To arrive at a positive judgement, lead inspectors must weigh up all the evidence from a range of sources to decide whether workloads for administrative staff are manageable. There should also be confirmation from a reasonable majority of administrative staff spoken with, or surveyed across the organisation at various levels, that they consider their workloads to be manageable. If it is clear that certain groups of administrative staff have unmanageable workloads, then this would lead to a negative judgement.

e) Are workloads actively managed, with resources being redeployed, when reasonable and necessary, in response to local pressures?

Guidance:

Work should be appropriately allocated, and workloads monitored and adjusted as necessary using appropriate workload management tools to reflect a reasonable caseload. There should be evidence that this is operating consistently across the CRC or NPS region. There should be a clear set of priorities in place to signify which work or tasks should take precedence in times of significant pressure and there should be evidence that appropriate tasks are prioritised. Local pressures include sickness, parental leave, resignations and spikes in workload, which may require that resources be redeployed. In addition to prioritising work, this could include moving staff between tasks or locations, bringing in additional resources such as sessional or agency staff, or greater use of supply chains.

Active management should aim to maintain the quality of work and prioritise those who pose the greatest risk and not simply be fire-fighting, and should involve both middle and senior management as necessary and appropriate. Workload management and redeployment policies should be operating.

Evidence:

This should include examination of workload management and any redeployment policies, guidance on prioritisation of work, and trend data from any workload management tools. In the NPS, the minutes of the HR workforce committee will be relevant. Evidence should come from monthly sickness absence reports broken down by grade, location and function, long-term and short-term sickness, vacancies and use of agency staff reports. Evidence will also come from discussion with staff at all levels in the organisation. Evidence from responsible officers will be also be relevant.

Judgement:

To arrive at a positive judgement, there must be sufficient evidence that processes are in place to move work or staffing resources in response to local pressures, and that there are examples of this happening appropriately.

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

Judgement:

In deciding whether to answer 'yes' to this question, lead inspectors should consider the extent to which delivery is above or below the line for each prompt, and whether those aspects that are judged sufficient outweigh those that are not. Where on balance the areas below the line outweigh those that are above, the lead inspector should consider a negative judgement. One or more areas that are considered below the line may be of such importance that they preclude a judgement of 'yes'. Given the significance of prompt b), a negative judgement here means that the overall response to this question must be 'no'.

a) Do the skills and diversity of the workforce meet the changing demands and caseload profiles?

Guidance:

In their workforce, organisations must ensure they have the right balance of skills, which includes but is not limited to:

A range of operational staff with skills in:

- managing offenders (male and female) with different levels of risk of harm, domestic abusers, sexual offenders, and those with gang affiliations
- using a range of assessment tools
- delivering interventions on a one-to-one or groupwork basis
- working with partner agencies and supply chains
- brokering access to resources
- delivering activities and managing placements

Administrative staff who can:

- support case management
- manage facilities
- support the delivery of front and back office processes

Middle managers who can manage:

- operations
- people
- partnerships
- information
- resources.

Organisations should map the knowledge and skills that they have in their workforce to ensure that there is a good fit with the caseload profile. As that caseload profile changes, they must review the staffing they have available to ensure that they can continue to deliver quality services.

Evidence:

This may be found by examining documents such as a workforce strategy and plan, diversity and equitability strategies demonstrating compliance with the *Equalities Act*, skills surveys and staff development and training plans. It should also come from discussion with HR and staff development managers and diversity and inclusion specialists. HMI Probation background information will also provide a comparator for some protected characteristics for the population of the communities being inspected. Information about the adequacy of the skills, abilities and knowledge of responsible officers to supervise their caseloads will be derived from responsible officer interviews.

Judgement:

In order to form a positive judgement, the lead inspector should consider whether the skills of the workforce, including managers, staff and volunteers, are sufficient to meet the needs of the caseload and whether any initiatives are required or being undertaken to enable the workforce to better reflect the local population.

b) Does the workforce adequately reflect the diversity of the local population and provide the skills to meet diverse needs?

Guidance:

Organisations should be taking action to achieve a workforce which reflects the diversity of the local communities it serves; this is to promote understanding and confidence in delivery, and to ensure services are designed to better meet the needs of service users. NPS divisions and CRCs should map the knowledge and skills that they have in their workforce and be working proactively to ensure that there is consistency with the local population.

Evidence:

Evidence may be found by examining documents such as a workforce strategy and plan, diversity and equitability strategies demonstrating compliance with the *Equalities Act*, skills surveys and staff development and training plans. The NPS division or CRC should have data to demonstrate how its workforce reflects the wider pool that it is recruited from. Evidence could also come from discussion with HR and staff development managers and diversity and inclusion specialists. HMI Probation background information can provide a comparator for some protected characteristics for the population of the communities being inspected.

Judgement:

In order to form a positive judgement, the lead inspector should consider whether the skills and diversity across the workforce, including managers, staff and volunteers, adequately reflects the diversity of the wider population. The effectiveness of strategies to enable the workforce to better reflect the local population should also be considered.

c) Are cases allocated to staff who are appropriately qualified and/or experienced?

Guidance:

In the NPS we would expect all high and very high risk of serious harm cases to be managed by a qualified probation officer, or by a trainee under the guidance of a qualified officer.

In CRCs we would expect more complex medium risk of serious harm cases to be managed by a qualified probation officer, or as a minimum a PSO who has had several years' experience or training in working with cases with that level of risk or complexity.

In all services we would expect complex cases with active domestic abuse and/or child safeguarding issues, whatever the level of risk of serious harm, to be managed by a qualified probation officer. Where there is a decision to allocate medium risk of serious harm cases, including less complex domestic abuse and/or child safeguarding cases, to staff without a probation officer qualification, we expect those staff to be suitably experienced and trained, and to be actively supported.

Evidence:

This should come through an examination of allocation policies and a review of team and individual caseloads, with particular reference to risk levels and active safeguarding concerns. The organisational training plan and training records should provide evidence of records of staff completing appropriate training to manage complex domestic abuse and child safeguarding cases. Evidence will also come through meetings with middle managers and operational staff. Inspectors will take into account the proportion of positive answers to the relevant question in the case manager interview.

Judgement:

To form a positive judgement, there should be evidence that the large majority of very high, high and medium risk of serious harm cases have been allocated appropriately.

d) Where volunteers and mentors are used, are they appropriately selected and supported to fulfil clearly-defined roles?

Guidance:

The terms volunteers and mentors here refers to people from a range of backgrounds, including those who may have 'lived experience' of the criminal justice system. Everyone should be safely recruited and selected via interview, following DBS checks and with references taken up, and for those with previous experience of the criminal justice system, the process and decisions made should be signed off by a manager with an appropriate level of seniority. There should be clear role descriptions that apply and tasks should be carefully defined. Current service users undertaking mentoring roles should be closely supervised. There should be clear accountability for work through a defined management structure, including the provision of appropriate training and supervision. Care should be taken when matching people to tasks and individuals, and records of activity must be maintained and shared with supervisors and entered into case management systems.

Evidence:

This may include examination of volunteering and mentoring strategies, review of role profiles and individual schemes, combined with meetings with volunteers/mentors and those responsible for managing them. Consideration of recruitment and selection processes and training programmes will also be important.

Judgement:

To make a positive judgement, there must be evidence that the organisation has a clear policy for recruiting, selecting, training and deploying volunteers and mentors; that it demonstrates how risks to service users, volunteers/mentors and reputation are being managed and mitigated; and that appropriate support structures are in place and operating. Where volunteers and mentors are not being used across the organisation, then a judgement is not required.

e) Do all staff have clearly-defined roles which support the delivery of a high-quality service?

Guidance:

Organisations should set out how their staff contribute to the delivery of high-quality services. This should include all support staff who play a front or back office role at whatever level in the organisation. They should all have clear roles and job descriptions, which are current and preferably reviewed and updated through the appraisal process in the preceding year, so that they fit with what the staff actually do. Staff should understand their role and be clear about how it contributes to the delivery of a high-quality service. They should be clear about how their role fits with others involved in delivering services, and should have clear standards by which their work is measured.

Evidence:

This should include examination of a range of staff job and role descriptions, with attention to the organisation's policy on the role and deployment of support staff. This should be complemented by meetings with responsible officers, programmes staff, managers and administrative staff.

Judgement:

To form a positive judgement, there must be evidence that the organisation has set out how all staff support quality services, and, in particular, that staff are clear about what they do and how they contribute.

f) Is there an appropriate strategy in place to identify and develop the potential of individual staff to support succession planning?

Guidance:

Succession planning is critical to ensure an adequate supply of qualified and trained staff to fill key roles as they become vacant. It is also an important part of staff development and an important motivator to encourage staff to improve and progress. Organisations should have a strategy in place for succession planning as part of their staff development and appraisal processes. The strategy should include how staff are identified and considered for progression in line with the organisation's diversity and equitable opportunities policies. Structured interventions should be available, such as coaching, mentoring, job shadowing or temporary promotions to provide opportunities for staff to test out their capabilities and fit

for more senior roles. Attention should be paid to identifying staff from under-represented groups and providing them with opportunities which might prepare them for advancement.

Evidence:

This may be found in an organisation's staff development, people or diversity and equitable opportunity, training, workforce planning, staff supervision framework, staff engagement policies and strategies. They may have a specific succession planning strategy or run specific programmes which prepare people for and support staff progression. Discussion with HR, middle and senior managers may provide further evidence.

Judgement:

To form a positive judgement, there must be evidence that the organisation has a strategic approach to succession planning and that there are clear examples of where this has operated in practice with individuals. If a strategy or policy only exists on paper, but is never implemented, this would result in a negative judgement.

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

Judgement:

In deciding whether to answer 'yes' to this question, lead inspectors should consider the extent to which delivery is above or below the line for each prompt, and whether those aspects that are judged sufficient outweigh those that are not. Where on balance the areas below the line outweigh those that are above, the lead inspector should consider a negative judgement. One or more areas that are considered below the line may be of such importance that they preclude a judgement of 'yes'.

a) Do staff receive effective case focussed supervision that enhances and sustains the quality of work with service users?

Guidance:

Effective supervision should pay attention to personal support and development as well as accountability for work within the individual's role or job description. The focus should not be limited to ensuring that performance targets are met, but should extend to how staff are learning, developing, and applying skills which will improve the quality of work with service users.

Effective supervision should take place at all levels across the organisation and should be tailored to the nature of the individual's work, their stage of development, and individual learning needs. It may include group supervision, and, for those delivering case management and interventions, may include active observations to provide feedback on the quality of their interventions, the skills demonstrated, and areas for improvement. For those involved with the most traumatic or distressing cases including serious sexual offenders, domestic abusers or rape or murder, it may include arrangements for clinical supervision to enable staff to address the impact of their work on them personally in a confidential setting. There should be recognition that working with difficult and serious offenders is emotionally taxing and that provision of appropriate support is necessary for staff to continue to do a good job without burning out. This may be particularly relevant in the NPS.

Organisations should have a supervision policy which sets out how supervision should be conducted, the aims of supervision, what supervisees can expect and the frequency with which it should happen. Any link to appraisal policies should be clear. Supervision should be incorporated within the organisation's quality assurance processes.

Evidence:

This should include supervision and quality assurance framework, policies and processes along with details of any arrangements for clinical supervision. The extent to which the NPS supervision policy is being followed across regions will be relevant. Discussion with staff and managers should provide illustrated examples of how effectively supervision has enabled staff to continue to deliver quality work. Responses from responsible officer interviews will provide evidence of the frequency of supervision of case management staff within the sample and its effectiveness.

Judgement:

To support a positive judgement, there must be evidence that the organisation has a policy for the supervision of service delivery staff. Effective supervision should be happening regularly and be linked to the provision of quality services. Where responsible officer interviews indicate that supervision is infrequent, irregular or where fewer than a reasonable majority (<65 per cent) respond positively about whether supervision enhances and sustains good quality work, this may suggest a negative judgement.

b) Is there an effective induction programme for new staff?

Guidance:

All staff should receive a comprehensive induction relevant to their role and function within the organisation. Induction programmes should enable staff to operate effectively within a short period following commencement of their duties. In addition to understanding their role, induction should also cover the overall aims of the organisation and how individual roles fit those of others, in order to support joined up delivery of services to users and other stakeholders.

Evidence:

This may be drawn from staff development plans and an examination of group and individual programmes, including materials and training available on service intranets. Discussion with HR and training managers should provide further evidence of what is planned. Discussion with recently appointed staff from across the organisation should be used to judge how effective the induction programmes have been.

Judgement:

To support a positive judgement there must be evidence of a consistent and comprehensive approach to inductions, which is confirmed by recently appointed staff. Where there are several examples of staff who have not received an induction, then a negative judgement may be appropriate.

c) Is the appraisal process used effectively to ensure that staff are delivering a quality service?

Guidance:

Organisations should have an appraisal policy in place which sets out how effective staff appraisals and regular reviews should happen. Appraisals should contain realistic objectives to enhance practice and performance. They should make clear to staff how they are performing and provide both affirmation and developmental feedback. Staff should be appraised within a performance management framework and against agreed competencies, in accordance with their role and identified development needs. Performance management should be used actively to improve services. Appraisals should be linked to individual and

organisation-wide staff development plans. All staff should be covered by the appraisal policy, including sessional and agency staff.

