



HM Inspectorate  
of Probation

# Probation inspection

## Domain one rules and guidance

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# Contents

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<b>Introduction</b> .....	<b>3</b>
Regional standards .....	8
Domain one – Organisational arrangements and activity .....	8
R 1.1 Leadership.....	8
R 1.2 Staffing .....	30
<b>Domain two – Service delivery</b> .....	<b>40</b>
R 2.1 Public protection .....	40
R 2.2 Desistance.....	41
R 2.3 Court work .....	42
R 2.4 Unpaid work .....	42
R 2.5 Resettlement .....	43
R 2.6 Statutory victim work .....	44
<b>PDU standards</b> .....	<b>45</b>
Domain one – Organisational arrangements and activity .....	45
P 1.1 Leadership.....	45
P 1.2 Staffing.....	61
P 1.3 Services.....	75
<b>Rating characteristics</b> .....	<b>85</b>
R 1.1 Leadership.....	85
R 1.2 Staffing .....	88
1.1 Leadership.....	90
1.2 Staff .....	93
1.3 Services.....	96

# Introduction

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We report on probation performance at probation delivery unit (PDU) level and at regional level. Each inspection type has a set of standards that set out what we are looking for at each level of delivery. This Rules and Guidance document covers regional and PDU inspection.

## PDU standards

Our PDU standards are split into two domains. They are structured separately, to allow us to review, judge, and rate specific areas of work. The domains do not operate in isolation, and the rules and guidance (R&G), and rating characteristics reflect this. Domain one focuses on organisational arrangements and activity, and is underpinned by the R&G. PDU domain one standards are based on qualitative data. This non-numerical data comes from a range of sources to get a better understanding of key factors – including enablers and barriers – and the views/experiences of people. Ratings for PDU domain one standards are based on qualitative data and triangulated from quantitative domain two data.

Domain two focuses on the inspection of cases. They are based on numerical data that is generated from responses to closed questions (typically yes/no). Case level guidance for these standards is contained within the Case Assessment Rules and Guidance (CARaG). Recommendations in our PDU reports can be made to PDUs, regions, and at a national level.

## Regional standards

The structure of the regional standards mirrors that of the PDU standards. The domains do not operate in isolation, and the R&G and rating characteristics reflect this. Domain one focuses on organisational arrangements and activity, and is underpinned by the R&G. Regional domain one ratings are based largely on qualitative data. This non-numerical data comes from a range of sources, to get a better understanding of key factors – including enablers and barriers – and the views/experiences of people. Ratings for regional domain one standards are triangulated from quantitative domain two data.

Domain two is directly driven by findings from inspected cases across all of the PDUs in that region and from unpaid work and statutory victim cases inspected as part of the regional fieldwork. Ratings are based on numerical data that is generated from responses to closed questions (typically yes/no). Case level guidance for these standards is contained within the CARaG. Judgements made against regional standards determine regional ratings. Recommendations in our regional reports can be made to regions and at a national level.

## Purpose of the domain one Rules and Guidance

The R&G explain how evidence should be analysed and how judgements should be formed against standards, key questions, and prompts. The R&G provide direction about what the prompt means (guidance), where sources of evidence for that prompt can be found (evidence), and how the evidence should be judged against the guidance (judgement). They are based on international and national probation standards and rules; research evidence, summarised at [Organisational delivery \(justiceinspectors.gov.uk\)](https://www.justiceinspectors.gov.uk); and inspection evidence, including our own inspection findings and benchmarks. As such, they outline approaches that set high standards to assess quality.

## Role of the rating characteristics

The rating characteristics are designed to describe *some* of the features that we can expect to see at each rating level. **Rating characteristics must not be used as a checklist or to repeat the basis on which inspectors make their decisions – this is the role of the questions and prompts.** Instead, the rating characteristics should act as a reference point for the lead inspector and ratings panels in discussing recommended ratings for each of the standards. It is not expected that every characteristic must be present for the corresponding rating to be given. On the contrary, any service is likely to have delivery spanning more than one rating category. Some elements could be good, for instance, while others require improvement. Rating characteristics are included in full at the end of the rules and guidance section.

