



effective practice

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Her Majesty's
Inspectorate of
Probation

AN HM INSPECTORATE OF PROBATION EFFECTIVE PRACTICE GUIDE



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Effective practice guide

Case supervision – adult

December 2020

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Introduction

About this guide

Over the past two years Her Majesty's Inspectorate of Probation has conducted detailed inspections of over 4,500 individual cases against our quality standards for effective probation work. Based on that extensive data set and individual feedback from our team of inspectors, we now have very good evidence of what delivery of work that meets those quality standards looks like, which we are keen to share with the probation service.



This guide is designed for probation practitioners and those tasked with supporting the development of their skills.

The capacity to be reflective, learn from experience and look for ways to improve are key qualities of good probation practitioners. This guide shares examples found by our inspectors that illustrate what good practice against our standards and key questions looks like. We want to shine a light on practice that engages the individual, supports them to change their behaviour so there is a reduced likelihood of further crime, and shows how the risk of harm to others can be reduced and managed. The practice examples for this guide have been drawn from both National Probation Service (NPS) divisions and Community Rehabilitation Companies (CRCs), to demonstrate effective work across the whole probation caseload.

This effective practice guide is designed for use within a wider framework of guidance, quality management, oversight and performance evaluation. We hope it encourages a wider and continuous process of evaluation and improvement to take place.

Justin Russell

HM Chief Inspector of Probation

Finding your way



Tools for practitioners



Useful links

Contact us



We would love to hear what you think of this guide. Please find current contact details via the [HM Inspectorate of Probation Effective Practice page](#).

Background: About this guide

HM Inspectorate of Probation is committed to promoting effective practice across the probation system to enable work with service users to be as effective as possible. We have collated case supervision practice examples for this effective practice guide. These examples have been drawn from both the NPS divisions and CRCs, to demonstrate that they apply across the probation caseload. We have developed these so that the reader can see how they meet our researched and evidence-based inspection standards, and we have added a section to prompt the reader to apply the learning in each case.

We believe that identifying **effective practice** is crucial in developing and improving practitioners' understanding about what inspectors look for in probation practice.

Who is it for?

This handbook, accessible in short modules, for practitioners managing statutory cases in the probation system. The modules describe the features of effective practice in assessment, planning, implementation and delivery of interventions, and reviewing.

How should it be used?

This guide can be used for evidence-based self-assessment, practice development and quality assurance. It can be used as part of a service's preparation for inspection, for action-planning after inspection or for general learning and training. Services can benchmark their own practice against inspection expectations using both HM Inspectorate of Probation's published standards and this effective practice guide.

A note on inspections

HM Inspectorate of Probation's standards for supervision, which underpin this effective practice guide, were designed to provide a single, shared view of good-quality probation services. They apply equally across the whole probation caseload, regardless of organisational structures.

Since the start of the current adult inspection programme in the summer of 2018 to this publication in December 2020, probation inspectors have interviewed over 4,015 probation practitioners about individual cases they were supervising. When we inspect case supervision, we look at a sample of cases that commenced their supervision six months previously. It is important to recognise that our inspection case examples focus on work undertaken up to this six-month point **only**.

The four standards for inspection of adult case supervision follow the ASPIRE model by focusing on the quality of assessment, planning, implementation and review. Within each standard we assess the quality of engagement, work to address desistance and work to keep other people safe. In this practice guide we have chosen examples that illustrate what good looks like for these areas of probation work.

The Inspectorate makes sure that inspectors inspect consistently. We carry out internal quality assurance and produce detailed guidance on what we expect in our published case assessment and rules and guidance (CARaG).

We recognise that there is no 'one size fits all' and that practice needs to be attentive and tailored to the diversity of service users, and their local communities and the services and opportunities that are available.

Our key principle is that we inspect the quality of work overall rather than the use of any particular document, tool or process. We do not require the use of any specific assessment or planning tool, but instead judge the quality of case supervision in the round. We inspect against our published standards, not against the adherence of the NPS or CRCs to any specific policy.

Inspectors assess the quality of probation work by following HM Inspectorate of Probation's ['Probation inspection domain two Case Assessment Rules and Guidance' \(2019\)](#).

The rules and guidance are based on international and national probation practice and research, and are designed to set high standards to assess quality. For more information please see [our evidence section](#).

Case supervision overview

Case supervision in context

Case supervision is the core responsibility of the probation practitioner, who oversees and is responsible for the effective delivery of the sentence of the court. The practitioner needs to build an influential relationship that can balance care with control to support desistance and prevent further victims of crime.

Paul Senior (2016) explained that it is important to recognise that 'The world of probation operates in and around four major systems of social organisation – the correctional system, the social welfare system, the treatment system and the community'.¹ The probation practitioner must navigate all four systems as they work to support an individual through their period of supervision. In probation work there has always been a degree of tension between caring for individuals who have broken the law and controlling and reducing their criminal behaviour. The imbalance of power can be perceived as oppressive and demotivating for the individual under supervision. A skilful practitioner whose response is authentic and who is able to express clear values honestly can enable the service user to view the supervision as legitimate and increase their motivation and participation in the process of change. This is sometimes referred to as procedural justice.

The principles of procedural justice focus on voice, neutrality, respect and trust, as outlined below. Further information is available in the Academic Insights paper '[Supervision Skills for Probation Practitioners](#)' (Peter Raynor (2019), HM Inspectorate of Probation).

Additional information can be found on the GOV.UK website, '[Procedural Justice](#)' (Her Majesty's Prison and Probation service. (2019). Gov.uk).

Four principles of procedural justice	
Voice Being able to tell their side of the story and this being sincerely considered by authority figures	Neutrality Transparent and open use of rules, neutral and principled decision making.
Respect Taking issues seriously, being courteous and polite, respecting rights and being respectful in treatment	Trust Sincere, caring, open, honest, considering views, doing what is right for everyone, lack of prejudice

Research indicates that people are most likely to be engaged with and accepting of the outcomes of a process if they believe it to be both fair and legitimate. In addition, a plan is

¹ P Senior et al. (2016). Imagining Probation in 2020, British Journal of Community Justice Vol. 14, No.1, pp .9-27.

more likely to address service users' needs where they are engaged as 'active collaborators' (Stephenson et al., 2017).²

Probation work is distinctive in that those who are under supervision are attending because they have to. It can be a challenge to achieve sincere engagement in the context of an involuntary relationship. Understanding and working with the individual's description of their problems is at the heart of facilitating meaningful change and a key feature of supporting desistance.³ A skilful probation practitioner develops an influential relationship with the individual. This, combined with practical help and better access to support services, enables the individual to achieve better control of their actions.

Managing and displaying emotions is critical to effective practice. Practitioners use emotions to create better relationships with service users, encourage compliance, support desistance, and assess and manage risk more effectively. Jake Phillips et al explore this further in our Academic Insights paper.⁴

The work of the probation practitioner is complex. For each case they need to take account of the individual's protected characteristics: there is no single solution that can be applied to all. Inspectors assess how well an individual has been engaged and whether the practitioner has taken account of their individual needs, as well as how their profile to reoffend and cause harm to others has been addressed and managed.

Good-quality case supervision provides coordination and oversight of the implementation of the order of the court, and how this is delivered can have a significant impact on outcomes. We know that interventions, such as offending behaviour programmes and support with employment or accommodation, work better when they are correctly targeted and the individual is supported by a probation practitioner with effective supervision skills. Furthermore, the probation practitioner needs to use their professional judgement to assess the individual's motivation, readiness to change, and potential to cause harm to others. They should use this information to decide how to sequence interventions and address non-compliance.

What does effective supervision look like?

While this guide provides examples of good practice found during inspections, they cannot be applied to all cases. It is imperative that there is an assessment and understanding of the issues, requirements and needs in each case. In particular, practitioners should consider the potential for serious harm and proportionality when planning how to manage a sentence. Andrews and Dowden (2006), among others, argued that medium- and high-risk offenders generally benefit more from intensive correctional interventions and low-risk offenders benefit less from intensive interventions. Being attentive to diversity demands a tailored approach that recognises the different backgrounds and needs of individuals.

Trotter⁵ noted that prosocial modelling and reinforcement, problem-solving, and cognitive techniques are core skills for reducing recidivism in probation supervision, and that these

² Stephenson, Z., Woodhams, J. and Harkins, L. (2017). 'The sequencing and delivery of interventions: views of imprisoned for public protection (IPP) prisoners in the UK', *Journal of Forensic Psychology Research and Practice*, 17(4), pp. 275-294.

³ Weaver B. (2016). *Offending and Desistance: The importance of social relations*.

⁴ Phillips J., Westaby C. and Fowler A. (2020/03). *Emotional Labour in Probation*. HM Inspectorate of Probation.

⁵ Trotter, C. (2013). Reducing recidivism through probation supervision: What we know and don't know from four decades of research. *Federal Probation*, 77, 43-48.

three skills have generally shown significant associations with recidivism. 'It seems reasonable to conclude that if probation officers or others who supervise offenders on court orders use evidence-based practice skills, their clients are likely to offend less often'.

Effective probation practice requires attention to both public protection and reducing reoffending. Neither can be achieved in isolation: the skilful practitioner needs to be able to attend to both assessments simultaneously. It is noteworthy that the future NPS operating model defines the probation practitioner's role as 'Assess, Protect and Change'.

The pressure of managing high workloads is cited all too frequently as an issue for probation practitioners in our adult inspections. Back in 2007, Ward and Maruna highlighted that increasing workloads and time constraints meant that practitioners prioritised risk rather than rehabilitation.⁶ Prioritising work to make best use of the time available is an important skill for probation practitioners. They must consider how frequently an individual will be supervised. Shapland et al (2012) identified the importance of regular interaction in the early stages of an order, as evidence suggests reoffending is significantly higher during this period.⁷

The following good practice examples illustrate how practitioners are able to combine compliance with mandatory criminal justice processes with delivering work that is influential and meaningful to the individual and supports them in avoiding reoffending, while remaining attentive to keeping others safe.

Risk, Need, Responsivity

Case supervision encompasses a multitude of tasks, so the professional probation practitioner needs to be a skilled 'multi-tasker'. They need to determine the necessary frequency of contact, taking account of the individual's assessed level of serious risk of harm and risk of reoffending. They must also consider the priorities of monitoring, compliance and enforcement, engagement and the implementation of targeted interventions tailored to meet the individual's needs. The risk need and responsivity principles have been hard-wired into the probation profession's understanding of evidence-based practice since the 'what works' era and publication of the HM Inspectorate of Probation evidence-based practice guidance in 1998. Drake (2011)⁸ showed that reoffending rates fell (16 per cent) if the supervision applied the risk, need and responsivity principles.

Applying the risk, need and responsivity principles

Interventions should match the likelihood of reoffending, and offending-related needs should be the focus of targeted interventions. Opportunities to provide integrated services and pathways of delivery, particularly for service users with multiple and complex needs, should be well-developed.

⁶ Ward T and Maruna S (2007) *Rehabilitation: Beyond the Risk Paradigm*. London: Routledge.

⁷ Shapland J, Bottoms A, Stephen F, McNeill F, Priede C, Robinson G and Farrall S (2012). *The Quality of Probation Supervision – A Literature Review: Summary of Key Messages*. Available at: http://cep-probation.org/uploaded_files/quality-of-probation-supervision.

⁸ Drake, E. K. (2011). "What Works" in community supervision: Interim report. Olympia: Washington State Institute for Public Policy.

Engagement in case supervision

Introduction to engagement in case supervision

Probation providers should seek to motivate service users to comply and engage positively with the requirements of their sentence. This includes:

- helping service users to recognise the positive changes and benefits from desistance
- taking full account of any personal circumstances that might make compliance more difficult
- working with the service user to overcome such difficulties.