Evidence:

This should include appraisal policies and data on their deployment, implementation and completion, segmented where appropriate by role, grade and diversity characteristics. This should be checked against some sample appraisals and/or reviews to identify whether they contain appropriate objectives and developmental feedback in the light of relevant competencies. Good practice would link some objectives to local and organisational planning (golden thread).

Judgement:

To form a positive judgement, the lead inspector should be satisfied that there is evidence of effective and regular appraisals being conducted, that appropriate objectives are set, and that the process supports the delivery of high-quality services.

d) Is poor performance identified and addressed?

Guidance:

Organisations should have in place formal procedures for addressing staff competence issues. Where poor performance is identified, managers should identify the causes of the poor performance, such as heavy workload, lack of relevant training, inefficient processes, lack of resources or suitable ICT, or staff competence. Managers should be transparent with staff about their practice deficits and follow a staged and proportionate response, which should start by focusing on support to develop practice, but could result in formal improvement plans if practice does not improve.

Line managers should be trained and competent in implementing development and improvement plans, with support from more senior managers. Senior managers should monitor the use of performance improvement notices and plans, to ensure that they are being used fairly and appropriately across the organisation. Monitoring should identify any disproportionate use of such processes for diverse groups.

Evidence:

This could include performance management and improvement policies and processes and reviews of staff performance improvement plans. Discussions with managers and staff about the application of performance improvement in the organisation will be important. Consideration should be given to monitoring data on staff subject to performance improvement, capability and disciplinary processes, by location, grade and protected characteristics.

Judgement:

Where there is evidence of identification of under-performance and consistent application of performance improvement processes which have resulted in improvements in practice, this would support a positive judgement. Where processes for identifying, and communicating poor performance are ineffective, or are not applied robustly, this might indicate a negative judgement.

Examples may include where, following the identification of poor performance by a member of staff, subsequent lack of improvement has not been appropriately responded to by managers, or where the use of performance improvement processes are inconsistent, or lack a developmental focus.

1.2.4 Are arrangements for learning and development comprehensive and responsive?

Judgement:

In deciding whether to answer 'yes' to this question, lead inspectors should consider the extent to which delivery is above or below the line for each prompt, and whether those aspects that are judged sufficient outweigh those that are not. Where on balance the areas below the line outweigh those that are above, the lead inspector should consider a negative judgement. One or more areas that are considered below the line may be of such importance that they preclude a judgement of 'yes'.

a) Does the organisation identify, plan and meet the learning needs of all staff?

Guidance:

Organisations should have systems in place to identify the learning needs of all their staff groups, based on an up to date training needs profile/analysis and linked to supervision and appraisal processes. The analysis should lead to development plans for staff at all levels across the organisation, including sessional and agency staff. NPS and CRCs should also satisfy themselves that contracted provider staff have relevant training. The organisation should respond effectively to the identified needs of staff – both for the staff group as a whole and where individual needs have been identified. Training needs should be regularly reviewed.

Evidence:

This may include a recent training needs profile/analysis; good practice would mean up to date training records and the latest staff development plan having been completed within the last 12 months. Any recent Investors in People or European Excellence Model assessments or similar accreditation should also be considered. Evidence may come from staff feedback in relation to whether their learning needs for their current role have been met. Information from responsible officer interviews will be relevant, but note this only covers one segment of the organisation's staffing complement.

Judgement:

Where there are no effective systems in place, they are not being used by the organisation to identify the learning needs of staff, and/or there is no evidence of a recent training needs analysis having been completed, this would support a negative judgement. Without these in place, learning is unlikely to be 'needs-led', meaning resources may be targeted inappropriately, and gaps will be present in the provision of required learning for staff. Where fewer than a reasonable majority (<65 per cent) of responsible officers respond positively, this would support a negative judgement, but should be considered together with other evidence, including responses from staff in other roles.

b) Does the organisation provide sufficient access to pre-qualifying training routes to support the delivery of a quality service?

Guidance:

Probation services require sufficient qualified staff to manage the range of offenders they supervise and must therefore have processes which enable staff to achieve recognised probation officer qualifications. This will entail:

- supporting PSOs to achieve VQ3 awards
- providing specific programmes to allow existing or new staff to achieve the PQiP award
- providing dedicated learning time, study support and learning opportunities for staff to progress
- providing assessors and practice developers, and opportunities for cross deployment between the CRCs and NPS divisions.

Managers in both CRCs and NPS should have identified the numbers of staff they need to recruit or enable to progress to qualifying awards and have detailed long-term plans in place to achieve these numbers within their geographical area. They should monitor these plans segmented by diversity characteristics, to ensure that certain groups are not disadvantaged and the needs of trainees with diverse characteristics are met.

Evidence:

This may include workforce planning strategies, recruitment and development plans, information on the qualifying routes available, data on projected numbers needing to achieve qualifications, the numbers of staff progressing through these routes, success rates and the support arrangements for staff to enable them to progress satisfactorily. There may be examples of work placements shared between the NPS and CRC. Information will also be available from interviews with responsible officers, and from discussion with HR and training managers, along with the experience of staff undertaking these qualifying routes.

Judgement:

To support a positive judgement, CRCs and NPS regions should demonstrate that they have an achievable plan to recruit, train and support enough staff to progress to the probation officer qualification to meet their projected needs for qualified staff.

c) Does the organisation provide sufficient access to in-service training to support the delivery of a quality service?

Guidance:

Systems should be in place for staff to access in-service training, and the range and availability of in-service training should be well communicated and readily accessible.

Staff should be supported to attend in-service training relevant to their learning needs. Training should be evaluated to identify whether it is effective at meeting identified objectives, and whether it meets the learning needs of staff and supports them to deliver a quality service.

Appropriate training should be available as a minimum covering:

- assessment of offenders
- planning of interventions
- delivery of interventions, both group and individual work
- safeguarding
- management of risk
- diversity and equality.

Evidence:

Evidence should include a training and development plan, which is refreshed and kept under review. Evidence may include electronic or other systems for staff to access and book in-service training, and systems and processes for communicating the availability of training, for example newsletters, bulletins, website updates, or email circulations. The range of training available and frequency of delivery should be set out in staff development plans, and policies on accessing training and providing cover for staff to access training should also be considered.

Data on numbers of staff trained should be reviewed along with any annual training reports. Information from staff from across the organisation about whether they can access sufficient in-house training and whether it meets their learning needs will be important, as will information from interviews with responsible officers. It will be important to tease out differences between formal training and briefings/presentations, which would more appropriately be considered when looking at the effectiveness of communications.

Judgement:

Where staff at various levels and in different parts of the organisation confirm they can access sufficient in-house training, which meets their learning needs and supports them to deliver a quality service, it may be appropriate to form a positive judgement. Where fewer than a reasonable majority (<65 per cent) of responsible officers respond positively to the relevant question, this may support a negative judgement, alongside evidence from other sources including responses from staff in other roles.

d) Does the organisation promote and value a culture of learning and continuous improvement?

Guidance:

Promoting and valuing a culture of learning and continuous improvement should be clearly demonstrated by the organisation. Staff should have access to, and support to engage in, a diverse range of learning and development opportunities. The organisation should use learning to improve services and should be striving to improve opportunities for learning, which may come through:

- evaluation of training and staff development processes
- provision of support for external study
- support for obtaining relevant qualifications.

Evidence:

This may include:

- examples of learning and development opportunities which have recently (within the last 12 months) been made available to staff, and which staff have taken up
- evidence of how these opportunities have supported staff learning and continuous improvement, for example blogs, case studies or the sharing of emerging good practice
- quality assurance/audit processes and how these are used by the organisations to support continuous improvement. Examples may include dip sampling of cases, case reviews, peer support
- staff feedback in relation to the culture of learning and continuous improvement within the organisation
- evidence of staff obtaining new qualifications.

Evidence will also include responsible officers' responses to the relevant question, and any strategies or plans that the CRC or NPS region has for promoting organisational learning.

Judgement:

Where the lead inspector is satisfied that the organisation is committed to a culture of learning and continuous improvement, and can evidence a range of recent (in the last 12 months) examples of how this is working in practice, this would support a positive judgement. However, where fewer than a reasonable majority (<65 per cent) of responsible officers respond positively to the relevant question, this would support a negative judgement, but should be considered alongside the views of staff in other roles.

1.2.5 Do managers pay sufficient attention to staff engagement?

Judgement:

In deciding whether to answer 'yes' to this question, lead inspectors should consider the extent to which delivery is above or below the line for each prompt, and whether those aspects that are judged sufficient outweigh those that are not. Where on balance the areas below the line outweigh those that are above, the lead inspector should consider a negative judgement. One or more areas that are considered below the line may be of such importance that they preclude a judgement of 'yes'.

a) Are staff motivated to contribute to the delivery of a quality service?

Guidance:

Staff motivation will depend on a range of factors. Indicators are staff taking pride in their work, and wanting to come to work to do a good job and make a difference. Managers should be aware of the various motivations of different staff and diverse groups, they should monitor motivation levels and have approaches in place that ensure high levels of motivation are sustained.

Attention should be given to maintaining staff motivation when changes are proposed and implemented to enable staff to respond positively. Sickness and absence levels can be symptomatic of low motivation and should be managed well and within appropriate limits. High staff turnover rates should be investigated to see whether they are linked to low levels of motivation.

Evidence:

This may include:

- staff engagement strategy and supporting action plan
- staff survey results
- records of sickness and absence monitoring, analysed by grade, location and function
- records of staff turnover (taking into account demographic factors and local labour markets)
- feedback from staff in respect of the ethos of the organisation, and how well they are supported to do their work
- managers' accounts of what they are doing to maintain a highly-motivated workforce.

Judgement:

In speaking to staff and managers, the inspector will get a 'feel' for what it is like to work within the organisation and whether it has a positive ethos and supportive culture, particularly in relation to managing change. If the inspector considers that staff are well-supported, enthusiastic, and motivated to deliver a quality service to service users, this would support a positive judgement. High sickness and absence levels, and high staff turnover rates compared with similar organisations, particularly where there is an increasing trend in these, can be strong indicators of discontent and lack of motivation within an organisation. If the inspector considers sickness absence or high staff turnover to be an ongoing issue for the organisation, combined with other indicators of poor staff motivation, then a negative judgement may be appropriate.

b) Is appropriate attention paid to monitoring and improving staff engagement levels?

Guidance:

Organisations should have appropriate strategies for engaging staff. The accessibility and visibility of senior and middle managers will be important and a range of channels and initiatives could be used to enable managers and staff to engage, such as staff conferences, management visits, question and answer fora and web chats. Managers should use a range of methods to monitor staff engagement, including staff surveys, face-to-face encounters, feedback from line managers and management/union meetings. There should be recognised channels for raising and responding to staff concerns, and the reasons for how and why decisions are reached should be clearly communicated.

Evidence:

This could include a staff engagement strategy, information on engagement activities, staff survey responses for the past two years and follow up activity, staff consultations, suggestion schemes, minutes of management, staff reference groups and union meetings and discussion with management and staff groups.

Judgement:

To arrive at a positive judgement there must be evidence that managers have assessed and are aware of current levels of staff engagement with the organisation and that they are taking positive action to improve on this. This should be evidenced through recent staff surveys showing an improving trend across the organisation. Where there is evidence of low levels of staff satisfaction about working in the organisation and/or where there is evidence that managers are remote and lacking in understanding of the issues and concerns of front-line staff, then a negative judgement may be appropriate.

c) Do managers recognise and reward exceptional work?

Guidance:

The CRCs and NPS regions should identify and celebrate good practice and innovation and consistently use recognition, celebration and reward processes to recognise exceptional work.

Evidence:

This may include staff recognition and reward strategies and schemes and how these are consistently implemented, for example: highlighted within newsletters, bulletins and websites, awards evenings and presentations. There could be evidence of staff and/or teams being nominated for awards such as the Butler Trust, Howard League or the annual probation awards. Evidence may come from initiatives for sharing good practice, e.g. via team meetings, workshops, demonstrations, electronic or other means of promoting positive work and recognising achievements. Evidence will also include responsible officers' responses to the relevant question

Another indicator may be the offer of development opportunities and take-up of these by staff. Examples may include: attendance at conferences or workshops, training courses, work shadowing, or attachments to another service or function.

Judgement:

Where the organisation can demonstrate it recognises and celebrates exceptional work, proactively supports staff in their development to encourage improvement, and can show it has effective processes in place for managing the retention of staff, a positive judgement will be appropriate. Inspectors should note that difficulties in retaining good-quality staff can be an indicator of lack of support for front-line staff within an organisation. If the inspector considers staff retention to be an ongoing issue for the organisation, combined with other negative indicators such as the lack of development opportunities, then this may suggest a negative judgement.

d) Is appropriate attention paid to staff safety and wellbeing, and improving the resilience of staff?

Guidance:

This prompt refers to staff safety, wellbeing, and resilience; it should be read in conjunction with the guidance to 1.4.2c which refers to safe working arrangements in premises and offices. Working with some offenders can be difficult and dangerous on occasions and organisations have a legal duty to ensure that staff safety and wellbeing is promoted. This should be set down in relevant policies, procedures and guidance which should cover, but not be limited to:

- health and safety inductions for all new staff who use the premises
- arrangements for physical security, including the logging and monitoring of visitors and staff attendance
- a system of incident alarms and clear procedures for responding
- clearly signed and readily available first aid and welfare facilities
- a lone working policy and procedure along with guidance on making home visits
- regularly completed and logged display screen equipment assessments
- a health and safety committee in place with management and union involvement

- a member of staff appropriately qualified and trained to fulfil a lead health and safety role
- health and safety reports featuring on senior management and governance meetings.