## Ratings, narrative, and recommendations

The standards are set up in such a way that we make judgements at the level at which we see *performance*. This is not always the same as the level at which *accountability* lies. Our judgements and ratings are based on performance, with our narrative describing the line of accountability and our recommendations made to that right level of accountability. This is because we recognise that contextual, national, regional, local, or systemic issues can impact on delivery – for example, a national strategy, a regional directive, or the engagement of partner agencies in the delivery of services. We pay attention to these issues and set out the reasons for shortfalls in our inspection reports, and tailor recommendations accordingly. However, our judgements and ratings will always reflect the quality of delivery at the level at which we inspect, irrespective of the underlying reasons and rationale.

## Inspecting diversity

Throughout our standards framework, we expect a personalised approach to be taken in work with people on probation. Organisational arrangements and activity should support and enable this approach.

We split our definition of a personalised approach into two parts. First, we consider diversity factors, which we define as those protected characteristics set out in the *Equality Act 2010*. These are race, age, disability, gender, sexuality, gender reassignment, pregnancy and maternity, marriage or civil partnership, and religion or belief. Separate to this, we consider an individual's personal circumstances and how well the needs arising from these are met – for example, flexible supervision arrangements for a person on probation who works or is a carer.

We expect a personalised approach to include relevant diversity factors and a consideration of relevant personal circumstances. When we talk specifically about diversity, we do not include personal circumstances, but instead are interested in factors related to race, age, disability, gender, sexuality, gender reassignment, pregnancy and maternity, marriage or civil partnership, and religion or belief. A personalised approach is one in which services are tailored to meet the needs of individuals, giving people as much choice and control as possible over the support they receive.

This personalised approach must include diversity issues related to an individual's protected characteristics. In inspecting diversity, we pay attention to intersectionality. This term, introduced by Professor Kimberlé Crenshaw in 1989, refers to the interconnected nature of social categories, including protected characteristics and personal circumstances such as race, class, gender and cultural heritage, and how they can create overlapping experiences of discrimination or disadvantage. When we inspect cases, we recognise that everyone has their own unique experiences of discrimination.

## **Public sector equality duty (the *Equality Act 2010*)**

The *Equality Act* (2010) sets out requirements for public bodies to address diversity and equality issues. This is described by the public sector equality duty. It consists of a general equality duty, supported by specific duties which are imposed by secondary legislation. The secondary legislation was passed before the unification of probation services in 2021 and names probation trusts as the unit of delivery under the Act's Specific Duties and Public Authorities Regulations 2017. We have interpreted this post-unification as the specific duties applying at regional level and the general duties applying at both regional and PDU level. Full information can be found here: <https://www.equalityhumanrights.com/en/publication-download/essential-guide-public-sector-equality-duty>.

The broad purpose of the general equality duty is to integrate consideration of equality and good relations into the day-to-day business of public authorities. The general equality duty requires organisations to consider how they could contribute positively to the advancement of equality and good relations. It also requires equality considerations to be reflected in the design of policies and the delivery of services, including internal policies, and for these issues to be kept under review. It aims to shift the onus from individuals to organisations, placing an obligation for the first time on public authorities to promote equality positively, not merely to avoid discrimination. It was developed in order to harmonise the equality duties and include all the protected characteristics. In summary, those subject to the general equality duty must, in the exercise of their functions, have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation, and other conduct prohibited by the Act
- advance equality of opportunity between people who share a protected characteristic and those who do not
- foster good relations between people who share a protected characteristic and those who do not.

These are sometimes referred to as the three aims of the general equality duty. To meet these, the vision and strategy should set out how the organisation will:

- remove or minimise disadvantages suffered by people on probation because of their protected characteristics
- take steps to meet the needs of people on probation from protected groups where these are different from the needs of other people on probation
- encourage the engagement of people on probation from protected groups to participate in ways that meet their needs.

The specific equality duty requires probation regions to publish annual equality information and one or more equality objectives every four years. The objectives must be specific and measurable. They must be published in an accessible format as a stand-alone document, or within another document. Full information about the requirements of the specific equality duty can be found here:

[https://www.equalityhumanrights.com/sites/default/files/psed\\_essential\\_guide\\_-\\_guidance\\_for\\_english\\_public\\_bodies.pdf](https://www.equalityhumanrights.com/sites/default/files/psed_essential_guide_-_guidance_for_english_public_bodies.pdf).