At the same time, practitioners should take appropriate enforcement action where required, dealing with instances of non-compliance and relapse in a proportionate, fair and transparent manner. Responsible officers need to take account of what is going on in people's lives, what their strengths and protective factors are, and any barriers to compliance and completion.

In this section of the guide we explain more about what we mean by engagement and outline what we consider good practice to look like in this area, across assessment, planning, implementation and delivery, and reviewing. We also consider service users' views and what they say works for them in the supervision process.

Evidence summary

Evidence on good practice in engaging service users can be found across a number of research areas, including research on desistance, supervision skills and procedural justice.

The following are consistently found to be important:

- The establishment of a **positive, respectful and trusting relationship** between individual practitioner and service user. For some service users, this is felt to be the cornerstone of a successful probation period. These relationships are most beneficial when they are characterised by empathy, enthusiasm, a belief in the capacity to change, and appropriate disclosure. Genuine relationships demonstrate 'care' about the person being supervised, their desistance and their future.
- **Collaboration** with the service user in establishing goals and finding solutions. Service users have reported that they value being listened to, having the chance to 'tell their story', and their probation officer taking the time to recognise them as an individual, understanding their diversity and their specific needs and expectations.
- **Structured supervision**, applying approaches such as prosocial modelling, effective reinforcement, cognitive restructuring, and problem-solving. Building and maintaining motivation is often vital, with attention being paid to any practical obstacles. Service users have stressed that any initial decision to change their lives has to be theirs, but individual practitioners can help motivate them to keep working on issues and to seek out solutions and suitable help through advice on problem-solving.
- Service users have reported appreciating '**critical advice**', provided that it is based on a demonstrated understanding of themselves and their situation. Officers who are 'pushy', demanding real effort and change, can be seen as showing genuine interest and concern, which can help create and maintain motivation. The task for the practitioner is to achieve a balance between encouragement and 'pushing', while

maintaining due regard for service user autonomy. Service users have stated that they value practitioners who are respectful, non-judgemental, consistent, fair and accountable. It is particularly important for service users that instances of non-compliance and relapse are dealt with in a proportionate, fair and transparent manner – procedural justice indicates that the perceived fairness of processes affects how people view those in authority and subsequently respond.

- Service users have highlighted the need for **continuity of support** – they benefit from the establishment of trusting relationships and have reported disliking ‘pass-the-parcel’ case management or having to repeat the same information to a succession of ‘strangers’.

What we expect and what our inspections tell us about engagement practice

When we inspect a case, we assess the quality of work delivered in relation to engagement, desistance and keeping people safe. In doing this we do not focus on the quality of specific documents, work products or tools. Instead we look at practice holistically. For example, when examining planning practice, we inspect the quality of the whole process, not just the quality of the written plan.

We expect to see:

- ✓ assessment practice that focuses sufficiently on engaging the service user, analysing the service user’s motivation and readiness to change and meaningfully involving the service user in the process
- ✓ planning that is clearly focused on enabling the service user to engage positively with their sentence
- ✓ implementation and delivery of interventions where there is a focus on enabling the individual to comply but with non-compliance responded to and enforced appropriately
- ✓ service users being meaningfully involved in the process of review to evaluate compliance levels and remove barriers to engagement.

What follows relates to our domain two standards for: assessment, planning, implementation and delivery, and reviewing. It sets out our expectations for practice relating to engagement. Against each element of practice, we use a good practice example to show where we have seen things done well and from which we believe other practitioners can learn.

Between June 2018 and March 2020 (pre-Covid-19), we inspected 4,548 cases in total against our domain two standards for case supervision. Highlighted below are the strengths and challenges to effective practice that we found in relation to engagement work from these case inspections:

Key strengths

- in relevant cases, assessments usually analyse the service user’s diversity and personal circumstances and consider how these impact on engagement and compliance
- service users are meaningfully involved in their assessment and their views are taken into account most of the time
- planning usually takes sufficient account of the service user’s readiness and motivation to change

- there is sufficient focus on maintaining an effective working relationship with the service user in the majority of cases
- responsible officers make a good effort to take account of employment and family responsibilities when organising appointments
- where reviews are needed, they consider compliance and engagement levels and any relevant barriers in the majority of cases.

Challenges to effective practice

- service users are often not meaningfully involved in planning their supervision
- pre-release planning occurs in too few instances and needs to be prioritised
- in cases where reviews are required, the service user is involved in reviewing their progress and engagement in too few cases
- adjustments are rarely made to ongoing plans of work when there are concerns about compliance and engagement levels.

What ex-service users tell us?

On engagement practice

In developing this guide, we consulted with a number of individuals who had been subject to probation supervision in the past. We wanted to acknowledge and understand their perspective on effective engagement practice, and it was encouraging to find that the case examples contained in the guide support their experience of what 'good' looks like. Here is some of what they told us:

"It is good to see the importance of good communication between the officer and client included within the guide. This is central to everything".

"A stable relationship with the worker is vital. You can get passed from pillar to post and this is not good for building trust. I had 14 months on licence and had four probation officers during that time. It was frustrating to have to explain things over and over again".

"Meeting my probation officer in prison before my release was brilliant and this should happen more often. The day of release is often the first meeting between the client and officer these days and so you're immediately on the back foot. Starting the relationship before you come out really helps".

"Getting practical help from probation helps. Service users don't often see the work that goes on behind the scenes and so completing practical tasks together (such as housing applications, arranging and accompanying service users to appointments) can help the relationship. Without this service users don't always appreciate what the worker is doing or recognise the benefits of probation".

"My officer said to me once 'probation is not just about punishment, let us help you change your life for the better'. This made me think differently about probation".

Assessing for engagement

Assessment should focus sufficiently on engaging the service user. Practitioners should:



analyse the service user's motivation and readiness to engage and comply with their sentence



analyse the service user's diversity and personal circumstances, and consider the impact that these have on their ability to comply and engage with service delivery



meaningfully involve the service user in their assessment and take their views into account.

Case summary



Kate is a 19-year-old female sentenced to a 12-month community order with 20 rehabilitation activity requirement days for a public order offence.

She is both a victim and perpetrator of domestic abuse and has a history of violent and anti-social offending behaviour. She presents a potential risk to staff, having assaulted police officers and support workers in the past.

The initial stages of engagement with Kate, and with a number of partnership agencies supporting her, contributed to a clear analysis of her childhood experiences and how they have impacted on her current vulnerabilities and offending behaviours. The assessment explored her feelings of low self-worth, identifying links to previous suicidal ideations, self-harm and being a victim of grooming. Kate disclosed using cannabis to manage her emotions, and agencies were identified to support her to address her substance misuse and mental health needs.

The initial assessment provided a very clear analysis of the offence, previous offending behaviour, Kate's attitude towards it and her motivation and readiness to change. It also identified her new partner as a supportive factor, and he is described as a positive influence; he is in full-time employment and has never used substances.

During the initial interview for the assessment, the responsible officer took time to explore the support available to Kate. Her compliance with probation supervision in the past had been poor. The responsible officer explored the reasons for this with Kate, and also liaised with other agencies to gather relevant information. Kate continued to receive some support from children's social care, having left the care system, and they were seen as a key stabilising factor and likely to support her compliance with the new order.

Inspector's comments:

"The inspector particularly liked the level of engagement with the service user in this case, which was evidenced from the start of the order. The responsible officer actively involved Kate in the assessment process and communicated with other agencies effectively to confirm ongoing support and access to resources and services to promote compliance. For example, as a former looked after child, Kate was entitled to funding from children's social care and this was discussed and explored further by the responsible officer."

“The assessment was thorough and detailed. It included information from the youth offending service and children’s services, and also incorporated Kate’s perspective. It was clear that Kate had a high level of complex needs, which were recognised and responded to and supported by various agencies to ensure that she engaged positively with the new order. It was very clear in the assessment that the responsible officer had demonstrated the ability to understand the impact that Kate’s experiences had on her offending and risk of harm and how they might influence her engagement and motivation to change.

“As a result of this strong assessment, Kate had wrap-around support, leading to her securing independent accommodation and seeking suitable employment. Overall, the level of engagement with Kate was impeccable. The responsible officer had recognised her experience of trauma as a child, experience of being in care, suicide attempts and high vulnerability. All of this informed their interaction with Kate and ultimately resulted in a series of positive outcomes.

“During the interview for the inspection, the responsible officer explained that they had completed a lot of the OASys assessment collaboratively with Kate and let her read it when it was complete. The responsible officer used this as a tactic to build Kate’s trust and confidence in the supervision process. This is excellent practice.”



Take away – applying the learning

1. What stood out for you in this case example? Can you identify similar elements in your own approach to assessing for engagement?
2. What changes will you make when considering service users’ diversity and personal circumstances? How will this impact on your engagement and compliance practice?
3. How can you develop further your understanding of assessing for engagement?

This case summary is intended for training/learning purposes and includes a fictional name.

Planning for engagement

Planning should focus sufficiently on engaging the service user. Practitioners should:



meaningfully involve the service user and take their views into account



take sufficient account of the service user’s diversity and personal circumstances, which may affect engagement and compliance



take sufficient account of the service user’s readiness and motivation to change, which may affect engagement and compliance



set out how all the requirements of the sentence or licence/post-sentence supervision will be delivered within the available timescales



set a level, pattern and type of contact sufficient to engage the service user and support the delivery of specific interventions.

Case summary



Lisa is a 24-year-old female who received a 12-month community order with a 15-day rehabilitation activity requirement for an offence of driving while under the influence of alcohol.

She was three times over the legal limit and lost control of her car. She reported having committed this offence following an argument with her partner and had committed a similar offence just four months earlier. In the earlier offence, Lisa stated that she drove in similar circumstances following an argument with her partner's brother. As a consequence of this repeat offending, the responsible officer assessed Lisa as posing a medium risk of causing serious harm.

Due to health issues, Lisa failed to attend three initial appointments. Despite the absences, the responsible officer completed the initial assessment and sentence plan within 15 days of sentencing but recorded clearly on the case file that this would be revisited as soon as Lisa attended an appointment and had been properly inducted onto the order. In the meantime, the responsible officer kept in contact over the phone and managed to develop a positive relationship with Lisa, despite the early absences.

During the first office appointment with the responsible officer, Lisa disclosed that she was a victim of domestic abuse, suffered from extreme anxiety and, at times, resorted to alcohol abuse to self-medicate. Following this meeting the responsible officer carried through with their intention to review the assessment and sentence plan, having heard Lisa's perspective. The result was a very good assessment of Lisa's personal circumstances, how they affected her, her readiness to change and how best to work with her to achieve this.

This strong assessment was then developed into an excellent sentence plan that contained the following:

- an explanation of the need for a flexible approach to supervision, with office appointments and home visits being used; the first few contacts were conducted at home to enable Lisa to build trust with the responsible officer and to form a relationship
- detail about the need for reporting arrangements to fit around childcare commitments, as she had a one-year old child
- a referral to the local women's centre, including one-to-one counselling sessions and safety planning, given Lisa's experience of domestic abuse
- alcohol counselling
- a referral to a community psychiatric nurse who attended weekly at the local women's centre, to enable deeper assessment and onward referral regarding Lisa's anxiety.

Inspector's comments

"Planning in this case was excellent. So often we see plans that were completed within the required HMPPS timescales but in the absence of the service user, to meet the relevant service level measure. Although this happened in this case initially, the responsible officer made sure that, once Lisa did attend, the initial assessment and sentence plan were reviewed in order to fully incorporate her views. Subsequently, the responsible officer took into account Lisa's

“personal circumstances, her anxiety and the fact that she was a victim of domestic abuse. Supervision was tailored to Lisa’s needs and home visits were used during the initial stages to help build trust and gain her confidence.