Staff wellbeing goes further than health and safety. It includes the provision of welfare facilities; support after critical incidents; occupational health services (immunisations, wellbeing clinics etc.); and support for staff experiencing stress and personal problems which are impacting on their work. Organisations should have strategies and facilities which are designed to support a healthy workforce so they are better able to provide quality services. A good example may be resilience training for staff.

Evidence:

This should include inductions, health and safety documentation, including procedures, minutes of health and safety committee meetings, discussion with relevant management and health and safety personnel. Staff wellbeing policies and provision should also be examined, for example, guidance on the management of stress, dependent care, and sickness absence. Evidence will also come from discussions with staff and the relevant question on staff safety and wellbeing asked of responsible officers interviews.

Judgement:

To support a positive judgement, there should be evidence of comprehensive health and safety policies and systems in place in relation to staff, applied consistently by middle managers. A range of staff wellbeing policies and facilities should also be evident. A lack of focus on staff health and wellbeing and evidence of high levels of stress and sickness absence, would support a negative judgement. Evidence from responsible officer interviews, and other staff groups, should be taken into account.

e) Are reasonable adjustments made for staff in accordance with statutory requirements and protected characteristics?

Guidance:

Organisations must make reasonable adjustments for all staff who have a disability which falls within the definition of the *Equalities Act (2010)*, to enable staff to work effectively. They must ensure that monitoring of disability is conducted and recorded for all staff, and where staff identify disabilities which require reasonable adjustments, provision is made, which might include but is not limited to:

- an accessible workplace
- appropriate furniture and furnishings
- provision of assistive technology
- additional support staff
- reduced workload or reduced hours.

Organisations must also undertake health and safety risk assessments for pregnant staff and make reasonable adjustments to enable them to continue working effectively and safely whilst pregnant. Adjustments to hours and working patterns should be given reasonable consideration for staff with parental and dependent caring responsibilities.

Evidence:

This could include relevant HR policies relating to diversity and equitability, including adjustments for staff with disabilities, maternity care provision and policies that cover parental responsibilities and dependent care. Evidence will also come from the staff survey, talking with staff, HR and line managers and from responses to the relevant question asked of responsible officers.

Judgement:

A positive judgement requires evidence that the organisation has the relevant policies and provision in place and that they are being operated fairly and appropriately. Information from responsible officer interviews should be taken into account when making a judgement, but should be supplemented by other sources of evidence.

f) Do staff from all backgrounds have equitable access to promotion opportunities and reward and recognition?

Guidance:

Organisations must provide equitability of access to promotion opportunities and reward and recognition practices to staff from all backgrounds. There should be a visible and proactive approach to ensuring this equitability of access. The organisation should monitor which staff are promoted and which staff receive reward and recognition including checks for any bias and action taken to deal with this.

Evidence:

Positive action policies should be in place promoting equitability of access both to promotion opportunities and reward and recognition. The organisation should be able to demonstrate how they monitor equitability of access and address any issues.

Evidence will also come from the staff survey, talking with staff, HR and line managers and from responses to the relevant question asked of responsible officers. It may include a demonstration of how staff recognition and reward practices are equitably implemented, for example: highlighted within newsletters, bulletins and websites, awards evenings and presentations. There could be evidence of staff and/or teams being nominated for awards such as the Butler Trust, Howard League or the annual probation awards. Evidence may come from initiatives for sharing good practice, e.g. via team meetings, workshops, demonstrations, electronic or other means of promoting positive work and recognising achievements.

In terms of promotion opportunities, an indicator would be the offer of development opportunities and take-up of these by staff. Other examples include attendance at conferences or workshops, training courses, work shadowing, or attachments to another service or function.

Judgement:

A positive judgement requires evidence that the organisation has the relevant policies and provision in place and that they are being operated fairly and monitored appropriately. Information from responsible officer interviews can be taken into account when making a judgement, but must be supplemented by the other sources of evidence described.

1.3 Services

A comprehensive range of high-quality services is in place, supporting a tailored and responsive service for all service users.

For the NPS, this includes services to courts and prisons, the allocation service to CRCs, directly-provided services, services on the rate card, the victim contact service and services in the community. For CRCs it includes accredited programmes, unpaid work and Through the Gate (all provided as a service to the NPS as well as to their own cases), supply chain services (including via the rate card), and services in the community.

Judgement:

In order to form an initial judgement about this standard, inspectors should weigh up the balance of yes and no judgements for each key question within this section.

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

Judgement:

In deciding whether to answer 'yes' to this question, lead inspectors should consider the extent to which delivery is above or below the line for each prompt, and whether those aspects that are judged sufficient outweigh those that are not. Where on balance the areas below the line outweigh those that are above, the lead inspector should consider a negative judgement. One or more areas that are considered below the line may be of such importance that they preclude a judgement of 'yes'.

a) Does the analysis capture sufficiently the desistance and offending-related factors presented by service users?

Guidance:

To provide the right range of services and interventions that are responsive to individual needs, it is essential that there is a well-informed understanding of the reasons which led service users to offend and what will assist them to stop offending. There should be an analysis completed within the past year (which may be called 'a strategic needs assessment'), using approved assessment tools and other research and information, that provides aggregate information on the profile of service users' desistance and offending-related factors in the area inspected.

Desistance factors include:

- strength of professional relationships and engagement
- social and family contexts
- diversity needs
- opportunities for change, participation and community integration
- levels of motivation
- sense of identity and self-worth
- opportunities for engaging in restorative justice.

Offending-related factors include:

- accommodation
- employment, training and education
- finance, benefits and debt
- relationships
- emotional wellbeing including mental health
- drug misuse
- alcohol misuse
- thinking and behaviour
- attitudes to offending.

Evidence:

This may include an annual strategic needs assessment of the organisational caseload, which can break down the caseload by protected characteristics, offending related factors, geography, offence and sentence, analysis derived from assessment tools, surveys of users, research reports, data from the SMART targeting tool used by report writers to identify appropriate and available sentences. Evidence may come from commissioning plans which use the analysis to inform selection of providers. In addition to the analysis there should be evidence of how it is interrogated and used to inform improvements in delivery.

Judgement:

To arrive at a positive judgement, there must be a recent analysis and report, appropriately segmented, which provides a profile of service users in the area inspected that addresses most relevant factors.

b) Does the analysis capture sufficiently the risk of harm profile of service users?

Guidance:

To provide well-targeted services, it is important to have an analysis of the level and nature of risk of serious harm that service users present. The analysis of offending-related and desistance factors should be segmented by level of risk of serious harm. This will enable services to be commissioned and targeted at the most appropriate offenders. The analysis of risk of serious harm levels in the NPS should be benchmarked across divisions and Local Delivery Units (LDUs), and with the CRCs should be benchmarked with other similar CRCs and across localities where appropriate, to identify and explore the reasons for any differences.

Evidence:

This may come from reports and analysis of risk of serious harm levels including trend and benchmarking data and may be segmented by geography, offence and sentence type and by the nature of the risk posed or MAPPA classification. Work allocation tools and processes should take account of risk of harm levels to ensure staff are allocated cases appropriate to their skill level. Evidence may come from commissioning plans which use the analysis to inform selection of providers.

Judgement:

To arrive at a positive judgement, there must be a recent analysis report of needs and risk of reoffending, appropriately segmented by risk of serious harm level and that this information is used to manage delivery of services.

c) Does the analysis pay sufficient attention to diversity factors and to issues of disproportionality?**Guidance:**

To ensure that services are appropriate, equitable effective for groups of offenders with different diversity characteristics and avoid unequitable outcomes, it is important to know the profile of risk, needs and desistance factors for each group and to commission and plan services to address these factors. To ensure that systematic discrimination is eliminated, it is essential to examine where groups with different diversity characteristics are disproportionately represented in proposals for sentences, assessment of risk of serious harm, types of interventions, breach, recall and successful completion. As a minimum, the data should be segmented by gender, race and age, with other protected characteristics examined where feasible.

Evidence:

This may come from commissioning plans, analysis reports of need, risk of reoffending, and desistance factors segmented by diversity characteristics, including equitability and inclusion reporting. It may be supplemented by information from surveys of users from diverse groups about the appropriateness of the services they receive. There should also be an analysis of disproportionality as service users with diverse characteristics are allocated to and progress through the different processes, services and sentences. Comparisons should be made of the profile of offenders with the demographics of the local population/s, and any equitability impact assessments should also be considered.

Judgement:

A positive judgement would require evidence that enough information about the needs of service users segmented by race, gender and age had been collected and analysed to inform the planning and commissioning of services. There must also be evidence that issues of disproportionality by race and gender have been considered and the reasons for this analysed.

d) Is there sufficient analysis of local patterns of sentencing and offence types?**Guidance:**

Ensuring that appropriate services are planned and commissioned in each judicial and police force area requires an analysis of the pattern of offending and the numbers, type and trends of sentences passed over time. Aggregate information on offending patterns should be supplemented by intelligence gathered locally on the prevalence of specific types of serious offending. e.g. gang or organised crime related. The analysis of sentencing patterns should consider the use of different disposals on initial sentence and for breach. These patterns should be benchmarked with national and regional data to identify over or under-use of disposals, which may reflect the quality and range of services available to the courts or the extent to which they are proposed in reports. The analysis should be used to inform local planning and commissioning and to address apparent over or under-use of sentencing options, including the availability of, and confidence of sentencers, in the delivery of different disposals.

Evidence:

This should include information from the police on recent patterns of offending supplemented by more specific intelligence on more serious patterns of criminality. The NPS should consider the latest sentencing data, segmented where available by gender, race and age and concordance reports. There should be evidence that this information has been analysed to inform planning and subsequent action.

Judgement:

To arrive at a positive judgement, providers must evidence that where available they have considered and analysed the most recent local offending and sentencing data from the majority of police force and judicial areas they cover, and have used this to plan an appropriate response.

e) Is the analysis used to effectively target services?

Guidance:

To ensure that services are effectively targeted, it is important that organisations know the profile of risk, needs and desistance factors of their service user group and commission and plan services to address these factors. They should then use this to effectively target the services that they provide and keep the efficacy of this under review.

Evidence:

This may come from analysis of offence type, need, risk of reoffending, and desistance factors segmented by diversity characteristics. It may be supplemented by information from service user surveys which ask about the appropriateness of services.

Judgement:

A positive judgement would require evidence that enough information about the needs of service users had been collected and analysed to inform the targeting of services. There must also be evidence that issues of disproportionality by race and gender have been considered and the reasons for this analysed.

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

Judgement:

In deciding whether to answer 'yes' to this question, lead inspectors should consider the extent to which delivery is above or below the line for each prompt, and whether those aspects that are judged sufficient outweigh those that are not. Where on balance the areas below the line outweigh those that are above, the lead inspector should consider a negative judgement. One or more areas that are considered below the line may be of such importance that they preclude a judgement of 'yes'. Given their significance, the evidence for prompts a) and e) must have received a positive judgement for the overall judgement to be a 'yes'.

a) Are appropriate services provided, either in-house or through other agencies, to meet the identified needs and risks?

Guidance:

The analysis of needs and risks identified in 1.3.1 should lead to the planning, commissioning, provision and referral to an appropriate range of offender services including through the gate services, intended to address these needs and risks. The NPS or CRC should have undertaken a gap analysis to identify where there is a lack of provision and be addressing any gaps. Services should be provided in sufficient quantity to avoid waiting lists under normal circumstances. Services should include, but should not be limited to:

- a sufficient range of accredited programmes to address thinking and behaviour needs
- accommodation advice, finding, brokerage and support
- approved premises (NPS) and supported housing
- education, training and employment advice and brokerage
- finance, benefit and debt advice
- alcohol advice and treatment
- drug testing and treatment
- mental health diversion and forensic mental health services
- integrated offender management
- electronic monitoring
- unpaid work placements
- attendance centres (CRC).

Provision may be made in a number of ways. It could be made internally by the CRC or NPS region; it may be commissioned by the NPS through the CRC and through its supply chain; it may be delivered in partnership or through a referral pathway with other organisations, including voluntary and community sector organisations providing specialist offender services, such as specialist forensic mental health, electronic monitoring contactors or substance misuse services. The services should be provided in ways that are accessible and appropriate to service users' circumstances.

Evidence:

This may be found in service and commissioning plans, any gap analysis, rate card brochures, service directories, information on service use (including monitoring and analysis of rate card purchases), waiting lists, and offender surveys. Information on appropriate service provision in individual cases can be aggregated from the relevant data from domain two case inspections and from the views of responsible officers. Strategic partner reports may also provide evidence of local collaboration to provide services to address identified needs and risks e.g. IOM, gang work.

Judgement:

To arrive at a positive judgement, as a minimum there should be clear evidence of service planning and commissioning based on a comprehensive analysis of service users' needs and risks which identifies how the reasonable majority of these will be met. Where there are significant gaps in available services, or long waiting lists for key services with no credible plans to address these, this would support a negative judgement.

b) Is building strengths and enhancing protective factors central to the delivery of services?

Guidance:

To support and promote desistance from offending, organisations need to build on individuals' personal strengths and protective factors. At the aggregate level, therefore, there must be plans and activity that enable service users to maintain stable accommodation, maintain employment and continue in treatment for mental ill health or addiction. Initiatives should also be in place to support and enhance lifestyle and personal factors, such as constructive and pro-social personal routines or pastimes, stable and supportive relationships, and influential relationships with friends or family with pro-social, anti-criminal attitudes. This might be achieved through voluntary and community sector initiatives to support parenting and family life, to undertake reparation or to participate in volunteering or to receive mentoring support. Enabling and supporting service users to access appropriate mainstream services is also important.