“The detail included within the sentence plan was good and relevant interventions to address criminogenic factors were sequenced appropriately. The plan acknowledged that attendance at the women’s centre, a busy community hub, would not initially be conducive to Lisa’s needs and readiness to engage. The plan was also clear that, for the first 12-weeks of supervision, all appointments needed to take place on a one-to-one basis, such as Lisa’s level of anxiety. This was later reviewed.”



Take away – applying the learning

1. What stood out for you in this case illustration? Can you identify similar elements in your own approach to planning for engagement?
2. What changes will you make to your practice when considering service users’ complex personal circumstances? How will this impact on engagement and compliance themes when you put together a suitable plan?
3. How can you develop further your understanding of planning for engagement?

This case summary is intended for training/learning purposes and includes a fictional name.

Implementing and delivering for engagement

The sentence/post-custody period should be implemented effectively with a focus on engaging the service user. Specifically:



the requirements of the sentence should start promptly, or at an appropriate time



there should be sufficient focus on maintaining an effective working relationship with the service user



efforts should be made to enable the service user to complete the sentence, including flexibility to take appropriate account of their personal circumstances



in **post-custody cases**, there should be a proportionate level of contact with the prisoner before release



risks of non-compliance should be identified and addressed in a timely fashion to reduce the need for enforcement action



enforcement action should be taken when appropriate



efforts should be made to re-engage the service user after enforcement action or recall.

Case summary



Rick is a 34-year-old male convicted of downloading indecent images of children. He was sentenced to 12-months in custody and released on licence.

Rick has an avoidant personality disorder and is on the autistic spectrum. The responsible officer drew on a number of sources of information from medical and forensic professionals concerning this personality disorder to establish a suitable approach to risk management. The responsible officer carried out two pre-release visits eight weeks before Rick's release. Discussions in these early stages focused on agreeing the best strategy for promoting Rick's compliance with probation and various other agencies and how appointments should be issued to him. It was agreed that these would be provided verbally, followed up in writing and then with text reminders a few hours before every appointment.

The risk management plan was detailed, personalised and specific in terms of what was required to manage the risk that Rick presented and how to deliver the agreed risk management strategies.

There was evidence of effective liaison with a number of other agencies (including his GP, community mental health team and the Job Centre) to coordinate appointments and services throughout the supervision process. The structured interventions were constantly reviewed and informed by the forensic psychologist, with regular discussion at PICS (Psychologically Informed Consultation Service). There was evidence of sensitive disclosure to appropriate agencies and individuals to support the safety of others but also in terms of the Rick's own self-harming behaviours. Rick was appropriately kept informed when information had to be disclosed or shared.

Home visits were carried out weekly when Rick was anxious about leaving his flat and when coming into contact with people he did not know. These were interspersed by occasional office visits to which his father accompanied him. The responsible officer developed a constructive relationship with Rick's father, given how crucial he was to the supervision process in terms of support and providing information about his son's condition and behaviour.

There was good coordination of risk management and random unannounced visits from the Police Sex Offender Management Unit, who made checks on his internet use. After six weeks of what the responsible officer deemed good compliance and positive progress, they received a call from Rick's father to say that he and Rick had had an argument and Rick had left the family home and his whereabouts were unknown. The responsible officer monitored the situation closely and informed the police, who tried to locate Rick. Checks of Rick's computer showed that, before leaving the family home, he had been accessing explicit images. The responsible officer quickly discussed the situation with their line manager and Rick was recalled.

Following recall, the responsible officer visited Rick in custody to explore the issues that resulted in him leaving the family home and to discuss his internet use. Rick was eventually re-released at the licence expiry date. The contact in custody was used effectively to re-establish a strategy for Rick's eventual release and this time supported accommodation was also put in place.

Inspector's comments

"This was an extremely complex case but, for a period, there was a good level of compliance. The responsible officer took good account of Rick's personality disorder and the way this impacted on him. Pre-release visits were crucial in this case and enabled the responsible officer to form a strong relationship with Rick, and to agree a workable strategy to promote his cooperation. Arrangements for the interventions and services Rick was required to attend were clearly explained and coordinated, taking account of information provided by the forensic psychologist on Rick's learning style.

"Home visits were also used well and were interspersed with office visits. Despite the eventual recall, the responsible officer recognised the importance of re-engaging with Rick once he was returned to custody to talk in detail about the circumstances that led to his recall to prison. This good engagement work resulted in a revised strategy for re-release, which eventually resulted in the successful completion of the post-sentence supervision period."



Take away – applying the learning

1. In this case the responsible officer researched the service user's diverse needs relevant to his avoidant personality disorder. This informed how she would approach the service user to maximise his engagement and to make clear her expectations for compliance and to trust. How does your practice explore the opportunities to maximise compliance?
2. The responsible officer had pre-established the key elements to retaining the service user's engagement: those of age and maturity and the presence, or otherwise, of social bonds. She did this in the order to reasonably manage any risk to others alongside the desistance process. She took prompt, timely action on enforcement, as she fully understood in this case the factors linked to his non-compliance. Will the learning from this case influence your approach to securing engagement, and if so how?

This case summary is intended for training/learning purposes and includes a fictional name.

Reviewing for engagement

Reviewing should focus sufficiently on supporting the service user's compliance and engagement. Practitioners should:



consider compliance and engagement levels and any relevant barriers



make any necessary adjustments to the ongoing plan of work to take account of compliance and engagement levels and any relevant barriers



meaningfully involve the service user in reviewing their progress and engagement



include the completion of written reviews as a formal record of actions to implement the sentence, where appropriate.

Case summary



Tom is a 22-year-old male released on licence for supply of Class B drugs. He has a small number of convictions, but they are of a similar nature committed within a context of his involvement with gangs.

The most recent offence was committed while on licence for a longer sentence, also for supply of drugs. Because of Tom's connections to local gangs, he was assessed as medium risk of serious harm and supervised by a specialist probation officer who worked with the city's gangs' team. Preparation for release and intelligence gathering and sharing was impressive, both before and after release. The responsible officer reviewed Tom's associates as well as carrying out regular safeguarding checks for his younger siblings, as he returned home to live with them and his mother.

Tom had six GCSEs and the release plan focused on encouraging him to find work, with impressive support and introductions to work opportunities. Three months after release, Tom obtained full-time work and had attended all of his appointments.

In order to agree the next phase of supervision, a formal review was conducted. A three-way meeting was convened at the probation office between Tom, his responsible officer and his assigned police officer from the gangs unit. This meeting was positive and was used as a means of praising Tom. The review meeting acknowledged how far he had come and how supervision could now be less intensive but with clarity about the level of monitoring that would need to continue while Tom was subject to licence. The responsible officer had written confirmation of the employment offer and discussed the job with Tom's employer. There was full disclosure and transparency about the current situation and the responsible officer was confident that the employer would alert them should they have any concerns about Tom's behaviour in the future.

Inspector's comments

"This case provides a very positive example of reviewing. The service user in this case had made excellent progress and the support and encouragement offered by the responsible officer to find employment resulted in a positive outcome. Finding work would clearly reduce the likelihood of further offending."

"It was great to see the use of a three-way meeting to give credit to Tom for his achievements and formally agree the next phase of the supervision process. This was recorded in both nDelius and OASys to evidence the decision to reduce the intensity of contact. It was clear from records that Tom had contributed positively to the review and his perspective was thoroughly documented throughout."

"Inspectors had the benefit of speaking with Tom during fieldwork and he could not say enough positive things about his responsible officer and the police that had supported him. He had never managed to obtain legitimate employment before, and it was clear that this achievement had had a significant effect on his self-esteem and attitude towards the future."



Take away – applying the learning

1. The responsible officer took a constructive approach to this case and enlisted the assigned gangs police officer in the same approach. They managed the service user's continued engagement for the purpose of desistance. They used the meeting with the employer to recruit a similar constructive approach to maintain engagement. The level of oversight in this case was very successful. Do you use similar approaches? If not, what, if any, learning will you take from this case illustration?
2. In this case the responsible officer organised a review to reflect positively on the service user's progress and engagement throughout the order. Do you use reviews constructively to reinforce good progress?

This case summary is intended for training/learning purposes and includes a fictional name.

Desistance in case supervision

Introduction to desistance in case supervision

A core purpose of probation services is to support those under supervision in a way that reduces the likelihood that they will commit further crime. Research tells us that this can be achieved by addressing the underlying reasons why someone offended, otherwise known as criminogenic factors, as well as enhancing strengths and protective factors.

Desistance is often described as a journey, influenced by someone's circumstances, the way they think, and what is important to them. Each person's experience is different and therefore a 'one size fits all' approach will be ineffective. In our inspections we assess the effectiveness of work carried **out to help individuals desist from offending** and provide the detail about how we approach this, including examples of where we have seen it done well, throughout this second module.

Evidence summary

Desistance is the process of abstaining from crime by those with a previous pattern of offending. It is an ongoing process and often involves some false stops and starts – it can take considerable time to change entrenched behaviours and the underlying problems. The collated evidence suggests that people are more likely to desist when they have:

- strong ties to family and community
- employment that fulfils them
- recognition of their worth from others
- feelings of hope and self-efficacy
- a sense of meaning and purpose in their lives.

The term 'assisted desistance' has been used to describe the role that probation (and other agencies) can play, recognising that individuals can be supported to desist from crime but there are too many factors at play for an agency to 'cause' desistance.

The research literature highlights the importance of the following:

- **adhering to risk, need and responsivity principles:** interventions should match the likelihood of reoffending, and offending-related needs should be the focus of targeted interventions. Opportunities to provide integrated services and pathways of delivery, particularly for service users with multiple and complex needs, should be well-developed
- **respecting individuality:** Since the process of giving up crime is different for each person, delivery needs to be properly individualised – the desistance process is influenced by an individual's circumstances, the way they think, and what is important to them
- **recognising and developing people's strengths:** the supervision process should promote a range of protective factors and take a strengths-based approach rather

than focus solely on individuals' deficits. For example, strong and supportive family and intimate relationships can support individuals in their desistance journey

- **building positive relationships:** service users are most influenced to change by those whose advice they respect and whose support they value. Personal and professional relationships are key to change
- **respecting and fostering agency or self-determination:** this means working **with** service users rather than **on** them. Service users have highlighted the importance of real collaboration and co-production, and their engagement as 'active collaborators'. There has been growing attention in recent years to the potential value of service users' involvement in the review and development of probation services. Service users have reported that such involvement can facilitate self-efficacy, social benefits, professional development and desistance from further offending
- **recognising the significance of social context:** desistance is related to the external/social aspects of a person's life (e.g. the supportiveness of those around them), as well as to internal/psychological factors (e.g. what the individual believes in). Giving up crime requires new networks of support and opportunities in local communities.

What we expect and what our inspections tell us about effective desistance practice

When we inspect a case, we assess the quality of work delivered in relation to engagement, desistance and keeping people safe. In doing this, we do not focus on the quality of specific documents, work products or tools. Instead we look at practice holistically. For example, when examining planning practice, we inspect the quality of the whole process, not just the quality of the written plan.

For effectiveness in desistance, we expect to see:

- ✓ assessment practice that focuses on the factors linked to the service user's offending, together with an analysis of their strengths and protective factors
- ✓ planning that focuses on the factors relating to offending and incorporates and builds on the individual's strengths and protective factors
- ✓ implementation and delivery of services that effectively support the service user's desistance
- ✓ reviews of progress that actively support a reduction in the likelihood of reoffending.

What our inspections tell us about desistance practice

Since June 2018 we have inspected 4,548 cases in total against our domain two standards for case supervision. Highlighted below are the common strengths and challenges to effective practice relating to desistance from these case inspections:

Key strengths:

- responsible officers identify relevant offending-related factors in the majority of cases
- service users' strengths and protective factors are incorporated into assessments most of the time
- planning sufficiently reflects offending-related factors and tends to prioritise those that are most critical in a reasonable majority of cases
- plans and reviews usually build on service users' strengths and protective factors
- planning work sets out the services most likely to reduce reoffending and support desistance
- the delivery of services/interventions build on service users' strengths and enhance protective factors in a reasonable majority of cases
- reviews identify and address changes in factors linked to desistance and offending in a reasonable majority of cases.

Challenges to achieving effective practice:

- assessments do not sufficiently draw on available sources of information
- sequencing of interventions to reduce reoffending does not receive sufficient attention
- the work of other agencies in the delivery of services is not sufficiently well coordinated
- where appropriate, responsible officers do not engage with key individuals in the service user's life often enough
- the level and nature of contact is only sufficient to reduce reoffending and support desistance in just over half of cases
- where needed, necessary adjustments to the plan of work are not reliably made
- information from other agencies needs to be used more effectively and purposefully when reviews are conducted.

What ex-service users tell us?

On desistance practice

In developing this guide, we consulted with a number of individuals who had been subject to probation supervision in the past. We wanted to acknowledge and understand their perspective of desistance and it was encouraging to find that the case examples contained within the guide support their experience of what 'good' looks like. Here is some of what they told us:

"Housing is the most important factor that people need help with; without somewhere to live it's impossible for people to change. Once a person has stable accommodation you can work from there".




"Probation officers do not do enough to look for the positives in people's lives. It's hard when somebody has offended but most people do have skills and strengths that can help them to change".

"It is good to have third-party organisations to back up probation. Probation can only do so much. Having other organisations to help is important, particularly with helping people get to appointments".

"In terms of Through the Gate, it is great when there are staff available to accompany service users to appointments once they are released. Housing appointments, for example, can last for hours and can be very challenging for the service user. Mentors really help to eliminate fears and keep the service user focused on the end goal. Having somebody to talk through the process with really helps".

Assessing for desistance

Assessment should focus sufficiently on the factors linked to offending and desistance. Practitioners should:

-  identify and analyse offending-related factors
-  identify the service user's strengths and protective factors
-  draw sufficiently on available sources of information.

Case summary



Amir is a 24-year-old male sentenced to a six-month community order consisting of a 10-day rehabilitation requirement and an exclusion requirement.

The offence was imposed for a number of offences of shop theft, and the exclusion forbade Amir from entering the retail park where he committed the offences.

Shortly after sentence, Amir received 28 weeks in custody for an earlier offence of common assault against an emergency worker. There was very little time for any offence-focused work to be completed before the custodial sentence, but the responsible officer did complete the initial assessment, which took account of Amir's lengthy record of acquisitive crime and long-standing heroin and crack cocaine habit.

Amir's offending-related factors were identified and carefully analysed. The responsible officer gathered information from the substance misuse services, the youth offending team and children's social care. Amir had been known to these agencies in the past and had witnessed significant domestic abuse within the family home as a child.

A lack of stable accommodation, substance misuse, thinking and behaviour problems and potential mental health issues were highlighted as requiring intervention to reduce the likelihood of Amir reoffending. The responsible officer also identified that previously when Amir had stable accommodation, he had demonstrated good coping skills and a higher level of motivation to address his offending behaviour. It was impressive that within this short time period the responsible officer was able to obtain supported accommodation, linked closely with the substance misuse services for Amir. This was a potential protective factor and enhanced his motivation. Identifying these key issues recognised Amir's strengths and capacity for change and were crucial to his long-term rehabilitation.

Inspector's comments

"The assessment in relation to desistance was excellent in this case. Despite the relatively limited time between the start of the community order and imposition of the prison sentence, a full and thorough OASys was completed. Stable housing was identified as crucial to Amir's future rehabilitation, and so the responsible officer started work immediately to find him somewhere suitable to live. In addition, they also arranged for the tenancy to remain open while Amir was serving the custodial sentence. Critically, the responsible officer took account of the range of factors that had contributed to the reasons why Amir had offended. This included gathering information from the substance misuse key worker, so that Amir could be supported on release to address his heroin and crack cocaine addiction and work towards abstinence.

"Most impressive was the drawing of information from various sources to build a detailed picture of Amir's criminogenic needs. In this case the responsible officer liaised with the youth offending team and children's social care. The potential link between Amir's childhood experience of trauma was analysed within the initial assessment and highlighted as requiring further exploration and intervention to address the underlying causes of his substance abuse."



Take away – applying the learning

1. This case illustrates a good desistance-focused assessment. It identifies all the significant life events and recognises that the service user's offending behaviour is linked to his negative emotional state and drug use. How do you address desistance at the assessment stage? Do you set in context why the service user committed the offence? Does your assessment practice capitalise on service users' positive attitudes and motivation for the future?
2. How can your practice in assessing for desistance draw on the widest possible range of information sources?

This case summary is intended for training/learning purposes and includes a fictional name.

Planning for desistance

Planning should focus sufficiently on reducing reoffending and supporting the service user's desistance. Practitioners should:



sufficiently address offending-related factors and prioritise those that are most critical



build on the service user's strengths and protective factors, using potential sources of support



set out the services most likely to reduce reoffending and support desistance.

Case summary



Helen is a 26-year-old female who was sentenced to a community order of nine months for a number of offences of shoplifting.

The order consisted of an exclusion requirement, forbidding Helen from entering an area of the city centre where she regularly offended, and a drug rehabilitation requirement. Helen's offending was linked to a long history of heroin and crack cocaine use and she had been homeless for three years.

Helen was identified for inclusion in the local Integrated Offender Management (IOM) scheme due to the frequency and pattern of her offending. The IOM team was based in the city centre (outside of Helen's exclusion zone), and probation, the police and drug services all worked from the same building. In addition, a housing worker from the homelessness team at the council, a representative from the job centre, women's services and a selection of other partners all worked from the IOM office at various times throughout the week. Female-only reporting was scheduled every Friday, which provided an opportunity for women subject to IOM to attend a safe, female-only environment.

Following sentence, Helen was given an appointment to attend an induction with her responsible officer the next day, which just so happened to be a Friday. The meeting went smoothly, and the responsible officer explained what it would mean for Helen to be supervised by IOM and they talked about her current situation and circumstances in detail. The aim of IOM was to ensure that Helen had wrap-around support to help her address the underlying causes of her offending, achieve a level of stability that had been absent for a number of years, and break the cycle of drug use and offending. During the induction appointment, Helen was introduced to the worker from the local women's service and an IOM police officer; both would be working with Helen over the coming months. The responsible officer explained that following induction, where possible, the IOM team aims to hold a sentence planning panel with the service user and agency representatives, relevant to the service user's criminogenic needs. Helen agreed that she would be happy for this to take place.

A sentence planning panel was therefore scheduled for the following Friday. The responsible officer invited the worker from the women's service, the IOM police officer, a substance misuse worker, the housing advice worker and the member of staff from the job centre to attend.

The responsible officer chaired the sentence planning meeting and each of the criminogenic factors were explored in turn. The aim of the meeting was to construct a sentence plan and identify relevant objectives and activities to support Helen to address the factors that were impacting on her offending.

The following objectives and activities were agreed in order of priority:

- A homelessness assessment would be carried out immediately and applications for supported housing would be made within the next few weeks. The women's centre and the housing worker would work together on this. Helen needed somewhere to live urgently.
- Immediately after the sentence planning meeting the substance misuse worker would meet with Helen to review her current package of treatment and develop a new plan.

- The staff member from the job centre would meet with Helen to review her financial situation and make a new benefit claim.
- Helen's next appointment would be at the local women's centre and she would be introduced to the full range of interventions available there.
- In addition to their role in monitoring intelligence around Helen's offending, an agreement was also made with the IOM police that they would help with transport so that Helen could get to all appointments over the course of the first four weeks of the order.
- Once Helen is more stable, the job centre staff member would help her to explore potential employment opportunities. She is a qualified hairdresser and would like to return to this work in the future.

Helen was extremely grateful for having had the opportunity to meet those who would be supporting her during the course of the new order. She had been subject to probation in the past but did not have a positive experience. Her homelessness had never previously been addressed with such urgency and she felt as though everybody that she met at the sentence plan panel all shared the same goals.

Following the meeting, the responsible officer recorded the details of the plan within OASys and shared a copy with each agency representative as a record of what was agreed. A date for review was also set at the 12-week stage and another panel scheduled.

Inspector's comments

"Although in some ways this is an exceptional case, given Helen's inclusion in IOM, it provides an excellent example of sentence planning and how effective it can be to involve other agencies in the process. The responsible officer coordinated the sentence plan effectively, following local processes in identifying the agencies that needed to be involved in the panel. There was a clear focus on the issues that had contributed to Helen's pattern of offending and these were prioritised in order, with key tasks identified and made clear for all parties.

"Despite there being a mountain to climb in some ways, and Helen's homelessness and drug misuse requiring urgent attention, the responsible officer was absolutely right to identify a strength, her skills and experience as a qualified hairdresser, that could be explored and capitalised on in the future. This gave Helen something to work towards.

"Helen's status within IOM was also identified as a potential protective factor and with the support of the police to help get her to appointments, the list of sentence plan objectives and activities became more manageable.

"Setting a date for review and scheduling a follow-up meeting was also good practice. This made it clear to Helen and all agencies that progress would be monitored, and actions followed up."



Take away – applying the learning

1. The assessment had already addressed the service user's degree of maturity and personal history. The priority was to address the primary social circumstances: in this case, the lack of suitable accommodation. Do you prioritise your planning so that you address primary needs before beginning the desistance elements of planning, such as motivation to change and attitudes to offending?
2. What stood out for you in this case illustration? Can you identify similar efforts in your practice, such as coordinating relevant stakeholders to plan together, with sequencing and a tailored approach?
3. Based on the learning from this case, what if any changes will you make to your desistance planning practice?

This case summary is intended for training/learning purposes and includes a fictional name.

Implementing for desistance

The implementation and delivery of services should support the service user's desistance effectively. Practitioners should:



ensure that the delivered services are those most likely to reduce reoffending and support desistance, with sufficient attention given to sequencing and the available timescales



wherever possible, ensure that the delivered services build on the service user's strengths and enhance protective factors



coordinate the involvement of other organisations in delivering services effectively



where appropriate, engage key individuals in the service user's life to support their desistance



ensure that the level and nature of contact are sufficient to reduce reoffending and support desistance



engage local services to support and sustain desistance during the sentence and beyond.

Case summary



Wayne is a 25-year-old British Muslim male sentenced to two years in custody for theft and possession of Class B drugs.

He was on licence at the time of the offences and consequently recalled. He was assessed as medium risk of harm to the public and staff due to previous convictions for violence, and aggression towards staff.

Wayne converted to Islam at the age of 18. Before his release, he was allocated to a faith and cohesion worker, who referred him to a local faith based community

organisation, that supports those newly converted to Islam. Support was provided throughout his licence and post-sentence supervision period by two local faith based community organisations to secure him accommodation and support him to attend a local Mosque.

Wayne has a history of drug misuse (mamba). Before the current sentence, this had affected his ability to maintain a tenancy and consistently engage with supervision. In light of this, the responsible officer made sure that housing and substance misuse interventions were prioritised in the delivery of the most recent sentence plan.

Despite three county moves, the responsible officer and their line manager decided not to transfer Wayne's case immediately. The two local faith based community organisations provided consistent support throughout the first 12 weeks. This supported the responsible officer in making referrals to housing services and to education, training and employment providers, once Wayne had achieved a level of stability within the community.

Interventions to support desistance were well coordinated; Wayne was seen weekly throughout the first 12 weeks of his licence, and home visits were carried out by both the responsible officer and a local faith based community organisation. He was supported to maintain a tenancy and abstain from drug use. Offence-focused work was also started once Wayne was stable in accommodation.