Evidence:

This should include data on the extent to which service users are suitably housed and achieve education, training and employment (HETE data). It should also include information on the availability and use of reparation, family, volunteering and mentoring initiatives and other projects or programmes to enhance social inclusion for service users. Evidence of work with mainstream providers to improve access by probation service users is also important, this could include late night reporting and access to services, women's strategy and services. In particular, for CRCs, evidence of delivery arrangements for unpaid work and Through the Gate services will be particularly pertinent.

Judgement:

A positive judgement requires that CRCs and NPS regions demonstrate they have provided or commissioned programmes that have addressed offenders' employment or accommodation status and have retained service users in, or successfully exited them from, drug or alcohol treatment.

c) Are diversity factors and issues of disproportionality sufficiently addressed in the range of services provided?

Guidance:

The range of services commissioned and provided should be appropriate for service users with the full range of protected characteristics. In most cases, individual service provision should be made accessible for all, but there will be justifiable exceptions where a particular provision is required and designed to meet the needs of service users with a particular diversity characteristic e. g. women-only services, programmes for service users with learning disabilities or mentoring initiatives for BME service users. NPS regions and CRCs should have plans and activity which set out how the needs of service users with protected characteristics are met, either through inclusion or specialist provision.

Where there is evidence of inappropriate over-representation of any group. e.g. BME or mentally ill offenders in custody, or very low risk women on community sentences, then attention should be given to ensuring that services are sensitive and appropriately tailored to their needs, which may include specific diversion schemes or additional support. Guidance on services for women service users should be followed, such as the provision of women-only reporting, access to bespoke women's services delivered at women's centres, the availability of women-only accommodation and regional approved premises, presumption of female responsible officers and the option of women-only provision on unpaid work.

Evidence:

This may take the form of specific diversity and equitability plans, contracts for service provision, project reports, data on take-up and use, and user surveys segmented by diversity characteristics. Evidence may be available from a women's strategy and diversity and inclusion plan, report and monitoring. Commissioning plans for service delivery can provide evidence of how services are to be made accessible.

Judgement:

A positive judgement should be supported by evidence that the CRC or NPS region has paid specific attention in its planning, commissioning or contracting for services to meeting the needs of service users with the range of diversity characteristics, taking into account information about any disproportionate over or underrepresentation of service users in existing services.

d) Are diversity factors and issues of disproportionality sufficiently addressed in the way that services are delivered?

Guidance:

The range of services delivered should be appropriate for service users with the full range of protected characteristics. In most cases, individual service provision should be made accessible for all, but there will be justifiable exceptions where a particular provision is required and designed to meet the needs of service users with a particular diversity characteristic e. g. women-only services, programmes for service users with learning disabilities or mentoring initiatives for BME service users. NPS regions and CRCs should be

able to demonstrate how the diverse needs of service users are appropriately met, either through inclusion or specialist provision.

Where there is evidence of inappropriate over-representation of any group. e.g. BME or mentally ill offenders in custody, or low risk women on community sentences, then attention should be given to ensuring that services that are delivered in a way that is sensitive and appropriately tailored to their needs, which may include specific diversion schemes or additional support. Delivery to women service users should include the provision of women-only reporting, access to bespoke women's services delivered at women's centres, the availability of women-only accommodation and regional approved premises, presumption of female responsible officers and the option of women-only provision on unpaid work.

Evidence:

Evidence may be seen through inspectors' assessments of work delivered in domains two and three but these will be small in number and should not be used in isolation to draw conclusions about an organisation's overall effectiveness in this area.

There should be active monitoring of the uptake of interventions by protected characteristics. Feedback from service users about appropriateness of material for users with particular protected characteristics would be useful as well as evidence of consultation with appropriate 'experts' as part of the design of new processes/ways of working. Organisations should be monitoring for any disproportionality in enforcement practices as well as monitoring of report concordance/report type/sentence outcome by protected characteristics. Feedback from diversity staff groups about the extent to which disproportionality is addressed would provide evidence.

Judgement:

A positive judgement should be supported by evidence that the CRC or NPS region delivers services in a way which sufficiently addresses the diversity factors of service users and any issues of disproportionality. There should be evidence of delivery that meets the needs of service users with the range of diversity characteristics.

e) Are services delivered in appropriate and accessible locations?

Guidance:

Appropriate location refers to centres of population; it also refers to specific locations and their suitability for delivering probation services.

Services should be reasonably accessible to most service users, and where they may be geographically distant, as in sparsely populated rural areas, then consideration should be given as to how to support service users' compliance without entailing excessive travel time. Probation services should have travel policies in place which specify reasonable expectations of service users and how compliance will be supported. Where responsible officers are based in a centralised hub at considerable distance from where service users live, then opportunities must be available for service users to receive face-to-face services at locations nearer to where they reside.

Locations can include shared premises, community centres where other services may be available, or outreach services, as well as designated probation offices. They include places where services are delivered by contracted providers. Each location should have been assessed for its suitability for delivering services to offenders under supervision. Particular care should be taken when considering locations for women-only services which should promote a women-friendly environment.

Services include: supervision centres, unpaid work delivery sites, programme delivery locations and regional approved premises.

Evidence:

This could include: estates strategies, maps of delivery sites showing locations and distances from centres of population, assessment of individual sites and their suitability (including unpaid work delivery), travel policies and surveys of users. Evidence of attention to late night reporting and the availability of structured interventions, including accredited programmes out of normal working hours should be considered.

Judgement:

To reach a positive judgement, service locations should be reasonably accessible and there should be evidence that consideration has been given to the suitability of specific locations. Where there are unsuitable or inaccessible locations, then a negative judgement would be appropriate.

f) Are interventions evidence led and evaluated, with remedial action taken where required?

Guidance:

Interventions should be based on available evidence about what is effective. CRCs and NPS regions must have a quality assurance strategy and plan in place which includes arrangements for the routine monitoring of service delivery. Where services are not delivered directly by the NPS or CRC, they should have agreed arrangements with providers which set out how quality will be monitored, and processes for obtaining assurance that these monitoring arrangements are being followed and action taken to improve delivery and respond to any concerns.

Quality assurance is much more than ensuring performance indicators and targets are met. Interventions should be delivered with integrity and be evaluated. Quality assurance should include activities such as scheduled case sampling, observations of practice, data on attendance, outputs and outcomes achieved and feedback from responsible officers, and from service users about what the services are like to use. This should lead to service reviews where agreed actions are taken and documented to address any deficits. Where significant deficits are evident, this should lead to the production and implementation of a formal improvement plan.

Evidence:

This should include demonstration of the evidence base of interventions, quality assurance strategies, plans and schedules, minutes of service review meetings, quality improvement plans and reviews of complaint handling. Where services are contracted out these arrangements should be included in the service specification and contract documents, and there should be evidence of how the contracting organisation has undertaken quality assurance of their supply chain. Where service user forums exist, or external consultation takes place, account should be taken of feedback

Judgement:

To support a positive judgement, there must be evidence that interventions are evidence based, that the CRC or NPS region has established quality assurance processes in place; that these are being implemented for key services, including those delivered by supply chains; and that improvement plans have been drawn up and implemented where necessary.

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

Judgement:

In deciding whether to answer 'yes' to this question, lead inspectors should consider the extent to which delivery is above or below the line for each prompt, and whether those aspects that are judged sufficient outweigh those that are not. Where on balance the areas below the line outweigh those that are above, the lead inspector should consider a negative judgement. One or more areas that are considered below the line may be of such importance that they preclude a judgement of 'yes'. Given its significance, the evidence for prompt b) should have received a positive judgement for the overall judgement to be 'yes'.

a) Are there effective relationships with other agencies, that support desistance through access to mainstream services both during and after the sentence?

Guidance:

The focus of this prompt is on relationships with other agencies delivering mainstream, non-specialist services to service users during their sentence and following its completion. These may be delivered by statutory, voluntary or community organisations. It recognises that service users' desistance journeys may continue long after sentences have finished and, therefore, they must be able to access services which are available more widely. These services may be distinct from those provided as part of any formal supply chain. Other agencies include but are not limited to: -

- police, with specific reference to integrated offender management (IOM)
- police and crime commissioners (PCCs)
- local authorities
- generic substance misuse services
- health and mental health services
- accommodation advice and housing providers
- employment and training providers
- family support and intervention programmes
- local volunteering organisations
- generic and specialist advice services.

Effective relationships may be demonstrated through active participation in initiatives such as reducing reoffending boards, health and wellbeing boards, homeless strategies, substance misuse commissioning, and community safety partnerships etc. This should result in agreed referral pathways for service users to access mainstream services that are appropriate for them without discrimination or barriers resulting from previous convictions.

Evidence:

This may come from meetings with key partners, minutes of relevant fora such as reducing reoffending boards and community safety partnerships, submissions to commissioners (including substance misuse service commissioners), referral pathways and protocols, and initiatives such as mental health diversion schemes. Information on access to mainstream services in individual cases can be aggregated from the relevant case data and from the views of responsible officers.

Judgement:

A positive judgement should be supported by evidence that the CRC or NPS region has developed good working relationships with key mainstream providers across the majority of their delivery area and can provide sufficient examples of where this had led to specific arrangements for service users to access these services. Where there is a significant gap in accessing key mainstream services, and there is no credible plan to address this, then this should lead to a negative judgement.

b) Are there effective relationships with other agencies that manage the risk of harm to others?

Guidance:

Ensuring that key relationships with other agencies are working well is an essential part of ensuring that the public are kept safe. There should be good working relationships with other organisations at all levels across the organisation. This includes senior managers engaging with their counterparts at a high level to ensure that working arrangements are sound; middle managers working to improve communication and unblock problems; and practitioners following key agreements, protocols and pathways to ensure that information is exchanged and referrals dealt with appropriately.

Through middle and senior managers' involvement in key partnership arrangements, there should be evidence of joint initiatives undertaken to strengthen single and joint agency practice in managing risk of serious harm and safeguarding. For the NPS, the active involvement of LDU directors or their equivalents in MAPPA Strategic Management Boards (SMBs) is a pre-requisite. There should be evidence of appropriate engagement at all levels with MAPPA arrangements.

Both CRC and NPS senior managers should be involved in local child safeguarding arrangements at board level with engagement at relevant sub-groups, such as training and effectiveness, by appropriate personnel. Whilst there is no statutory requirement for membership of Safeguarding Adults Boards (SAB), the NPS National Partnership Framework June 2015 stipulates that each LDU or LDU cluster lead should be a member of a SAB. Where a CRC is not a member of a SAB, they should have an established agreement and protocol for working with it.

Other key relationships which should be nurtured are with the police over serious and organised crime, guns and gangs, domestic abuse units and MOSOVO (management of sex offenders and violent offenders) teams; with children and adult social care services, including Multi Agency Safeguarding Hubs (MASH) or their equivalent, with Multi-Agency Risk Assessment Conferences (MARACs), local prison governors and with forensic mental health services. For the NPS, it will be important to have good working relationships with local authority and independent housing providers over the safe accommodation of those assessed as high and very high risk of causing serious harm, and with Youth Offending Teams (YOTs) over the transfer of cases to adult probation services.

There should be clear referral pathways, protocols for information-exchange and active involvement in key boards and fora, the effectiveness of these arrangements should be demonstrated through initiatives to improve joint-working on specific issues, joint training initiatives and lessons learned reviews.

Evidence:

This could include minutes of relevant meetings (e.g. MAPPA SMBs, MAPPA panels, Safeguarding Boards, MARACs); meetings with senior personnel from relevant agencies; referral protocols and agreements; and from meetings with managers, administrators and front-line practitioners. Information on the effectiveness of relationships to manage the risk of serious harm can be aggregated from case inspection information.

Judgement:

Forming a judgement about the effectiveness and consistency of working relationships with these key agencies across a wide geographical footprint is not easy. To make a positive judgement requires a sampling of arrangements, protocols and minutes of meetings to identify whether there is consistent practice and involvement as far as can reasonably be judged. This might be further supported by evidence provided by the NPS region or CRC about how they ensure the effectiveness of these working arrangements, where they are aware of any difficulties and what they are doing to resolve these. If there is a significant breakdown in relationships in one key area, this should result in a negative judgement.

c) Are courts kept up to date with the services available to support sentencing options?

Guidance:

For both magistrates' and Crown Courts to make appropriate use of the full range of sentencing options, they need to have enough detail about the services provided by the NPS and the CRCs in the areas where the service users live. The services which support sentencing options include but are not limited to:

- accredited programmes
- Rehabilitation Activity Requirements (RARs)
- drug treatment
- alcohol treatment
- Mental Health Treatment Requirements
- attendance centres
- electronic monitoring
- approved premises
- unpaid work placements.

The primary interface with the court is with NPS staff but the CRCs must also have arrangements for providing information in enough detail and in such a way as to give the courts confidence when passing sentence about what the sentence is likely to achieve and what activities are likely to be delivered as part of the sentence.

Services delivered by the CRC or through its supply chain should be detailed in a current brochure, which is updated at least annually to reflect changing provision. In addition to detailing activities, it should also give some indication as to when and where they are likely to be available across their area. There should be information on the types of unpaid work placements that are available including arrangements for women and those with disabilities. The aims and typical activities undertaken on programmes and interventions, including women's programmes available under RARs should be spelt out along with any evidence of their effectiveness.