Inspector comments:

"The responsible officer in this case used their past knowledge and experience of the service user to help determine the approach to take this time. Although Wayne did have a history of aggressive and abusive behaviour, reports from prison had been more positive since he converted to Islam, and Wayne's faith was recognised as a significant protective factor from further offending. As a consequence, the responsible officer made the necessary referrals to the appropriate faith-based organisations who could support Wayne on release.

"The responsible officer ensured that an appropriate level of contact was maintained throughout the licence period and appointments were coordinated well. Wayne was seen on a weekly basis, either by the responsible officer or a local faith-based community organisation. All agencies provided feedback, and nDelius was kept up to date with the work completed.

"Finding suitable accommodation and abstaining from substance misuse were identified as priorities and necessary interventions, before other offence-focused work could take place. These were delivered immediately on release, given the impact that both factors had had on previous supervision. As a consequence, the responsible officer and the local faith-based community organisation worked tirelessly to support Wayne with these issues throughout the sentence. It was great to see that, by the six-month point, Wayne was in stable accommodation, had remained drug free and was attending college full time. The progress he had made was profound."



Take away – applying the learning

1. The criminal justice agencies, in this case the prison and probation staff, had identified the conversion to Islam as a strength and saw the wider faith community as a pivotal agent of support. Do you think about enlisting the support of faith or

community organisations to help the service user turn their life around? How will this impact on your future practice?

2. In your practice, how do you break down and implement the order to support desistance? For example, supporting access to education/training/work or community-based services
3. In this case, the service user's conversion to a new faith was his 'turning point' and provided an opportunity to seek sources of support in the community. How do you capitalise on turning points, for example gaining strong support from cultural and ethnic communities?

This case summary is intended for training/learning purposes and includes a fictional name.

Reviewing for desistance

Reviewing should focus sufficiently on supporting the service user's desistance. Practitioners should:



identify and address changes in factors linked to desistance and offending behaviour



make the necessary adjustments to the ongoing plan of work to take account of changes in factors linked to desistance and offending



focus sufficiently on building on the service user's strengths and enhancing protective factors



be informed by the necessary input from other agencies working with the service user



complete written reviews, where appropriate, as a formal record of the service user's progress towards desistance.

Case summary



Leon is a 29-year-old male sentenced to four years in custody for supply of Class A drugs, namely, heroin and crack cocaine.

Leon was part of an organised crime group (OCG) and has numerous previous convictions for violent and weapon-related offences. Leon has never worked, although money and status are important to him, as he had experienced significant affluence when he was involved in drug supply activity. He also used cocaine regularly prior to conviction, which is linked to recklessness, aggression and poor decision-making. He is assessed as high risk of serious harm.

This was the second period of release after a previous recall. The case was held by a probation officer and co-worked by a probation services officer undertaking the probation qualification in probation. They discussed Leon monthly with the senior probation officer, in line with local management oversight processes.

Having been released to his mother's address previously, this time Leon's re-release was supported with an enhanced risk management plan and additional licence conditions, which included:

- approved premises (AP) residence
- curfew
- drug testing
- non-association condition
- exclusion zone
- completion of the Thinking Skills programme.

Despite having never worked, during his sentence Leon qualified as a barber. However, during his initial release he was recalled before finding work. This time, support to capitalise on this strength was prioritised within the sentence plan. It was balanced with the completion of offence-focused work (namely the Thinking Skills programme) and the management of several restrictions to ensure that the risk of harm was being closely monitored.

There was evidence of a good working relationship between Leon and the officers working with him. He also complied well with living at the AP. It was through the AP that intensive support and encouragement were provided to help Leon find appropriate employment, which he did after four weeks. In order to properly assess whether full-time employment was compatible with compliance with his stringent licence conditions, Leon's case was first discussed with the responsible officer's line manager. Compliance, attitude, drug test results and police intelligence were reviewed during this discussion and it was agreed that Leon's employment could be approved as long as the offer was verified via discussion with the employer. Details of the management discussion were recorded in a management oversight contact in nDelius.

The second part of the review consisted of a three-way meeting between the supervising probation officer, AP key worker and the AP employment adviser. Initially, Leon was resistant to the discussion taking place between his officer and the employer, but after some discussion he agreed. Agreement was also reached that Leon needed to attend the Thinking Skills programme but that this would take place on an evening. The curfew was also amended to enable Leon to leave the AP early enough to get to his place of work. It was agreed that while Leon was attending the Thinking Skills programme, he would not have face-to-face contact with his responsible officer. They would keep in touch over the phone, but Leon would still have brief key work sessions on an evening at the AP. The above discussion was appropriately reviewed through the Multi-Agency Public Protection Arrangements and recorded clearly in nDelius within a professional judgement contact. The OASys assessment was reviewed and the risk management plan and sentence plan amended to reflect the changes.

Inspector's comments

"This case provides an excellent example of reviewing with sufficient focus on desistance accompanied by close attention to the risk management plan and involving the service user. The responsible officer had used their previous knowledge of Leon to enhance restrictions on re-release but to also ensure that the relevant strength (a qualification) was given prominence within the release plan.

“The review was conducted in two parts: first with the line manager, and then during a three-way meeting. It was effective and took into account all of the information available from those working with Leon to make a decision about employment: a factor intrinsically linked to his likelihood of reoffending. As a result of the process of review, relevant adjustments were made to the plan of work and to restrictions, so that Leon could start working full time.”



Take away – applying the learning

1. The review of progress in this case actively supported a reduction in the likelihood of reoffending by focusing on the service user’s work – a constructive factor. Do you sufficiently balance consideration of prosocial factors and risk of reoffending in your approach to reviewing? What changes might you make?
2. Do you make the necessary adjustments to ongoing plans of work to take account of changes in factors linked to desistance and offending?
3. Does your reviewing practice sufficiently build on the service user’s strengths and protective factors?

This case summary is intended for training/learning purposes and includes a fictional name.

Keeping people safe in case supervision

Introduction to keeping people safe in case supervision

Keeping people safe is the third area of practice that is essential to the effective delivery of case supervision. Keeping people safe is a fundamental expectation and forms part of the core objectives of the work of probation. Accordingly, a significant element of HM Inspectorate of Probation's work is to assure that practice in this area is of high quality and firmly grounded in the best available evidence and learning.

At its core, keeping people safe is about public protection and assessing and managing the risk of harm posed by individuals to protect both known and potential future victims. High-quality public protection work can minimise – but not eliminate – the potential for risk of harm to society.

At the Inspectorate, our focus on and expectations about public protection concern any risk of harm and not just the risk of serious harm. We expect to see assessment, planning, implementation and delivery and reviewing practice that addresses all elements of risk of harm posed by the service user, not just those indicative of serious harm. Practitioners should take account of and address the potential that harmful actions and behaviour could have on others and put plans in place to prevent serious harm from occurring.

Evidence summary

The evidence on keeping other people safe reveals many overlaps with the findings relating to engagement and desistance. For those service users who pose significant risks to the public, the following have been found to be particularly important:

- Effective communication and timely and comprehensive information-sharing between statutory and non-statutory agencies. There is evidence that **partnership working, and inter-agency collaboration** can contribute to better risk management and reduced reoffending, through sharing information and resources and managing cases more holistically. Risks are managed most effectively when agencies use their skills and knowledge in a complementary way, provide enhanced access to services when required and enable rapid responses to escalating risk or deteriorating behaviour.
- Defensible decision-making at every level from practitioner to senior leadership is crucial to public protection. Defensibility is only possible where evidence-based practice and **effective supervision skills** have been deployed. Agencies working with high-risk service users must also ensure that their staff have access to **validated assessment tools**.
- A **positive and trusting relationship** between the individual practitioner and service user can be very motivating for the service user and influence them to change. The relationship should be supportive but challenging when necessary, with appropriate disclosure.

An integrated approach that balances control with rehabilitation has been termed 'blended public protection'. It is stressed that a protection strategy (which aims to protect through

control of risks) and a reintegration strategy (which aims to reduce risk and protect through resettlement, rehabilitation and reintegration) should not be seen as conflicting and can be combined. There is evidence that a strong rehabilitative component is beneficial, with incentives helping to encourage and reward compliance.

What we expect and what our inspections tell us about practice to keep people safe

When we inspect a case, we assess the quality of work delivered in relation to engagement, desistance and keeping people safe. In doing this we do not focus on the quality of specific documents, work products or tools. Instead we look at practice holistically. For example, when examining planning practice, we inspect the quality of the whole process, not just the quality of the written plan.

In relation to keeping people safe, we expect to see:

- ✓ assessment practice that focuses sufficiently on the safety of others
- ✓ planning that is robust and prioritises the safety of both current victims and potential future victims
- ✓ implementation and delivery of interventions and services that are well coordinated and responsive to the risks posed by the service user
- ✓ reviewing practice that is meaningful and responds to the circumstances in the case, whether related to the service user or victims. Reviewing should be dynamic and, where necessary, assessments, plans and the supervision process should be amended to ensure that individuals are kept safe.

What follows relates to our domain two standards for assessment, planning, implementation and delivery, and reviewing, and contains our expectations for practice relating to keeping people safe. Against each element of practice, we use a good practice example to show where we have seen things done well and from which we believe other practitioners can learn.

What our inspections tell us about effective practice to keep people safe

Since June 2018 we have inspected 4,548 cases in total against our domain two standards for case supervision. Keeping people safe is the area of practice in which we have found the most deficits.

Challenges to achieving effective practice include:

- domestic abuse checks are undertaken in only half of cases
- there is inconsistency in how often child safeguarding checks are completed, with this occurring in under 60 per cent of cases
- assessments clearly identify and analyse risk of harm to others in less than half of cases
- assessments only draw on information from other agencies in just over half of cases
- planning prioritises risk of harm factors in too few cases
- too few plans make links to the work of other agencies to manage the risk of harm

- adequate contingency plans are in place in less than half of cases
- there is inadequate planning to address domestic abuse issues (less than half of cases)
- the level and nature of contact offered are insufficient in too many cases
- implementation and delivery of services to protect actual and potential victims in more than half of cases
- the work of other agencies is only sufficiently well-coordinated in just over half of cases
- practitioners only involve key individuals in the service user's life in just over half of cases
- home visits are used as a mechanism to assess and manage the risk of harm in less than half of cases.
- reviews identify changes in risk of harm in just over half of cases
- following review, necessary adjustments to the ongoing plan of work were made in less than half of cases
- reviews do not involve other agencies when they were involved in the delivery of services often enough
- reviews relating to the risk of harm do not sufficiently involve the service user.

What ex-service users tell us?

On keeping people safe

In developing this guide, we consulted with a number of individuals who had been subject to probation supervision in the past. We wanted to acknowledge and understand their perspective on practice to keep people safe. Here is some of what they told us:

"It is the job of probation to be curious and a bit nosy, especially with domestic abuse and the safety of children. Although it can feel intrusive from the service user's point of view, it is needed".

"Probation officers need to have uncomfortable conversations and not shy away from challenging the service user's behaviour. Some people can be manipulative, and staff need to be aware of this".

"Of course, it is important for probation officers to keep information confidential as much as possible, but when the safety of others is concerned this can only go so far. Probation staff must share information about the service user with other agencies".

"Extra care needs to be taken when dealing with information about victims, especially by other agencies. I'm aware of instances where information about a victim's whereabouts has slipped out unintentionally".

"Keeping the public safe is important but workers also need to be mindful when service users might be at risk of self-harm or suicide and put support in place".

Assessing to keep people safe in case supervision

Assessment should focus sufficiently on keeping other people safe. Practitioners should:



clearly identify and analyse any risk of harm to others, including identifying who is at risk and the nature of that risk



analyse any specific concerns and risks related to actual and potential victims



draw sufficiently on available sources of information, including past behaviour and convictions, and involve other agencies where appropriate.



When people are released from custody on licence after long sentences or with a lengthy history of previous convictions, assessment should re-visit historical information in the light of any changes of behaviour, attitude or potential victims.

Case summary



David is 25 years old and was sentenced to a 24-month suspended sentence order with supervision, a requirement to attend the Drink Impaired Drivers Programme and 100 hours of unpaid work for a second offence of driving with excess alcohol.

In committing the index offence, David crashed the car he was driving into a wall, and on arrest he was found to have three times the legal limit of alcohol in his breath.

David has a previous offence of driving with excess alcohol, and two previous convictions for public order offences, both committed when he was under the influence of alcohol and out with friends. The pre-sentence report author had assessed David as posing a low risk of causing serious harm.

Although on the surface David was relatively lightly convicted, and the index offence and previous convictions had not resulted in direct harm being caused to members of the public, the responsible officer took an investigative approach to the risk assessment following allocation.

Domestic abuse and safeguarding checks had not been conducted by the report writer at the pre-sentence report stage but were requested by admin officers following allocation. In the last two years there had been four call-outs to the address of his 'on/off' partner; they were currently not together. The couple had a 10-month-old child and all four incidents were characterised by David being heavily under the influence of alcohol. Two of the incidents were reported to the police by neighbours, who heard loud screaming and shouting. In two of them, David's partner telephoned the police herself as he was refusing to leave the property. She reported that during these two incidents he had made jealous accusations and demanded that she show him text messages on her phone.

The responsible officer disagreed with the assessment completed at court. They analysed the index offence, previous convictions and the information provided by children's social care and the police. Children's social care had conducted an assessment two months prior to

the start of this sentence and it was concluded that David's ex-partner could safeguard their child and no further action was necessary.

Although the assessment recognised that no actual serious harm had been caused in the offences for which David had been convicted, there was potential for him to cause serious harm, both to the wider public by way of further driving and to his ex-partner and child as a result of his abusive behaviour at home. The responsible officer explained in the assessment that the situation was aggravated by David's denial that drinking was a problem for him and his minimisation of the incidents at home with his partner; all of which required close monitoring and some intervention during supervision appointments. In the view of the inspector, following allocation, David was correctly assessed as presenting a medium risk of serious harm to the public and to his ex-partner and child.

Inspector's comments

"The responsible officer rightly questioned the assessment made by the pre-sentence report author in this case and fully analysed the range of relevant information from both previous convictions and intelligence from the police. This assessment identified and analysed all of the categories of risk and specified the level and nature of risk posed in each category. The responsible officer explained that David had the potential to cause serious harm to the general public, specifically to road users and other pedestrians, and to his ex-partner and young child. He was correctly assessed as posing a medium risk in both categories.

"The responsible officer emphasised the risk factors in this case and drew particular attention to the fact that David denied he had a problem with alcohol or that his behaviour in his partner's home was abusive. The assessment helpfully specified that these factors needed to be addressed during future supervision.

"There was also effective management oversight. Although not standard practice, the manager in question had a process in place for discussing every new case allocated to individual responsible officers since their last supervision session to discuss suitability of allocation and review the quality of the initial assessment and any issues relating to risk of serious harm. Following the discussion, the manager praised the responsible officer for the quality of the initial assessment and recorded their endorsement in the case record."



Take away – applying the learning

1. The responsible officer rightly readdressed the level of risk assessed in this case and requested a domestic abuse check. In your practice do you satisfy yourself as to the degree of risk on case allocation?
2. If your risk assessment differs from that of the pre-sentence report author concerning the need to carry out domestic abuse checks, what action if any do you take for systemic organisational learning?

This case summary is intended for training/learning purposes and includes a fictional name.

Planning to keep people safe in case supervision

Planning should focus sufficiently on keeping other people safe. Practitioners should:



address risk of harm factors and prioritise those which are most critical



set out the necessary constructive and/or restrictive interventions to manage the risk of harm



make appropriate links to the work of other agencies involved with the service user and any multi-agency plans



set out necessary and effective contingency arrangements to manage those risks that have been identified.

Case summary: Damien part one



Damien is a 26-year-old male sentenced to 20 months in custody for an offence of putting a person in fear through harassment and dangerous driving.

Damien has a four-year-old son with the victim of this offence, who is subject to a child protection plan because of domestic abuse and concerns about his ex-partner's ability to protect the child. A pre-sentence report was delivered to the court and Damien was assessed as posing a high risk of causing serious harm. He was managed as a MAPPA level one case initially.

A home detention curfew (HDC) assessment was completed five months before release, which was very thorough and analysed all relevant risks. Damien had been subject to probation supervision previously for an offence of common assault, and records were examined from that period of supervision to inform the new assessment. Damien had breached restrictive conditions in the past, and the HDC assessment detailed significant concerns relating to risks posed to his child. Previous convictions, information from the police domestic violence unit and children's social care information were used to inform the assessment. Despite the responsible officer's refusal to support early release, Damien was eventually released on HDC at short notice to his mother's address. Damien was not assessed as presenting a risk of harm to his mother.

Planning started in this case at the point of the first HDC assessment. Two pre-release visits were completed by the responsible officer, who was accompanied by the social worker. The responsible officer was transparent about the reasons why HDC was not being supported and the two pre-release visits provided an opportunity to explain the licence conditions that would be imposed at the point of release. The social worker helped to outline the plans that would be in place regarding child contact.

The risk management plan (RMP) in this case was thorough and contained numerous restrictive interventions. These included:

- an exclusion zone
- a no-contact (without permission) condition with Damien's ex-partner and child
- a condition to reside as directed

- a condition to disclose any developing relationships
- a curfew.

In addition, there was a condition for Damien to complete the Building Better Relationships programme. The RMP and licence conditions contained specific actions and objectives aimed at safeguarding Damien's ex-partner and child.

Inspector's comments

"It was good to see that the planning process started in good time before the service user was due to be released. Pre-release visits were used to engage Damien in discussions about the plans for his release and make clear what restrictions would be in place when this occurred. It was particularly impressive that the responsible officer made arrangements for the social worker to attend a visit to the prison so that details could be communicated about the plans for child contact on release.

"Despite the responsible officer not supporting release on HDC, the early contact in custody enabled swift action and plans to be put in place when the prison decided to release the service user at short notice.

"Planning in this case took place in collaboration with other key professionals. The police, social worker and victim liaison unit were asked to contribute to the plans and were provided with copies of both the RMP and sentence plan once completed, as there were key actions contained within them for all three agencies.

"The priorities in this case were to safeguard Damien's ex-partner and child. Relevant actions to address domestic abuse and safeguarding were stipulated clearly throughout the RMP and sentence plan and had top priority. A practitioner unfamiliar with this case would have been able to pick up the RMP and sentence plan and ensure that supervision was delivered in accordance with the risks posed. The RMP had addressed all elements of the Four Pillars approach and this was good to see."



Take away – applying the learning

This illustration is a good example of comprehensive, robust planning where there was an identified risk of harm to others

1. In your approach to planning, are you satisfied that your practice prioritises those risk of harm factors that are most critical? How do you know?
2. How do you engage the assistance of other agencies involved with the service user in your approach to planning? If cooperation from other agencies is not sufficient to manage the risk of harm, how do you escalate this to ensure the right multi-agency planning is in place?

This case summary is intended for training/learning purposes and includes a fictional name.

Implementing and delivering to keep people safe

The implementation and delivery of services should support the safety of other people effectively. Practitioners should:



provide a level and nature of contact that are sufficient to manage and minimise the risk of harm



give sufficient attention to protecting actual and potential victims



involve other agencies in managing and minimising the risk of harm and coordinate the work of these other agencies appropriately



engage key individuals in the service user's life, where appropriate, to support the effective management of risk of harm



include home visiting, where necessary, to support the effective management of risk of harm.

Case summary: Damien Part two



Damien was released to his mother's address and the condition to reside as directed was in place throughout the period of supervision, even when HDC had ended.

Initially, Damien was seen twice a week: once at the probation office and once at home. Visits at home were conducted either by the responsible officer or the police.

Over the course of supervision there were numerous allegations from the victim of the index offence to the police and victim liaison officer about Damien breaching the exclusion zone. All of these allegations were investigated but there were a number of contradictory accounts, which resulted in some reported breaches not being enforced.

Damien started a new relationship shortly after his release and he was issued with a warning for entering an exclusion zone and failure to disclose new and developing relationships. The new partner became pregnant and she was identified as vulnerable. The responsible officer made children's social care and Multi-Agency Risk Assessment Conference referrals in order to ensure that relevant plans could be put in place to safeguard the new partner and unborn child.

Due to the complexities in this case and the need for extensive multi-agency liaison to monitor the domestic abuse and safeguarding concerns, a MAPPA level two referral was made. However, this was initially rejected by the MAPPA unit as it was felt that the responsible officer was communicating sufficiently with all involved in Damien's risk management. Given that there were many conflicting reports from Damien, his former partner, current partner and his mother, and some intelligence relating to reoffending, the responsible officer's line manager intervened and escalated the MAPPA decision to the Head of Public Protection.

A level two MAPPA meeting was convened quickly and due to the information shared, Damien was issued with a final warning for being stopped by police officers driving a vehicle

when banned. He was eventually recalled for missing an appointment to attend the Building Better Relationships programme without reasonable explanation.

Inspector's comments

"This was a complex case to manage but was assisted greatly by the responsible officer's forensic approach to planning and involvement of other agencies. The responsible officer was tenacious in chasing up information and verifying reports of contact between the victim and the service user. There were also police reports of Damien driving a car while banned. All liaison and communication with the victim contact unit, children's social care and the police were recorded thoroughly in nDelius.

"Home visits were used effectively in this case, both to provide an enhanced level of supervision so that Damien could be seen twice a week and to develop a positive relationship with Damien's mother, who the responsible officer trusted and who did not make excuses for her son.

"The responsible officer was right to refer the case to MAPPAs when it became more complex to manage. When the referral was not accepted, the responsible officer's line manager appropriately intervened and escalated their concerns to the senior lead with responsibility for MAPPAs. As a consequence, the MAPPAs decision was reviewed, and a meeting held.

"The MAPPAs process helped bring together the various strands of information in order to review risk and make a decision about enforcement. The recall was justified in the view of inspector. Damien had clearly breached a number of his licence conditions and his recklessness and disregard for the terms of his supervision were worrying given that he had started a new relationship with a vulnerable woman who was now pregnant. This development was rightly viewed by the responsible officer to be an acute risk factor and one that required tight monitoring while Damien was in the community.

"Overall, the quality of practice in this case was enhanced by the responsible officer's professional curiosity while supervising the service user, questioning his actions and consulting with numerous professionals. In addition, management oversight was effective in overturning the MAPPAs decision."



Take away – applying the learning

1. Professional curiosity is cited as significant in this case. Verifying information that is often conflicting and third hand is a complex task, requiring time, effort and tenacity alongside often challenging and complex caseloads. How do you exercise this level of diligence? How do you access suitable support?
2. If you encounter MAPPAs disagreements, where do you access support? How do you get the support you need from line management?

This case summary is intended for training/learning purposes and includes a fictional name.

Reviewing to keep people safe

Reviewing should focus sufficiently on keeping other people safe. Practitioners should:



identify and address changes in factors related to risk of harm, and make the necessary adjustments to the ongoing plan of work



be informed by information from other agencies involved in managing the service user's risk of harm



involve the service user (and, where appropriate, key individuals in their life) meaningfully in the review of their risk of harm



be supported by a formal written record that evidences the changes made to the management of the service user's risk of harm.

Case summary



Jarrad is a 37-year-old male. He was sentenced to five months in custody for the possession of a bladed article, namely a meat cleaver, in a public place.

He was assessed as posing a medium risk of serious harm. He had a history of violent offending, with two convictions for Section 47 assault from five years ago. Jarrad also used heroin and crack cocaine when in the community. He had a long history of depression and was identified as being at risk from self-harm and suicide. He was housed by the local authority at a supported housing project when released and he received a lot of support.