The NPS should provide detailed information on the programmes and interventions they deliver and the arrangements for drug, alcohol and mental health treatment, in liaison with local treatment providers.

In addition to the provision of written information, arrangements should be made by the NPS and the CRC to make presentations to sentencers at bench meetings, training events and other appropriate fora about the availability and nature of interventions, the outcomes achieved and their effectiveness. Any sentencer surveys should clarify whether sentencers are content that they have the detailed information they require.

Evidence:

This should include: the NPS region or CRC sentencer liaison arrangements or strategy, and could include service brochures, newsletters and other communication channels, minutes of liaison meetings and presentations made, and responses to sentencer surveys if used. There should also be a meeting conducted with liaison judges and chairs of magistrates' benches.

Judgement:

To support a positive judgement, there must be evidence of a strategic, planned approach to sentencer liaison both at the magistrates' and Crown Courts, backed up with samples of the information provided and evidence of the use of appropriate communication channels.

1.4 Information and facilities

Timely and relevant information is available and appropriate facilities are in place to support a high-quality, personalised and responsive approach for all service users.

Judgement:

In order to form an initial judgement about this standard, lead inspectors should weigh up the balance of yes and no judgements for each key question within this section.

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

Guidance:

There should be a comprehensive range of policies available to support the delivery of quality services. For the NPS, these should be easily available on EQuIP. For each CRC, they should be available in one centralised place, preferably on an intranet or knowledge-base which is accessible to all. 'All service users' encompasses offenders, and victims eligible for the victim contact scheme. The following prompts address key aspects of policy and guidance, their communication and how well they are understood. Where it is considered that staff are not aware of key areas of policy or guidance, these should be noted and may impact on the overall judgement for this question.

Judgement:

In deciding whether to answer 'yes' to this question, lead inspectors should consider the extent to which delivery is above or below the line for each prompt, and whether those aspects that are judged sufficient outweigh those that are not. Where on balance the areas below the line outweigh those that are above, the lead inspector should consider a negative judgement. One or more areas that are considered below the line may be of such importance that they preclude a judgement of 'yes'.

a) Are policies and guidance communicated to and understood by relevant staff?

Guidance:

Policies and guidance must be communicated in such ways that they are understood by those to whom they apply. In addition to staff this could include service users (both offenders and victims), sentencers, unpaid work beneficiaries, partner organisations and suppliers. This prompt therefore refers to both internal and external communication channels which should be reflected in the organisation's communication strategies and plans.

Effective communication should be matched to the needs and learning styles of recipients, should be multi-modal and should allow where appropriate for a two-way exchange of information.

For internal communication to staff and volunteers, communication channels could include:

- intranet-based resources and knowledge banks
- email communication and discussion forums
- presentations and road shows by managers
- line management briefings and team meetings

- newsletters and bulletins
- question and answer sessions
- training and development sessions.

External communication channels for service users and partner organisations could include:

- service user handbooks
- internet resources
- newsletters
- briefing sessions
- liaison manager roles/named contacts
- telephone helplines.

Effectiveness could be judged by the clarity and ease of use of communication channels and feedback from recipients.

Evidence:

This could include examination of recent implementation of key policies and guidance and the communication channels used. It should be combined with evidence from interviews and meetings with staff and service users about the extent to which the policy or guidance has been understood and applied. Aggregate information from responsible officers will be available from interviews.

Judgement:

To support a positive judgement, there must be evidence that staff know where to find key policies and guidance, understand their purpose and what they need to do to apply them. Information from responsible officer interviews and meetings with other staff should be taken into account.

b) Is there a clear policy about case recording that supports defensible decision-making and effective communication?

Guidance:

NPS policy on case recording is likely to be national, but may be supported by additional guidance at a regional or local level. With CRCs, there may be guidance which covers all CRCs within a particular ownership, so this should be taken into account in making consistent judgements. Policy and guidance should be clear about what to record, where to record, when to record and with whom information should be shared.

Defensible decision-making requires that there should be guidance about the use of professional judgement and how this should be recorded when departing from a particular standard, instruction or operational guidance. There should also be a clear understanding about the recording of management oversight in case records, especially where managers are approving departures from standard guidance, approving breach or recall, or are involved in supporting or making decisions about how a case should be managed where there are issues of risk of serious harm.

Effective communication requires that there must be clear systems and processes for recording assessments, risk management plans and sentence plans, including who is responsible for taking particular actions.

There should be clear protocols and guidance for enabling access to key records by supply chain partners and how they should record interventions. Clear protocols should be in place for relevant information to be exchanged with key partner agencies.

Evidence:

This should include the relevant national or local policy on case recording. There may also be guidance available about the use and recording of professional judgement. Agreements with supply chain partners and key partner agencies about recording of information will also be relevant. Aggregate information on this question from the perspective of responsible officers will be available from interviews.

Judgement:

A positive judgement requires there must be a clear written policy which includes guidance about defensible decision-making. Where fewer than a reasonable majority (<65 per cent) of staff respond positively to the relevant question in the responsible officer interview, this may support a negative judgement.

c) Is there clear guidance about the full range of services available, their suitability for individual service users and referral processes?

Guidance:

For the NPS, the range of services available includes all those delivered internally along with those accessed via the CRC and its supply chain, any commissioned from elsewhere or in partnership, including the voluntary and community sector, along with substance misuse and mental health treatment services available as requirements.

For the CRC, the range of services include those they deliver themselves or through their supply chain, in partnership with others or as part of treatment requirements.

Guidance should be up to date and should specify who services might be suitable for and any specific exclusions.

The referral process should set out what information is required, the process for transmitting this securely, and how and when decisions about acceptance will be made including any further assessments required.

Clear guidance should also be available to service users about the range of services available and suitability e.g. in-service directories, service user handbooks, website or other media, and how they can be referred or refer themselves.

Evidence:

This should come from examination of the guidance available for staff and service users and from discussion with staff and service users about the clarity and accuracy of the material and the ease of making referrals. Timetables for delivery of accredited programmes or RAR activities and policies on waiting lists should also be examined. Evidence may also come from meetings with staff, service users, supply chain providers and partner agencies.

Judgement:

To support a positive judgement there should be current comprehensive guidance for staff and service users about the availability of services that covers suitability, availability, referral processes and any waiting lists.

d) Do policies support an effective interface between NPS and CRC?

Guidance:

There should be a range of policies which cover the significant interfaces between the NPS and CRCs and cover such issues as:

- allocation of cases and requirements
- risk escalation
- enforcement of orders and licences
- information-exchange relating to court appearances.

It is essential not only that the policies are in place, but that they are working effectively and that there are agreements in place for addressing and resolving any areas of difficulty or uncertainty. There should be regular and effective interface meetings between the CRC and NPS division at the level necessary which demonstrate that any difficulties are being actively and effectively dealt with, and policies are being updated and communicated effectively as a consequence.

Evidence:

This should come from an examination of the policies themselves, alongside minutes of interface meetings, actions arising and any amendments to policies. Some of the policies may be national and it will be important to judge these consistently. Evidence may also be derived from meetings with the CRC or NPS managers relevant to the inspected area, the examination of any difficulties in the NPS/CRC relationship in individual cases from case inspection data, and from meetings with groups of responsible officers and middle managers. Information on the effectiveness of the NPS/CRC interface may also come from the HMPPS contract manager as part of the evidence in advance.

Judgement:

For a positive judgement, it will be necessary to evidence not only that policies are in place but that they are operating effectively and processes are in place to ensure any difficulties are addressed. The views of managers and other staff should be taken into account.

e) Are policies and guidance regularly reviewed?

Guidance:

There should be a consistent approach to reviewing policies and guidance at appropriate intervals to ensure that they are updated in line with the developing evidence base. In particular, reviews should take account of changes in contractual requirements and instructions, and developments in effective practice, and where appropriate should consider the views of service users and key stakeholders.

Evidence:

This may come from an examination of current policies and guidance to identify whether they are still relevant and up to date. Organisations may have a schedule of regular reviews available. Managers and staff should be clear about which are the most recent documents and where they can be found.

Judgement:

To form a positive judgement there must be evidence that key policy documents and guidance are current and have been reviewed in response to developments in policy and practice.

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

Judgement:

In deciding whether to answer 'yes' to this question, lead inspectors should consider the extent to which delivery is above or below the line for each prompt, and whether those aspects that are judged sufficient outweigh those that are not. Where on balance the areas below the line outweigh those that are above, the lead inspector should consider a negative judgement. One or more areas that are considered below the line may be of such importance that they preclude a judgement of 'yes'.

a) Are the premises and offices sufficiently accessible to staff and service users?

Guidance:

This prompt refers to all sites where probation services are delivered. Accessibility here refers to how easy it is for staff and service users, including those with disabilities and those whose first language is other than English, to access the premises. It relates to opening times and the availability of the premises to those who are working or have dependent caring responsibilities. The ease of access by telephone, email or text should also be considered along with response times. (The physical location of services was covered in 1.3.2d).

In assessing accessibility, it is important to look at the physical environment of the premises, the welcome they provide, signage, opening times, and information available in a range of formats and languages, along with guidance for service users about access to offices. The safety and needs of female service users, and service users who may be vulnerable should be considered.

Organisations should have completed their own assessments of the accessibility of premises, which may be included as part of an estates strategy. They may also have consulted staff and service users about their access needs and used this information to make offices more accessible. There should have been an audit under the *Equalities Act (2010)*, which should be considered along with the actions that have resulted. Where there are particular difficulties in accessing specific premises that cannot easily be resolved, then reasonable adjustments should be put in place on how access to the relevant services can be achieved.

Evidence:

This could include the estates strategy, health and safety assessments, access audits, service user consultations and surveys. It should also include a visual assessment by inspectors of the welcome and accessibility of the offices visited, along with information on telephone response times. Where there are reported problems with telephone response times, these should be tested by inspectors, where practicable.

Judgement:

To make a positive judgement, there should be evidence of a strategic, planned approach to making offices and premises accessible, with processes in place so that organisations can assure themselves that this is working. Where there are several examples of where access issues have not been addressed, and there is no immediate plan to address these, this should result in a negative judgement.

b) Do the premises and offices support the delivery of appropriate personalised work and the effective engagement of service users?

Guidance:

Premises should, as a minimum, provide for discrete and confidential interviewing space where service users can be seen without the possibility of being overheard. This includes buildings which are shared with other users and members of the public. They should provide spaces which are conducive to effective engagement including:

- reception facilities with seating and access to toilets
- refreshment facilities available
- appropriate decoration, signage and lighting
- positive rehabilitative posters, images and quotes
- information available in a variety of formats and languages
- separate suitably sized group rooms, if group activity is to be undertaken
- separate facilities or reporting times available for women service users
- staff, volunteers or mentors to meet and greet
- separate secure office space for staff.

Premises and offices should be well planned and thought through, where possible with input from service users.

Evidence:

This could include the estates and facilities management strategy, design specifications, premises audits and information from service users, along with visual observations by inspectors when on site.

Judgement:

For a positive judgement, there should be evidence of appropriate planning of office and delivery environments with the aim of delivering personalised work and effective engagement. This should be verified on inspection visits. Where there is evidence of any offices or delivery premises that do not achieve this, or with inadequate confidential interviewing facilities, there should be a negative judgement.

c) Do the premises and offices provide a safe environment for working with service users?

Guidance:

Premises and offices should provide a safe environment for staff, service users, partner agencies, providers and other members of the public who use them. There should be an acknowledgement that health and safety should be everybody's business and that everybody has a role to play in ensuring this. The following should normally be in place:

- a guide for each premise or office which sets out the health and safety arrangements, along with a log of accidents and incidents, health and safety inspections, emergency equipment tests and fire drills, in order to comply with relevant health and safety regulations
- health and safety risk assessments, detailing the risk of particular activities, mitigation measures and training that should be in place

- arrangements for physical security, including the logging and monitoring of visitors and staff attendance
- separate reporting arrangements, where there are concerns about the potential of rival gang members meeting
- a system of incident alarms and clear procedures for responding
- a health and safety committee with management and union involvement and a member of staff appropriately qualified and trained to fulfil a lead health and safety role
- health and safety reports featuring regularly on senior management and governance meetings.

Evidence:

This should include inspector's inductions, health and safety documentation including policy, procedures, risk assessments, audits and logs, minutes of health and safety committee meetings, discussion with relevant management and health and safety personnel.

Judgement:

To support a positive judgement, there should be evidence of health and safety systems in place, evidenced in local offices and premises visited, with a clear accountability to senior management who should be actively monitoring and addressing significant issues. A record of significant health and safety failures or significant gaps in procedures, processes or specific resources should lead to a negative judgement.

1.4.3 Do the Information and Communication Technology (ICT) systems enable staff to deliver a quality service, meeting the needs of all service users?

Judgement:

In deciding whether to answer 'yes' to this question, lead inspectors should consider the extent to which delivery is above or below the line for each prompt, and whether those aspects that are judged sufficient outweigh those that are not. Where on balance the areas below the line outweigh those that are above, the lead inspector should consider a 'no' negative judgement. One or more areas that are considered below the line may be of such importance that they preclude a judgement of 'yes'.

a) Do the ICT systems enable staff to plan, deliver and record their work in a timely way, and to access information as required?

Guidance:

ICT systems comprise both the hardware and infrastructure elements including telecommunications, and the software or applications systems. Information systems include but are not limited to:

- assessment tools such as OASys or CRC equivalent
- case management tools such as nDelius or CRC equivalent
- risk management data sharing tools such as ViSOR (for the NPS)
- knowledge-sharing applications such as intranets, EQuIP, websites and internet-based applications
- email and word processing
- diary, booking and logistics applications.

ICT must be robust and reliable, avoiding downtime, and must also draw together the necessary information from relevant applications in a timely way. It must be ergonomically designed for ease of use so that it is simple to access relevant information from a variety of applications and to record and transmit information without any difficulty. Applications should work with assistive technology to enable staff with a range of access needs to use them without any difficulty.

Telecommunication systems should be designed to enable staff and service users to connect to the right people securely with minimum delay.

Organisations should have processes for testing the effectiveness and ease of use of their ICT systems and be responsive to feedback from users.

Evidence:

This could include information on the organisation's ICT strategy and policies, data on system downtime, inspector's experience of accessing systems, minutes of relevant ICT meetings, information from staff surveys and telephone answering times. CRC annual service reports should provide documentation of any breach of ICT security and compliance with GDPR in the preceding year and action taken. Aggregate information on the usability of ICT systems will be available from responsible officer interviews.

Judgement:

To support a positive judgement, organisations must demonstrate that they have in place an ICT strategy and applications that easily facilitate planning, delivery and recording of work in a timely fashion. Where there is evidence of excessive downtime which is not the fault of other agencies, then a negative judgement may be appropriate. Where fewer than a reasonable majority (<65 per cent) of responsible officers respond positively to the relevant interview question, this may support a negative judgement, but should be considered along with the perspectives of staff in other roles.

b) Is information exchanged with partners and other key stakeholders as necessary?

Guidance:

For risk to be managed appropriately and for the right services to be delivered effectively, it is essential that agreements and arrangements are in place and that information-exchange is effective and consistently and lawfully completed (GDPR). Necessary arrangements include, but are not limited to:

- information-exchange with the police and prisons on risk management, including appropriate use of ViSOR (NPS)
- information received from the police on domestic abuse call-outs
- information-exchange with children and adult social care services on safeguarding issues
- procedures for accessing and exchanging information when young adults transfer from YOTs to adult probation services
- referral arrangements with supply chain and other delivery partners, including the exchange of risk information, and agreements on information-exchange about attendance and outcomes
- data recording practices for equitabilities information and compliance with GDPR
- information received from the CPS on cases to be sentenced by the courts (NPS) and receipt of previous conviction

- information from the court service on people appearing in court (NPS).

Arrangements should be underpinned by up to date agreements and protocols with the relevant agencies, which should be reviewed as necessary. Information exchange could also be enhanced by co-location of staff, such as in Multi Agency Safeguarding Hubs (MASH), or in IOM teams, along with agreements to access other agencies' systems (with appropriate safeguards on information security).

Evidence:

This should include agreements and protocols for information exchange with relevant agencies (e.g. MASH, MARAC and MAPPA), minutes of meetings about arrangements for information exchange, and meetings with partner agencies and service managers. Note, some of the agreements will be national for the NPS in line with the National Partnerships Framework and should only be judged once as to appropriateness, though deployment may vary from division to division and locality to locality. Where appropriate reference should be made to the 2019 NPS national inspection findings. Evidence may also include the deployment and use of information exchange systems such as ViSOR and arrangements for co-location of staff.

Judgement:

To support a positive judgement, there must be evidence of arrangements working effectively in key aspects of delivery, including the exchange of risk, need, attendance and outcome information.

c) Do the ICT systems support remote working where required?

Guidance:

To provide flexible services it is helpful to have mobile ICT systems which enable staff to work remotely in a variety of locations in the community and in the premises of other agencies, without being restricted to a hard-wired network. To do so requires communication technology which is robust enough and can access strong enough signals to operate effectively. It is recognised that this may be difficult or impossible in remote locations and allowance must be made for this.

Supporting remote working requires:

- laptops and devices that can access assessments and case records to view and record information with reasonable efficiency
- telecommunication devices that can receive good signals in the relevant locations and have facilities for providing alerts regarding staff safety (e.g. security lanyards)
- information security policies which address remote working and the safe use, storage and transmission of confidential information
- systems of working which address the relevant display screen equipment regulations.

Evidence:

This may include remote-working guidelines, information security policies and the minutes of meetings with staff who use these systems, and observation of the facilities available and their use by inspectors on site.

Judgement:

There is an expectation that both the NPS and CRCS will need facilities for remote working on occasions and that systems need to be in place. However, the use of remote working will vary from organisation to organisation, so the focus should be on the ease and safety of use of the systems, rather than the extent of their use. To support a positive judgement, there must be clear evidence that the systems deployed work effectively without constant interruption, and that appropriate policies, guidelines and facilities are in place to support their use.

d) Do the ICT systems support the production of the necessary management information?

Guidance:

ICT systems should be designed to store and easily retrieve, collate and analyse key data accurately, including but not limited to data on:

- service user characteristics, including needs, risk and location
- sentencing data
- operational reports e.g. unpaid work and programme attendance lists
- diversity data including protected characteristics
- performance and output/outcome information
- HR data
- resource utilisation and workload management
- complaints
- staff and user surveys.

Appropriate management information systems (MIS) should be in place which can produce routine and ad hoc reports on demand in accessible and usable formats according to the needs of users, including senior and middle managers and front-line staff, as required.

Processes should be in place for identifying and meeting the MIS needs of users and refining requirements as necessary.

Evidence:

This should come from an examination of the catalogue and examples of the MIS reports available, meetings with managers and responses to inspector's requests for information.

Judgement:

To support a positive judgement, there must be evidence that a broad range of management information is available, covering most categories. It should be quickly extracted, analysed and presented in ways that are accessible to users of the information.

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

Judgement:

In deciding whether to answer 'yes' to this question, lead inspectors should consider the extent to which delivery is above or below the line for each prompt, and whether those aspects that are judged sufficient outweigh those that are not. Where on balance the areas below the line outweigh those that are above, the lead inspector should consider a negative judgement. One or more areas that are considered below the line may be of such importance that they preclude a judgement of 'yes'.

a) Do assurance systems and performance measures drive improvement?

Guidance:

Each organisation should have its own performance management and assurance systems in place which cover each of its key service delivery functions. Performance measures may be nationally prescribed as part of its contract or service level agreement (SLA). Equitably, performance measures may be developed internally by the organisation to measure progress in the achievement of its service delivery objectives, and in the effectiveness of its processes in achieving these objectives.

Assurance systems should be both internal, organised by the organisation itself, and external as part of the assurance of the contract or SLA. Where they are internal, they should sit outside the strict line management chain but involve an active dialogue with line managers to interrogate performance measures and identify and implement ways of making improvements. With external assurance processes, the organisation should demonstrate active commitment to working with contract/SLA monitors and implementing the findings.

There should be evidence of benchmarking of systems, processes and performance measures with other similar organisations, setting and reviewing stretch targets to drive forward improvement, analysing trends, and identifying and addressing causes of performance and under-performance.

Performance measures should be regularly reviewed to ensure that they are driving the right behaviours and refined when necessary so that they do not encourage perverse behaviours or have unintended consequences.

Evidence:

This may include descriptions of the performance management and assurance systems, examples of performance and assurance reports which address how improvements will be made, minutes of performance management meetings, and discussions with senior managers and those responsible for performance management, contract compliance and assurance. External awards such as Recognised for Excellence or the achievement of International Organization for Standardization (ISO) standards might provide further assurance.

Judgement:

To make a positive judgement, there must be evidence that comprehensive assurance and performance management systems have been applied across most operations and led directly to specific improvements being made.

b) Is there a sufficient understanding of performance across the organisation?

Guidance:

Management and staff should be able to articulate the key performance measures that apply to their part of the organisation, the reason why they are important, and the part they play in achieving high levels of performance. This should be informed by the routine provision of accessible performance information, appropriately segmented at the unit, team and individual level, and which is interrogated to identify trends, causes and potential improvements.

Understanding of performance should include analysis of processes, the availability of resources and the training and motivation of staff.

Evidence:

This should include performance information appropriately segmented, discussion with senior and middle managers and front-line staff from different parts of the organisation, presentations by managers on the reason why particular measures are important, the drivers of performance and the roles of staff in pursuing them and improving service delivery. It should demonstrate detailed understanding of trends and causes both of high and poor performance. Evidence may also include analysis of performance reporting from supply chain providers or work delivered in partnership with other agencies. Staff should be able to describe links between individual appraisals, organisational performance improvement and the achievement of objectives in business plans (golden thread).

Judgement:

This prompt is not specifically about the achievement of high performance, rather, it questions whether management and staff across the organisation understand what is happening and why. To reach a positive judgement, there must be sufficient evidence that staff understand their role in achieving performance and that managers have analysed and understood what is causing trends in performance across the majority of their organisation.

c) Are service improvement plans supported through evaluation and development of the underlying evidence base?

Guidance:

For service improvement plans to be effective, they must be informed by regular and routine monitoring to check whether they are achieving their aims. They should also be informed by evidence from research about what is likely to work and improve delivery.

Monitoring should include examination of the process improvements to identify whether they are achieving what was intended, with feedback from stakeholders on how they are working in practice. Improvement plans should be routinely monitored by somebody responsible for managing the relevant process, reporting under an appropriate governance arrangement.

They should be aligned with the evidence base, both building on existing research and contributing to it. Where appropriate, external monitoring should be considered to improve the integrity of the process, and opportunities for engaging researchers, or collaborative working with similar organisations undertaking a similar improvement process, should be considered to benchmark progress and maximise learning.

Evidence:

This should include examination of service improvement plans and monitoring reports, and evidence of the extent to which they are informed by or contribute to research and collaborative activity. This should be supplemented by discussion with those involved with leading or contributing to the improvement plans. Consideration should be given to national published performance measures and recent HMI Probation recommendations specific to the organisation, including thematic recommendations for NPS divisions or CRCs and the action being taken to improve performance.

Judgement:

To reach a positive judgement, there must be evidence of a number of service improvement plans in place which build on an evidence base. There should also be evidence of monitoring taking place to ascertain whether the improvement plans are achieving their objectives.

d) Are the views of service users and other key stakeholders sought, analysed and used to review and improve the effectiveness of services?

Guidance:

Organisations should have a sound approach to stakeholder and service user consultation and involvement, which should contribute to the improvement of services. Service users here primarily refers to offenders and those receiving victim contact services, but it could also be extended to include community payback beneficiaries (CRC) and sentencers (NPS). Organisations may undertake external consultation with key stakeholders as part of strategic planning, to encourage local engagement.

Views may be sought through a variety of mechanisms, including surveys and questionnaires, but should also include more sophisticated approaches such as the creation of focus groups and service user councils to provide a more in-depth understanding of the needs of service users, where there are gaps and where they are being met effectively, and how services should change to better address their needs.

The analysis of these views should be segmented to identify the different experiences of service users by disposal, team, gender, race, ethnicity, age and other protected characteristics, so that the needs and issues for each of these groups is better understood.

Service user and stakeholder views should be fed into service reviews, and service user representatives or stakeholders may be included directly in the groups conducting these reviews. The specific contributions that stakeholders and service users have made to reviews and the results of their input should be drawn out and publicised to promote confidence in the service user consultation and involvement process.

Evidence:

This should include service user and key stakeholder consultations and involvement strategies, analysis of responses to consultations and surveys, minutes of service user fora and actions following, a provider's discussion with service user representatives, and examples of where service user consultation has led to specific improvements.

Judgement:

To support a positive judgement, there must be evidence that the organisation has developed a sound approach to user and stakeholder consultation, covering key delivery functions and where views have been analysed and led to specific identifiable improvements in services.

e) Does the organisation systematically learn from complaints and things that go wrong, including from serious further offence reviews (SFOs)?

Guidance:

NPS regions and CRCs should have an agreed and understood approach to organisational learning and development, which assists their journey of continuous improvement. Learning can take place at all levels in an organisation, so there must be processes in place for capturing, assessing, applying and communicating the learning up, down and across the organisation as applicable. This entails that for example:

- evaluations and lessons learned reviews are completed on service improvement activity
- complaints are reviewed with lessons learnt captured
- management fora routinely receive information from learning activity and actively plan dissemination through line managers, training and other events
- organisational learning is disseminated through appropriate structures such as quality improvement fora, learning groups and the work of quality development officers (QDOs), practice development assessors and similar roles
- there is a process for cascading organisational learning through units and teams
- learning is built into future organisational development plans and incorporated into training programmes
- information from research is published on intranet forums and included in knowledge banks
- learning is communicated internally, externally and between providers through exchanges, showcases, and research and evaluation publications.

Complaints processes should be widely publicised and regular reviews of complaint handling undertaken to ensure that resolutions have been followed through and that any trends have been identified and addressed. Learning from any SFOs should inform policy and practice as relevant.

Evidence:

This could include widespread promotion and understanding of the complaints policy, examples of the dissemination of evaluation reports, the terms of reference of learning and quality fora, along with notes and presentations made, meeting with QDOs and similar roles, examination of organisational development and learning plans, and discussion with senior managers and development teams.

Judgement:

To support a positive judgement, there should be evidence of an agreed, consistent approach to organisational learning which can be demonstrated through a number of different practice examples where this has taken place.

f) Where necessary, is action taken promptly and appropriately in response to performance monitoring, audit or inspection?