Records in this case were detailed and showed the responsible officer's attempts to try and arrange the necessary intervention to assist Jarrad with managing his personality disorder. An assessment with the community mental health team eventually went ahead, and relevant support was put in place. Jarrad's personality disorder and the concerns regarding self-harm and suicide had not been fully assessed in over five years. He was referred to drug agencies and initially attended appointments, although compliance deteriorated after a few months. He was initially referred to various groupwork interventions.

Following concerns by the community mental health team and appointments with drug agencies, a three-way meeting was convened by the responsible officer when it became apparent that Jarrad was testing positive for both opiates and crack cocaine. Staff at the housing project had also reported that he was becoming aggressive towards staff and other residents during group work sessions.

The three-way meeting, attended by the responsible officer, Jarrad and his drugs worker, was used to review progress and outline the concerns that professionals had regarding his drug misuse, the impact this could have on his mental health, and his aggressive behaviour. Jarrad was also given an opportunity to explain what was happening for him, how he had been feeling since his release and how he felt about the plans and interventions being delivered. It became clear that Jarrad was struggling. He had stopped taking anti-depressant medication, as he said it was making him sick. He was also struggling with

the group work in the housing project and with the drug services regime. After consultation with mental health professionals, his medication was reviewed, and it was agreed that services would be delivered one-to-one going forward. Jarrad felt much more comfortable with this.

Following the three-way meeting, a formal review of OASys was completed and the RMP and sentence plan were updated to reflect the change from group delivery to one-to-one work.

Inspector's comments

"Risk was monitored closely in this case. Jarrad's drug test results, attendance at appointments and interactions with staff and other service users were taken into account by the responsible officer on an on-going basis.

"The responsible officer consulted with all agencies involved in delivering interventions to Jarrad to consider whether risk was escalating. Most impressive was the responsible officer's decision to involve Jarrad in the review process, which enabled the various agencies involved in the case to be transparent about their concerns. This also provided an opportunity for Jarrad to declare his own concerns about the difficulties he was having attending the group work interventions. The responsible officer rightly explored this issue with mental health professionals, who supported the Jarrad's assertion that he would feel much more comfortable on with one-to-one work.

"This case provides a useful illustration of the interconnected relationship between effective engagement, delivering interventions focused on desistance and taking relevant action to keep people safe. The three-way meeting and process of review addressed all three elements. Adjustments to the way in which interventions would be delivered would improve engagement and in turn result in risk of harm being managed and, ultimately, reduced.

"This was an effective example of reviewing, backed up by a comprehensive update of OASys after the three-way meeting. Both the sentence plan and risk management plan were amended to reflect the changes to supervision and to continue to monitor Jarrad's potential for risk of serious harm."



Take away – applying the learning

In this case, the responsible officer identified and addressed changes in factors related to risk of harm. He was adept at bringing about necessary adjustments through effective reviewing.

1. When appropriate, do you involve the service user and other significant stakeholders/individuals in the service user's life in the review of their risk of harm? Is this collaborative approach successful? What were the results?
2. Managing a challenging and complex caseload is common, as is the requirement to record and evidence the changes made to the management of the service user's risk of harm. How do you reconcile and balance the pressures? What will you do if you require additional support?

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Keeping people safe in case supervision – low risk

Introduction to keeping people safe in case supervision – low risk

Keeping people safe is the third area of practice that is essential to the effective delivery of case supervision. Keeping people safe is a fundamental expectation and forms part of the core objectives of the work of probation. Accordingly, a significant element of HM Inspectorate of Probation's work is to assure that practice in this area is of high quality and firmly grounded in the best available evidence and learning.

At its core, keeping people safe is about public protection and assessing and managing the risk of harm posed by individuals to protect both known and potential future victims. High-quality public protection work can minimise – but not eliminate – the potential for risk of harm to society.

At the inspectorate, our focus on and expectations about public protection concern any risk of harm and not just the risk of serious harm. We expect to see assessment, planning, implementation and delivery and reviewing practice that addresses all elements of risk of harm posed by the service user, not just those indicative of serious harm. Practitioners should take account of and address the potential that harmful actions and behaviour could have on others and put plans in place to prevent serious harm from occurring.

Evidence summary

The evidence on keeping other people safe reveals many overlaps with the findings relating to engagement and desistance. For those service users who pose significant risks to the public, the following have been found to be particularly important:

- Effective communication and timely and comprehensive information-sharing between statutory and non-statutory agencies. There is evidence that **partnership working, and inter-agency collaboration** can contribute to better risk management and reduced reoffending, through sharing information and resources and managing cases more holistically. Risks are managed most effectively when agencies use their skills and knowledge in a complementary way, provide enhanced access to services when required and enable rapid responses to escalating risk or deteriorating behaviour.
- Defensible decision-making at every level from practitioner to senior leadership is crucial to public protection. Defensibility is only possible where evidence-based practice and **effective supervision skills** have been deployed. Agencies working with high-risk service users must also ensure that their staff have access to **validated assessment tools**.
- A **positive and trusting relationship** between the individual practitioner and service user can be very motivating for the service user and influence them to change. The relationship should be supportive but challenging when necessary, with appropriate disclosure.

An integrated approach that balances control with rehabilitation has been termed 'blended public protection'. It is stressed that a protection strategy (which aims to protect through control of risks) and a reintegration strategy (which aims to reduce risk and protect through resettlement, rehabilitation and reintegration) should not be seen as conflicting and can be combined. There is evidence that a strong rehabilitative component is beneficial, with incentives helping to encourage and reward compliance.

What we expect and what our inspections tell us about practice to keep people safe

When we inspect a case, we assess the quality of work delivered in relation to engagement, desistance and keeping people safe. In doing this we do not focus on the quality of specific documents, work products or tools. Instead we look at practice holistically. For example, when examining planning practice, we inspect the quality of the whole process, not just the quality of the written plan.

In relation to keeping people safe, we expect to see:

- ✓ assessment practice that focuses sufficiently on the safety of others
- ✓ planning that is robust and prioritises the safety of both current victims and potential future victims
- ✓ implementation and delivery of interventions and services that are well coordinated and responsive to the risks posed by the service user
- ✓ reviewing practice that is meaningful and responds to the circumstances in the case, whether related to the service user or victims. Reviewing should be dynamic and, where necessary, assessments, plans and the supervision process should be amended to ensure that individuals are kept safe.

What follows relates to our domain two standards for assessment, planning, implementation and delivery, and reviewing, and contains our expectations for practice relating to keeping people safe. Against each element of practice, we use a good practice example to show where we have seen things done well and from which we believe other practitioners can learn.

What our inspections tell us about effective practice to keep people safe

Since June 2018 we have inspected 4,548 cases in total against our domain two standards for case supervision. Keeping people safe is the area of practice in which we have found the most deficits.

Challenges to achieving effective practice include:

- domestic abuse checks are undertaken in only half of cases
- there is inconsistency in how often child safeguarding checks are completed, with this occurring in under 60 per cent of cases
- assessments clearly identify and analyse risk of harm to others in less than half of cases
- assessments only draw on information from other agencies in just over half of cases
- planning prioritises risk of harm factors in too few cases

- too few plans make links to the work of other agencies to manage the risk of harm
- adequate contingency plans are in place in less than half of cases
- there is inadequate planning to address domestic abuse issues (less than half of cases)
- the level and nature of contact offered are insufficient in too many cases
- implementation and delivery of services to protect actual and potential victims in more than half of cases
- the work of other agencies is only sufficiently well-coordinated in just over half of cases
- practitioners only involve key individuals in the service user's life in just over half of cases
- home visits are used as a mechanism to assess and manage the risk of harm in less than half of cases.
- reviews identify changes in risk of harm in just over half of cases
- following review, necessary adjustments to the ongoing plan of work were made in less than half of cases
- reviews do not involve other agencies when they were involved in the delivery of services often enough
- reviews relating to the risk of harm do not sufficiently involve the service user.

What ex-service users tell us?

On keeping people safe

In developing this guide, we consulted with a number of individuals who had been subject to probation supervision in the past. We wanted to acknowledge and understand their perspective on practice to keep people safe. Here is some of what they told us:

"It is the job of probation to be curious and a bit nosy, especially with domestic abuse and the safety of children. Although it can feel intrusive from the service user's point of view, it is needed".

"Probation officers need to have uncomfortable conversations and not shy away from challenging the service user's behaviour. Some people can be manipulative, and staff need to be aware of this".

"Of course, it is important for probation officers to keep information confidential as much as possible, but when the safety of others is concerned this can only go so far. Probation staff must share information about the service user with other agencies".

"Extra care needs to be taken when dealing with information about victims, especially by other agencies. I'm aware of instances where information about a victim's whereabouts has slipped out unintentionally".

"Keeping the public safe is important but workers also need to be mindful when service users might be at risk of self-harm or suicide and put support in place".

Assessing to keep people safe in case supervision – low risk

Assessment should focus sufficiently on keeping other people safe. Practitioners should:



clearly identify and analyse any risk of harm to others, including identifying who is at risk and the nature of that risk



analyse any specific concerns and risks related to actual and potential victims



draw sufficiently on available sources of information, including past behaviour and convictions, and involve other agencies where appropriate.



When people are released from custody on licence after long sentences or with a lengthy history of previous convictions, assessment should re-visit historical information in the light of any changes of behaviour, attitude or potential victims.

Case summary



Christopher is 22 years of age and was given a 15-month custodial sentence for possession of cannabis and possession of an offensive weapon.

He had been using cannabis since his late teens and admitted to selling the drug to fund his own habit. Christopher was found with the cannabis and a hammer in his glove box during a stop and search operation close to his home. He explained that he carried the hammer in his glove box for his own personal protection.

Intelligence from the police corroborated his explanation that he had not been involved in selling cannabis for long and, aside from a caution for shop theft when he was 17, Christopher had no other previous convictions. He cooperated with the police from the outset and pleaded guilty to the offences at the earliest opportunity. During interview for the pre-sentence report, Christopher was remorseful and expressed regret for the shame and upset caused to his family as a result of his offending. He explained that he had not used cannabis since he was arrested for the offence and had been attending sessions with the local drug service to help him abstain from the drug in future.

Christopher completed his education with 10 GCSEs and 3 A levels. He was single and resided with his parents prior to his sentence. At the time of the offence he was also working full-time as a supervisor in a local supermarket but had ambitions to go to university to study law. He was deeply worried about the impact that his offending might have on his future.

At the pre-sentence report stage, Christopher was assessed as posing a low risk of causing serious harm. Appropriately, he was deemed eligible for early release on Home Detention Curfew (HDC) post-sentence and planned to live with his parents again on release. The responsible officer made contact with Christopher while he was in custody and spoke to him over the phone when the HDC assessment was requested by the prison. A visit to his parents' address was also carried out and, in preparation for release, the responsible officer liaised with Through the Gate staff to verify what work had been completed while in custody. Christopher had been well behaved in the prison, had a job on the wing and had continued to engage with some low-level substance misuse interventions. In addition, the responsible officer liaised with the local gang unit in the police to check whether there was any intelligence suggesting that Christopher was affiliated to any local organised crime

groups, given the nature of the index offences. Information from the police confirmed that Christopher was not known to them as a gang member.

Following release, the responsible officer updated Christopher's risk assessment. Where the pre-sentence report author had omitted to complete a full OASys risk of harm analysis, this decision was reversed at the initial sentence plan stage. The responsible officer wanted to take full account of the conviction for possession of the offensive weapon and, although they agreed with the assessment of low risk of serious harm, the full analysis now provided the detail and circumstances about the offences and Christopher's attitude towards them. It also highlighted the dynamic risk factors (cannabis use, involvement with peers and financial mismanagement) that needed to be monitored in order to ensure that the supervision process could be responsive, should Christopher's risk begin to escalate.