Guidance:

In any organisation, there are likely to be situations where services have not been delivered as intended, or where things go wrong – or nearly go wrong. In probation services, this may result in serious reoffending, where members of the public, staff or service users may be harmed.

It is critical that the organisation focuses on maximising the learning from these events – and from ‘near misses’ making improvements for the future and avoiding developing a blame culture. There should be robust processes for:

- completing thorough unbiased serious further offence reviews (SFOs) and contributing to MAPPA Serious Case Reviews (SCRs)
- contributing to other multi-agency reviews, including Domestic Homicide Reviews (DHRs), safeguarding adult reviews, serious case reviews conducted by Local Safeguarding Children Boards, child practice reviews (Wales) and mental health homicide reviews.
- handling complaints
- reviewing serious incidents including injuries sustained in the working environment, and serious health and safety failures reviewing and learning from ‘near misses’.

All such reviews should be conducted by an experienced manager outside the line management structure of the case/service involved, with suitable governance arrangements in place. For multi-agency reviews a review of the lessons learned must be completed in conjunction with partner agencies. A structure for disseminating the lessons learned should be evidenced both for the individual members of staff involved and for the wider organisation and partners. For the individuals, this may include specific training and development objectives. For the wider organisation, in addition to staff briefings, there should be an agreed series of actions implemented to review, monitor and strengthen service delivery processes to reduce the risk of repetition.

Reviews of serious incidents may involve the Health and Safety eExecutive, and there should be evidence that any necessary changes that are recommended are completed and monitored.

Evidence:

This should include a description of the processes for completing and disseminating lessons learned reviews, e.g. from SFOs or SCRs, examples of how this has been done and how lessons have been incorporated into changes to practice and training. Relevant information should be found in CRC annual service reports. Evidence of quality assurance of reviews and complaint-handling, and feedback from reviewers will also be relevant.

Judgement:

To make a positive judgement, there must be clear examples of where the organisation has conducted thorough reviews of serious failings and has systematically extracted the learning and ensured that it has been embedded in changes to practice and service delivery.

g) Is learning disseminated effectively?

Guidance:

CRCs and NPS regions should draw up action plans to address significant performance issues and responses to assurance visits and HMI Probation inspections, including thematic inspections. These should be produced in a timely fashion in line with relevant guidance, including taking immediate action to address critical deficits. Action and improvement plans must include monitoring arrangements, and should be reviewed at appropriate intervals and be subject to suitable governance arrangements to ensure that specific actions are concluded and necessary improvements achieved. It will be particularly important to assess the extent to which action has been taken to follow up and improve service delivery after the previous HMI Probation inspection and any thematic recommendations specific to the sector under inspection in the previous year.

Evidence:

This should include action plans, monitoring arrangements and subsequent reviews. It will also include an examination of the actions taken since the previous inspection and the impact they have had. Evidence that learning is disseminated effectively from serious further offence reviews, serious case reviews and domestic homicide reviews and reaches all relevant staff within the organisation.

Judgement:

To reach a positive judgement, there must be evidence of the organisation completing the large majority of appropriate actions in response to significant performance shortfalls, assurance visits and HMI Probation inspections during the past year.

2. Rating characteristics

1.1 Leadership

The leadership of the organisation supports and promotes the delivery of a high-quality, personalised and responsive service for all service users.

Outstanding

The leadership of the organisation fully supports and promotes the delivery of a high-quality, personalised and responsive service for all service users.

The vision and strategy is stretching and challenging while remaining achievable. It is both evidence-based and innovative, focused upon the quality of delivery for service users. The organisation's culture is one of involvement, transparency, ownership, empowerment and improvement, with leaders consistently listening and explaining their decisions and staff feeling empowered to identify ways to improve how they do their job. Learning and collaboration networks are in place, identifying opportunities for creativity, innovation and improvement – evidence-informed innovation is celebrated and championed. A collaborative and outward-looking approach is taken to working with other organisations, maximising the benefits for service users through the appropriate exchange of expertise, resources and knowledge. The provider is represented on all relevant strategic groups, representation is consistent and those attending demonstrate appropriate decision-making authority.

There is strong evidence of the organisation anticipating risks, with mitigations and controls having proven fully effective. Staff at all levels are actively encouraged to raise concerns and those who do are supported. There is clear and regular two-way communication, with leaders having a strong track record of listening to staff concerns and acting on them in a timely, responsive manner.

It is clear how staff are to work together in delivering the service, with strong collaboration and support, clear lines of accountability and the avoidance of duplication. There is a common focus on improving the quality of delivery through service user-centred practice. Where changes are required, they are communicated in a timely and transparent way across the organisation, with a clear proactive approach to embedding and monitoring new ways of working.

Good

The leadership of the organisation sufficiently supports and promotes the delivery of a high-quality, personalised and responsive service for all service users.

There is a clear vision and strategy for delivering a high-quality service for all service users, adhering to the evidence-base. Leaders effectively communicate the vision and strategy to staff, partners, suppliers and other stakeholders. There is an effective governance framework and clear delivery plans, supported by productive relationships with local strategic partners, to ensure that the vision and strategy are translated into practice. Progress is monitored and the strategy regularly reviewed, with the organisation's culture promoting openness, constructive challenge and ideas.

Risks to the service are sufficiently understood, with appropriate mitigations and controls in place. The impact on safety and security is assessed when carrying out changes to systems,

processes or staffing, and appropriate arrangements are in place to ensure business continuity in the event of major incidents.

The operating model allows for personalised approaches with service users, taking account of diversity factors, and supports meaningful contact and continuity of contact. Staff understand the model, how services should be delivered and what they are accountable for. Where there are significant planned changes to the model, these are communicated and implemented effectively.

Requires improvement

The leadership of the organisation insufficiently supports and promotes the delivery of a high-quality, personalised and responsive service for all service users.

The vision and strategy does not sufficiently prioritise the quality of service and adherence to the evidence-base. Communication of the vision and strategy to staff, partners, suppliers and other stakeholders is inconsistent, and constructive challenge and ideas are not always encouraged. There are some shortfalls in the governance framework and delivery plans, impeding the full implementation of the strategy. Progress is not always monitored and the strategy is not consistently reviewed.

Not all risks to the service are sufficiently understood, and there are gaps in the mitigations and controls in place. The impact on safety and security is not always assessed when carrying out changes to systems, processes or staffing, and there are some weaknesses in the arrangements for ensuring business continuity in the event of major incidents.

The operating model does not allow for a personalised approach, meaningful contact or continuity of contact with all service users. Not all staff understand the model, how services should be delivered and what they are accountable for. There is some misalignment between the operating model and local plans. Where there are significant planned changes to the model, these are not always communicated and implemented effectively.

Inadequate

The leadership of the organisation does not support and promote the delivery of a high-quality, personalised and responsive service for all service users.

The vision and strategy is unclear, out of date, poorly aligned to the evidence-base or insufficiently focused on quality. There is minimal evidence of innovation. The organisation's culture is top-down, directive and defensive. Staff do not feel valued, supported and appreciated. They are not aware of or do not understand the vision and strategy, and their views are not sought and decisions are not explained, resulting in a lack of alignment between the issues described by staff and those understood by leaders. When staff do raise concerns, they are not treated with respect. There are no detailed or realistic plans to deliver the vision and strategy, progress is not being reviewed and leaders are out of touch with what is happening during day-to-day services. The provider is represented on few strategic groups, and/or representation is sporadic or at an inappropriate decision-making level. There is evidence of blaming others.

There is no effective system for identifying, capturing and managing issues and risks. Any mitigating actions or improvements that leaders have sought to make have been inadequate. Consequently, leaders are not doing enough to tackle poor delivery, significantly hindering the progress of service users. The leadership is insufficiently focused upon safety and security, giving serious cause for concern.

The operating model fails to support personalised approaches, meaningful contact and continuity of contact. There is poor collaboration or cooperation between teams and high levels of division and conflict. Staff do not understand the fit between their roles and the operating model, and there is a lack of clarity about the authority to make decisions. Where changes are made, the impact on staff and the quality of delivery for service users is not recognised.

1.2 Staff

Staff within the organisation are empowered to deliver a high-quality, personalised and responsive service for all service users.

Outstanding

Staff within the organisation are fully empowered to deliver a high-quality, personalised and responsive service for all service users.

The staffing structure and levels are sufficient, proactively monitored and reviewed and optimise the ability of the workforce to deliver a fully effective service. There is a focus upon current and likely future demands, reflected in the approach to recruitment, career development, mobility and succession planning. Workloads are manageable and there are continual and holistic reviews of individual workloads, accounting for the differing demands of individual cases.

The workforce has the full range of skills, knowledge and experience to deliver a high-quality service and to establish trusting, supportive, challenging and meaningful relationships with service users. The mixed use of internal and external resource, including volunteers and mentors, is impressive, with a focus upon the maximum benefit for service users. The organisation ensures that staff have the necessary skills and knowledge for any specialist roles, and that staff are equipped to move into new roles as the organisation may require.

Giving and seeking timely feedback, engaging in performance discussions, and coaching are a core part of the day-to-day running of the organisation. Managers are approachable and available when needed, and meet regularly with their staff. They provide sound professional guidance, challenge, encouragement and motivation, with thoughtful, honest and constructive feedback on performance. They pay attention to personal and career development, support staff to achieve their goals, and are responsive to staff concerns. They empower staff to build on their strengths and address behaviours that are getting in the way of improved performance, with staff clearly understanding what they need to do to improve the quality of their work. New staff benefit from highly effective induction, which includes the importance of adapting work to meet the needs of service users and respecting and valuing diversity.

Continuous learning is embedded within the culture of the organisation. All staff feel deeply involved in their own professional development, and are encouraged and proactively supported to undertake self-evaluation, reflect on and debate their practice, acquire new skills and disseminate best practice, creating an open dialogue throughout the organisation. There is a comprehensive training plan, preparing staff to work with a diverse range of

service users and to take account of their distinctive needs. Attention is given to equality of access to training, with appropriate flexibility and the use of innovative solutions to meet learning and development needs. Internal and external secondments for staff development purposes are actively supported.

There are high levels of staff satisfaction and engagement, and a culture of appreciation through which staff feel valued and recognised for their efforts and performance. They are proud of the organisation as a place to work, committed to its future success and highly motivated to deliver positive outcomes for service users. There is a strong focus within the organisation upon building staff resilience.

Good

Staff within the organisation are sufficiently empowered to deliver a high-quality, personalised and responsive service for all service users.

Staffing levels are sufficient, planned and reviewed to meet the changing demands and profiles of service users, while the workloads of practitioners, middle managers and administrative staff are actively managed. Resources are redeployed, when reasonable and necessary, in response to local pressures.

All staff have clearly-defined roles and cases are allocated to staff who are appropriately qualified and/or experienced, assisting in the development of trusting, supportive, challenging and meaningful relationships with service users. Where volunteers and mentors are used, they are appropriately selected and supported to fulfil clearly-defined roles. There is an effective strategy in place that identifies and develops the potential of individual staff to support succession planning.

Staff are appropriately supervised, and there is an effective induction programme for new staff. The appraisal process is actively used and ensures that staff are competent to deliver a quality service, with sufficient attention given to identifying and addressing poor performance.

The organisation identifies and plans for the learning needs of all staff, and provides appropriate access to pre-qualifying training routes and in-service training. A culture of learning and continuous improvement is promoted and valued.

Staff are motivated to contribute to the delivery of a quality service. Attention is given to monitoring and improving staff engagement levels, with managers recognising and rewarding exceptional work to encourage improvement and development and retention of staff. Appropriate attention is given to staff safety and wellbeing, and building staff resilience, and reasonable adjustments are made for staff in accordance with statutory requirements and protected characteristics.

Requires improvement

Staff within the organisation are insufficiently empowered to deliver a high-quality, personalised and responsive service for all service users.

Staffing levels are not always sufficient, planned and reviewed to meet the changing demands and profiles of service users, while the workloads of practitioners, middle managers and administrative staff are inconsistently managed. Resources are not always redeployed, when reasonable and necessary, in response to local pressures.

Not all staff have clearly-defined roles and some cases are allocated to staff who are insufficiently qualified and/or experienced. Where volunteers and mentors are used, they are not always appropriately selected and supported to fulfil clearly-defined roles. There are some shortfalls within the strategy for identifying and developing the potential of individual staff to support succession planning.

Not all staff receive effective supervision, and there are some shortfalls in the induction programme for new staff. The appraisal process is not always used effectively to ensure that staff are competent to deliver a quality service, with inconsistent attention given to identifying and addressing poor performance.

The organisation does not identify and plan for the learning needs of all staff, and there are some limitations in the access to pre-qualifying training routes and in-service training. A culture of learning and continuous improvement is not consistently promoted and valued.

Not all staff are motivated to contribute to the delivery of a quality service. Attention is not always given to monitoring and improving staff engagement levels, with managers missing opportunities to recognise and reward exceptional work to encourage improvement and development and retention of staff. Appropriate attention is not always given to staff safety and wellbeing, and building staff resilience, and reasonable adjustments are not made for all staff in accordance with statutory requirements and protected characteristics.

Inadequate

Staff within the organisation are not empowered to deliver a high-quality, personalised and responsive service for all service users.

There are substantial and/or frequent staff shortages, impacting upon workloads and the quality of the service and its ability to meet the high-level expectations for probation delivery. Staffing levels are not actively monitored and reviewed, and there is no effective workforce planning to ensure that the organisation can meet current and likely future demands.

The workforce lacks the range of skills, knowledge and expertise required to deliver a high-quality service, and this is not being addressed. The mix of internal and external resource, including volunteers and mentors, is not managed effectively, failing to deliver benefits for service users.

The culture is one in which staff are not equipped to fulfil their responsibilities or held accountable for their work. Meetings with staff are irregular, and there is a lack of quality supervision, guidance, challenge and support. Managers are not doing enough to provide feedback of good practice or to tackle poor practice. The induction programme for new staff is deficient.

The organisation does not have a training plan that ensures equality of access to training, and staff are not developing the knowledge, skills and experience to enable them to deliver a high-quality service. There is minimal evidence of learning, self-evaluation and reflective practice, and no evidence of internal and external secondments for staff development.

There are low levels of staff satisfaction, engagement and resilience, and high levels of stress, work overload and blame. Staff do not feel respected, valued, supported or appreciated. Attention is not being given to staff safety.

1.3 Services

A comprehensive range of high-quality services is in place, supporting a tailored and responsive service for all service users.

Outstanding

The range and quality of services fully support a tailored and responsive service for all service users.

There is an in-depth understanding of the characteristics of service users, based upon a wide range of recent and reliable information. Efforts are made to anticipate future demands and to understand complex cases and the diversity of cases, recognising the need to develop services which meet the specific needs of all service users.

There is a strong mix of internal and external services, and of universal, targeted and specialist services, providing the necessary range and depth of intervention to meet the full range of needs. There is sufficient flexibility and options cater for those with often chaotic and unstable circumstances, and more vulnerable groups such as women, those with a disability or with mental health and/or addiction problems. The services are easy to access and person-centred, with barriers to access identified and removed. Robust evaluation and quality assurance is an intrinsic part of service delivery, involving other providers and agencies where appropriate, with a focus upon identifying good practice and aspects for improvement.

Collaboration with other providers, agencies and the local community is integral to how services are planned, ensuring that the services meet service user needs and allow for appropriate innovation. Opportunities to provide integrated services and pathways of delivery, particularly for service users with multiple and complex needs, are well-developed. The organisation promotes understanding of the needs of service users, and provides advice to help other agencies make sure that their services are relevant and readily accessible. There are clear and sound inter-agency protocols, including, for example, referral processes and transitional arrangements, supporting a seamless approach to accessing services. Information is exchanged in a spirit of partnership, while adhering to privacy and confidentiality requirements.

Good

The range and quality of services sufficiently support a tailored and responsive service for all service users.

The analysis of the profile of service users is sufficiently comprehensive and up to date, capturing desistance and offending-related factors, risks of harm, risks of self-harm and suicide, and diversity factors. Sufficient attention is given to local patterns of sentencing and offence types, helping to anticipate future demands.

The organisation provides the volume, range and quality of services, either in-house or through other agencies, to meet the needs and diversity of service users. The services are available and accessible to service users in appropriate locations, and sufficient attention is given to their ability to build on strengths and enhance protective factors. The quality of services is reviewed and evaluated, with remedial action taken where required.

Relationships with other providers and agencies are established, maintained and used effectively to support desistance, including access to longer-term mainstream services, and to manage the risk of harm to others. The organisation ensures that courts are sufficiently aware of the services available, supporting their sentencing decisions.

Requires improvement

The range and quality of services insufficiently support a tailored and responsive service for all service users.

The analysis of the profile of service users is not consistently updated and does not capture the full range of desistance and offending-related factors, risks of harm, risks of self-harm and suicide, and diversity factors. Sufficient attention is not consistently given to local patterns of sentencing and offence types, limiting the ability of the organisation to anticipate future demands.

The volume, range and quality of services do not meet the needs and diversity of all service users. The services are not available and accessible to all service users in appropriate locations, and sufficient attention is not being given to their ability to build on strengths and enhance protective factors. The quality of services is not consistently reviewed and evaluated, with remedial actions not always taken where required.

Not all relationships with other providers and agencies are established, maintained and used effectively to support desistance and to manage the risk of harm to others. The courts are not regularly updated on the services provided by the organisation, impeding the effectiveness of their sentencing decisions.

Inadequate

The range and quality of services do not support a tailored and responsive service for all service users.

There is limited understanding of the needs of service users, with the profiling lacking sophistication and/or using information which is insufficiently robust, relevant and/or timely. No attention is being given to local patterns of sentencing and offence types, preventing any ability to anticipate and respond to future demands.

Needs are not being addressed, with service users frequently and consistently unable to access services in a timely way or at all. Services lack adaptability and are not set up to support people with chaotic and unstable circumstances. There are clear barriers and there has been little or no attempt to remove them, to ensure that the services are more responsive and reactive to need. There is limited availability of specialist interventions, interventions for minority groups, or interventions for people in vulnerable circumstances. There is limited or no quality assurance or evaluation of the services delivered, with leaders and managers consequently unable to address shortfalls or deteriorations in the quality of provision.

Services offered by other providers and agencies are not utilised, severely restricting the range and depth of provision available. Inter-agency protocols are under-developed, there are significant delays in referrals, attempts are not being made to improve accessibility, and the potential for integrating services is not being explored. Courts are not aware of the services provided by the organisation, severely impeding the effectiveness of their sentencing decisions.

1.4 Information and facilities

Timely and relevant information is available and appropriate facilities are in place to support a high-quality, personalised and responsive approach for all service users.

Outstanding

Information and facilities fully support a high-quality, personalised and responsive approach for all service users.

Policies and procedures are regularly and proactively reviewed, improved and communicated and help staff assume responsibility and act quickly and effectively. Policies and protocols align and link, both within the organisation and with partner agencies.

The physical premises and offices are accessible to all staff and service users and support a rehabilitative culture through encouraging positive and open interactions while meeting the requirements of safety, security, privacy and confidentiality.

The Information and Communication Technology (ICT) systems support effective and integrated service delivery, with the ability to record and access key information whenever and wherever required. The systems and associated protocols support robust information exchange, with information being provided responsibly and critical information made available without delay. The management information capabilities are fully developed, providing timely, targeted and user-friendly reports.

Leaders and managers have an in-depth understanding of the organisation's strengths, weaknesses and capabilities. There are comprehensive arrangements in place to analyse, trend and benchmark performance, using reliable and timely information. A range of approaches are used to gain feedback from service users and other stakeholders, with a

focus upon inclusivity. Potential new ways of working are explored through self-evaluation and through learning from others and applying findings from reviews, research and scrutiny. Good practices and areas for development, improvement, creativity and innovation are identified, with the organisation taking decisive steps to improve delivery. There are high levels of awareness regarding performance and effectiveness across the organisation, with relevant information communicated to staff in readily-accessible formats.

Good

Information and facilities sufficiently support a high-quality, personalised and responsive approach for all service users.

The necessary policies and guidance are in place and enable staff to deliver a quality service, meeting the needs of all service users. They are communicated effectively to all those to whom they apply, and they are regularly reviewed.

The premises and offices are sufficiently accessible to staff and service users. They provide a safe environment for working with service users, and support effective engagement and the delivery of appropriate personalised work.

The ICT systems enable staff to plan, deliver and record their work in a timely way, and to access information as required, supporting remote working. The systems produce the necessary management information and facilitate the exchange of information with partners and other key stakeholders.

There is a clear understanding of performance across the organisation, supported through assurance systems, performance measures, the views of service users and other key stakeholders, and learning from audits, inspection and other review processes. Service delivery is further appraised through evaluation and development of the underlying evidence base. All these sources of learning and evidence are used to drive improvement, with actions taken promptly when required.

Requires improvement

Information and facilities insufficiently support a high-quality, personalised and responsive approach for all service users.

The necessary policies and guidance for delivering a quality service, meeting the needs of all service users, are not all in place. They are not always communicated effectively to all those to whom they apply, and they are not reviewed consistently.

Not all the premises and offices are sufficiently accessible to staff and service users. They do not provide a safe environment for working with all service users, or support effective engagement and the delivery of appropriate personalised work in all cases.

The ICT systems do not always enable staff to plan, deliver and record their work in a timely way, or to access information as required, with limitations in their ability to support remote working. The systems do not produce all necessary management information or facilitate the exchange of all required information with partners and other key stakeholders.

There are some gaps within the organisation's assurance systems and performance measures. The views of service users and other key stakeholders are not consistently obtained, and the learning from audits, inspection and other review processes is not always evaluated. Service delivery is not consistently appraised through evaluation and development of the underlying evidence base. The sources of learning and evidence are not always used to drive improvement, with actions not always taken promptly when required. Current levels of performance are not understood by all staff.

Inadequate

Information and facilities do not support a high-quality, personalised and responsive approach for all service users.

There are significant gaps in policies and guidance, impeding the delivery of a quality service. Those that are in place have been poorly communicated and are not well understood, and many require reviewing. Policies to help keep individuals safe are insufficient.

Many of the facilities and premises have poor accessibility and/or are inappropriate, failing to offer the necessary levels of safety, security, privacy and confidentiality, and hampering effective engagement.

The ICT systems do not support the recording of timely, relevant and reliable data and fail to provide key information for planning and delivering services. Remote working is impeded. The systems fail to support robust information exchange, with data not submitted to external organisations as required and critical information not being provided promptly. Management information is produced in a way that is unhelpful.

Performance indicators are not reported to an acceptable standard, and the information used to monitor performance is unreliable, out of date or not relevant. There is very limited or no monitoring of performance trends and outcomes. Service users' views are not heard or acted on, and there is a defensive attitude to complaints and a lack of transparency in how they are handled. Lessons to be learned and good practice are rarely identified through feedback from other stakeholders, and there are limited or no performance discussions with other providers and agencies. The organisation rarely seeks to learn from others, and opportunities to benefit from research, learning reviews and scrutiny are not valued. There is minimal evidence of the sources of learning and evidence being used to drive improvement, and actions are not taken when required. Relevant information is rarely communicated to staff, who thus lack awareness regarding performance.

3. Glossary

Accountability	When people have responsibility to make decisions and take actions for areas of work within their remit
Approach	The overall way by which something is made to happen; an approach comprises processes and structured actions within a framework of principles and policies
Benchmarking	A systematic comparison of approaches with other relevant organisations to gain insights that will help the organisation to take action to improve its performance
Business plan	A plan that sets out an organisation's objectives. It may also be known as an organisational plan or corporate plan
Continuous improvement	A type of change that is focused on increasing the effectiveness and/or efficiency of an organisation to fulfil its policy and objectives
Culture	The organisation's beliefs, behaviours and values that influence the way people work
Diversity	The extent to which people within an organisation recognise, appreciate and utilise the characteristics that make an organisation and its service users unique. Diversity can relate to age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sex
Empowerment	Giving people the authority or power to make and implement decisions
Equitability	Ensuring that everyone is treated with dignity and respect, regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sex. It also means recognising that different groups have different needs, and ensuring that they have equitable and fair access to appropriate opportunities
Governance	A framework of authority and control within an organisation used to help it fulfil its legal, financial and ethical obligations

Impact	A measure of the consequences of one action or influence upon another
Leaders	A leader is anyone with responsibility for managing, directing, motivating or supervising others within the organisation. This includes senior managers, team leaders, supervisors and anyone else with a similar role. They are influential members within an organisation to whom others look for advice opinions and direction
Learning styles	The different ways in which people are best able to learn. They can include, for example, solitary or group scenarios, discussion, written information, pictures, hands-on learning and seminars
Line manager	A person with direct managerial responsibility for a particular employee
Mentoring	The advice and guidance offered by a more experienced person to develop an individual's potential
Partner	An external party that the organisation strategically chooses to work with to achieve common objectives and sustained mutual benefit.
Personalised approaches	Are ones in which services are tailored to meet the needs of individuals, giving people as much choice and control as possible over the support they receive. A personalised approach must include, but by no means be limited to, an individual's protected characteristics (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sex). They should also include a range of other diversity factors that could have an effect on the individual's ability and capacity to engage in interventions such as maturity, rurality, learning needs, mental health concerns, or cultural identity. There should be evidence that that consideration has been given to how that individual will be able to respond to that intervention at that time
Process	A set of activities that interact with one another because the output of one activity becomes the input for another activity. Processes add value by transforming inputs into outputs, using resources
Service user	In this document, this normally refers to offenders, however, in certain contexts, it can also refer to victims who are eligible for the NPS Victim Contact Scheme

Stakeholder	A person, group or organisation that has a direct or indirect stake or interest in the organisation because it can either effect the organisation, or be affected by it. Examples of external stakeholders are owners (shareholders), customers, suppliers, partners, government agencies and representatives of the community. Example of internal stakeholders are people or groups of people within the organisation
Strategy	The plan an organisation has for how it aims to achieve its vision
Structure	The way in which parts of a system are arranged or organised, or the system itself.
Succession planning	The process of identifying suitable people and preparing them to replace significant roles in an organisation when people leave
Values	Operating philosophies or principles that guide an organisation's internal conduct as well as its relationship with the external world. Values provide guidance for people on what is good or desirable and what is not. They exert major influence on the behaviour of individuals and teams and serve as broad guidelines in all situations
Victim contact scheme	A scheme designed to ensure that victims are given regular updates about an offender, are able to make representations about an offender's release arrangements and can receive information about licence conditions
Vision	What and where an organisation wants to be in the future, and how it wants to be described by its people and stakeholders