Inspector's comments

"This case provides a very good example of assessing to keep people safe when the individual poses a low risk of serious harm. Assessment by the responsible officer started positively when the prison requested the HDC assessment and they set about gathering relevant information from Christopher, his family, the police and the prison.

"Involving Through the Gate at this stage was good practice and the responsible officer was able to verify that Christopher's behaviour in prison had been positive and he had continued to engage in low-level substance misuse interventions, his use of cannabis having been central to his commission of the index offences. Confirmation from the police that Christopher was not a member of a gang enabled the responsible officer to produce a defensible assessment regarding Christopher's low risk of serious harm status, despite his conviction for possession of an offensive weapon. Although omitting to complete a full risk of harm analysis might have been a defensible decision at the pre-sentence stage, the quality of case supervision following release was enhanced by the reversal of this action. In doing this, the responsible officer was able to present a cohesive and clear risk assessment that confirmed the assessment of low risk, but which also identified the key factors that required monitoring on release to prevent an escalation.

"All too often we see corners being cut in low-risk cases, but this was not so on this occasion and it was great to see."

This case summary is intended for training/learning purposes and includes a fictional name.

Planning to keep people safe in case supervision – low risk

Planning should focus sufficiently on keeping other people safe. Practitioners should:



address risk of harm factors and prioritise those which are most critical



set out the necessary constructive and/or restrictive interventions to manage the risk of harm



make appropriate links to the work of other agencies involved with the service user and any multi-agency plans



set out necessary and effective contingency arrangements to manage those risks that have been identified.

Case summary



Oliver is a 24-year-old male who received a 24-month suspended sentence order with a 15-day rehabilitation activity requirement after pleading guilty to possession of a knife.

He has no previous convictions and the offence was related to a self-harming incident whereby Oliver tried to take his own life by cutting his wrists in a park. The offence was committed away from the general public in a wooded area and he was assessed as posing a low risk of causing serious harm to others. Oliver suffers from depression and experienced most of his childhood in the care system. Although he has the support of an elderly aunt, her health is deteriorating, and Oliver is unable to live with her. As a consequence, he spends most of his time sofa surfing, sleeping rough or in short stay hostels. Oliver drinks alcohol to excess to cope with his depression and at the time of the offence was not taking any medication. He does not use drugs.

Oliver expresses deep remorse for the index offence. Although he says his suicide attempt was genuine and not a cry for help, he was sorry for putting a member of the public, an elderly female dog walker, through the trauma of finding him in the wooded area covered in blood. He has a good understanding of the likely impact this incident had on her. Oliver has been overwhelmed by the kindness she has shown him: she visited him in hospital, asked the police not to charge him with an offence and attended court to support him through sentencing. The magistrates imposed the order in the hope that Oliver would get the support he needed.

The responsible officer completed a full risk of serious harm analysis in this case and provided a detailed analysis of Oliver's self-harm/suicide risks and his conviction for possession of a knife. On balance, the responsible officer was correct to assess Oliver as low risk but did take full account of the potentially harmful aspects of his behaviour, as well as providing detailed analysis regarding his self-harm/suicide risk.

The assessment flowed to an outstanding sentence plan that prioritised the need for a mental health assessment and possible on-going treatment, support to find suitable long-term accommodation, and intervention to address Oliver's propensity to misuse alcohol. These were all factors intrinsically linked to the index offence. The sentence plan contained the detail of the agencies with which Oliver would work to help address these issues, and their contact information and the frequency of contact and attendance arrangements were made clear. It was evident within the sentence plan and nDelius contacts that the responsible officer had made referrals and got agreement from the relevant agencies that

they would work with Oliver prior to completing the plan. The responsible officer also shared the sentence plan with those agencies once it was complete.

Inspector's comments

"This case gives an excellent example of where, despite the low risk of serious harm assessment, the potential for harm is not understated and results in detailed planning activity to support the service user to improve their life. The sentence plan effectively prioritised the factors that contributed to a period of crisis for Oliver and making suitable referrals and getting agreement from agencies to work with Oliver prior to completing the OASys sentence plan were fantastic.

"While the responsible officer addressed the use of a knife and the potential impact on others, they appropriately focused on putting in place arrangements to support Oliver and address his risk of self-harm, which was the underlying reason for his offending."

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Delivering to keep people safe in case supervision – low risk

The implementation and delivery of services should support the safety of other people effectively. Practitioners should:



provide a level and nature of contact that are sufficient to manage and minimise the risk of harm



give sufficient attention to protecting actual and potential victims



involve other agencies in managing and minimising the risk of harm and coordinate the work of these other agencies appropriately



engage key individuals in the service user's life, where appropriate, to support the effective management of risk of harm



include home visiting, where necessary, to support the effective management of risk of harm.

Case summary



Michelle is a 32-year-old female sentenced to a community order and 80 hours of unpaid work for an offence of common assault.

The victim was Michelle's ex-partner. The assault occurred during an argument in the street when both were intoxicated after a night out, and involved Michelle spitting at her ex. Although this was Michelle's first conviction, domestic abuse checks showed three previous incidents in similar circumstances during the couple's five-year relationship. On two of these occasions, Michelle was cited as the victim. In the third, Michelle was spoken to by the police for breach of the peace. A restraining order was imposed by the court at the point of sentencing and Michelle was assessed as posing a low risk of causing serious harm.

Following sentence, Michelle's case was allocated to an experienced probation services officer (PSO). Under usual circumstances she would have been allocated to an unpaid work

specialist, but due to the domestic abuse incident, the existence of a restraining order and the need for on-going domestic abuse checks and closer monitoring, alternative arrangements were part of the local protocol.

Michelle was upset and tearful during the induction appointment with her responsible officer. The breakdown of her relationship had been traumatic, and she was devastated at the imposition of the restraining order. She accepted that this had resulted from a period when she had been relentlessly contacting her ex-partner during her struggle to accept that the relationship was over. It was clear to the responsible officer that Michelle might benefit from some form of counselling and so she was signposted to local services.

Although Michelle's order only consisted of unpaid work, the responsible officer told Michelle that they were happy to maintain contact and meet with her when available. Michelle took up this offer and often met briefly with the responsible officer on her return from her unpaid work placements. Since the breakdown of her relationship, Michelle had been living alone and was grateful for the contact with her responsible officer.

Michelle's attendance was outstanding, and the responsible officer was able to verify through discussion with her and domestic abuse checks that she was sticking to the terms of the restraining order and not contacting her ex-partner.

Inspector's comments

"This type of case is common: individuals made subject to stand-alone unpaid work for offences of domestic abuse. Although these can be difficult to manage and escalation of risk difficult to ascertain and respond to, in this instance effective allocation procedures were in place to ensure a suitable level of oversight by an experienced PSO."

"It was clear from this case that, despite the unpaid work focus, the responsible officer was attentive to the risk of harm factors and the need to monitor Michelle's behaviour through discussion with her and following this up with regular domestic abuse checks."

"Although there was no rehabilitation activity requirement in place, the responsible officer quite rightly sought agreement from her line manager to see Michelle every week after she had attended her unpaid work sessions. This was productive both from a risk monitoring perspective and in providing some low-level support, given that Michelle was struggling to cope with the end of her relationship, which could have resulted in an escalation in risk."

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Reviewing to keep people safe in case supervision – low risk

Reviewing should focus sufficiently on keeping other people safe. Practitioners should:



identify and address changes in factors related to risk of harm, and make the necessary adjustments to the ongoing plan of work



be informed by information from other agencies involved in managing the service user's risk of harm



involve the service user (and, where appropriate, key individuals in their life) meaningfully in the review of their risk of harm



be supported by a formal written record that evidences the changes made to the management of the service user's risk of harm.

Case summary



Toby is a 27-year-old male sentenced to a community order with rehabilitation activity requirements and unpaid work requirements for an offence of assaulting two paramedics in the course of their duties.

It was initially believed to be an isolated offence that took place following the consumption of vodka and cocaine, and was Toby's first conviction.

Toby was assessed at the pre-sentence report stage as posing a low risk of causing serious harm. The report author believed Toby to be remorseful. He had apologised to the two paramedics by writing a letter to them and also felt, in light of the offence being his first conviction, that there was a low likelihood of repeat offending. At the time of the offence Toby resided with his parents. He said he had one son who he saw at weekends and was not in a relationship.

After eight weeks of supervision the original responsible officer in this case transferred to a different office and Toby's case was reallocated to another officer. At that point he was attending fortnightly supervision appointments and attendance at unpaid work was taking priority. The previous responsible officer had recorded on the case file that all offence-focused work had been completed.

On reading the case file, the new responsible officer noticed that the details of Toby's son had not been obtained and safeguarding checks were therefore not carried out. On explaining this to Toby during their second meeting, the responsible officer became concerned about his resistance to providing his son's name and date of birth. They also noted the derogatory way in which Toby referred to his ex-partner during their first meeting. Despite some reluctance, Toby eventually provided the necessary information and, after leaving the office and having had some time to reflect, telephoned his responsible officer to explain that children's social care was involved with his son and that contact on a weekend had to be supervised. The responsible officer thanked Toby for the disclosure and explained that they would talk in more detail at their next meeting.

A safeguarding check was undertaken and information from children's social care and then the police confirmed that Toby's six-year-old son was subject to a child protection plan under the category of emotional abuse, as a result of domestic abuse perpetrated by Toby. Although there had not been any incidents in the past four months, there had been seven domestic abuse call-outs to his ex-partner's address in the past two years. Although there had been no convictions, these incidents included threats to kill and hair-pulling, and on one occasion Toby is alleged to have threatened to burn the house down. Children's social care were relatively positive about Toby, however. He had been complying with them, and their observations of his interaction with his son had raised no concerns.

The responsible officer rightly completed a detailed review of this case and the following actions were completed:

- The responsible officer had an initial discussion with their line manager to explain their concerns, relay the information and agree next steps.
- In the next meeting with Toby, they explained the reasons for the review and the information that had been received from children's social care and the police regarding domestic abuse call-outs. In this meeting the responsible officer explained how the supervision process would need to change and the reasons why. The responsible officer encouraged Toby's positive engagement by outlining the advantages of them working together to help him develop fulfilling relationships in the future.
- The risk of serious harm assessment was updated to include the details regarding domestic abuse and concerns relating to Toby's son. In this new assessment, the risk of serious harm level was increased to medium.
- A detailed risk management plan was constructed, which emphasised the multi-agency communication needed in order to monitor Toby and the situation with his ex-partner and child.
- Frequency of contact was increased to weekly and sessions would commence in relation to relationships, responsible parenting and the impact of domestic abuse.
- A joint home visit was made to Toby's address with the social worker. Although the responsible officer did not plan on visiting Toby's ex-partner, this action was set for the social worker and regular case discussions were planned between the two.
- Once the risk management plan was completed, a copy was shared with children's social care and the police.

Inspector's comments

"The new responsible officer in this case did a fantastic job in responding to previous deficiencies in practice. There had been an over-emphasis at the pre-sentence report and initial sentence planning stage on the index offence, Toby's remorse and the absence of any previous convictions. The fact that Toby had a son and was having weekly contact should have automatically resulted in safeguarding checks. Had this occurred, the risk of harm could have been managed much sooner.

"Nevertheless, the professional curiosity and investigative way in which the most recent responsible officer went about their work was great to see. Explaining the reasons for the safeguarding checks to Toby and also outlining how the review would happen, the implications for supervision and the need to start work focusing on his relationships was impressive. The responsible officer quite rightly encouraged Toby's engagement by emphasising how the new approach would benefit him. What was clear from the case record and information from the social worker was how much Toby respected his new officer. Despite his initial resistance and fear of providing information about his son, his attitude changed as a result of the responsible officer's openness and general approach.

"This case provides an excellent example of reviewing to keep people safe."

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