## **Evidence from people on probation**

We want to give a strong voice to people on probation, and to hear about what has worked for them. We use an external provider to ensure that we capture the best-quality feedback that we can and are able to use this effectively to inform our domain one judgements.

There are two stages to our approach. The first stage is a short text survey, *Experience of probation text questionnaire*, containing a small number of questions to be sent out to all people on probation. We ask these individuals about their experience of probation, including the accessibility of services, appropriateness of interventions, and relationships with probation practitioners.

Following on from the text survey, the second stage of our approach offers people on probation the opportunity to provide further information by other methods, such as interview by telephone, in person, using a paper survey, or by electronic methods, should they want to give further comment. The questions are contained in the *Experience of probation questionnaire*. For both questionnaires, there are standard questions asked of these individuals which link directly to the relevant domain one prompts. Where this is the case, this is stated clearly in both the guidance and evidence sections for each of the relevant prompts.

In addition, findings from these survey responses and interviews with people on probation will be summarised in a dedicated section in the inspection report.

## **Decision rules and guidance**

### **REGIONAL**

#### Standard 1.1 Leadership

'Outstanding' – DECISION RULE – Qualitative evidence indicates an 'Outstanding' rating and all regional domain two ratings are 'Good' or 'Outstanding'.

'Good' – DECISION GUIDANCE – Qualitative evidence indicates a 'Good' rating and there are usually no regional domain two 'Inadequate' ratings.

'Requires improvement' – DECISION GUIDANCE – Qualitative evidence indicates a 'Requires improvement' rating, usually with no more than one regional domain two rating being 'Inadequate'.

'Inadequate' – DECISION GUIDANCE – Qualitative evidence indicates an 'Inadequate' rating, usually with three or four regional domain two ratings being 'Inadequate'.

#### Overall regional rating

LIMITING JUDGEMENT – Although we do not rate diversity as a separate standard (meaning that we cannot apply a decision rule based on a rating as we do above), we do report on a region's diversity arrangements, activity, and practice. In recommending ratings to the ratings panel, lead inspectors must be mindful that the ratings panel will challenge any proposed overall outstanding rating if we consider a region's diversity arrangements, activity and practice to be insufficient.

## **PDU**

### **Standard 1.1 Leadership**

'Outstanding' – DECISION RULE – Qualitative evidence indicates an 'Outstanding' rating and all PDU domain two ratings are 'Good' or 'Outstanding'.

'Good' – DECISION GUIDANCE – Qualitative evidence indicates a 'Good' rating and there are usually no PDU domain two 'Inadequate' ratings.

'Requires improvement' – DECISION GUIDANCE – Qualitative evidence indicates a 'Requires improvement' rating, usually with no more than one PDU domain two rating being 'Inadequate'.

'Inadequate' – DECISION GUIDANCE – Qualitative evidence indicates an 'Inadequate' rating, usually with three or four PDU domain two ratings being 'Inadequate'.

### **Standard 1.3 Services**

'Outstanding' – DECISION RULE – Qualitative evidence indicates an 'Outstanding' rating, with an 'Outstanding' or 'Good' rating for P 2.3 Implementation and Delivery.

'Good' – DECISION GUIDANCE – Qualitative evidence indicates a 'Good' rating, usually with a 'Good' or 'Requires improvement' rating for P 2.3 Implementation and Delivery.

'Requires improvement' – DECISION GUIDANCE – Qualitative evidence indicates a 'Requires improvement' rating, usually with a 'Requires improvement' or 'Good' rating for P 2.3 Implementation and Delivery .

'Inadequate' – DECISION GUIDANCE – Qualitative evidence indicates an 'Inadequate' rating, usually with an 'Inadequate' or 'Requires improvement' rating for P 2.3 Implementation and Delivery.

### **Overall PDU rating**

LIMITING JUDGEMENT – Although we do not rate diversity as a separate standard (meaning that we cannot apply a decision rule based on a rating as we do above), we do report on a PDU's diversity arrangements, activity, and practice. In recommending ratings to the ratings panel, lead inspectors must be mindful that the ratings panel will challenge any proposed overall outstanding rating if we consider a PDU's diversity arrangements, activity, and practice to be insufficient.

## Regional standards

Regional standards consist of domain one – *Organisational arrangements and activity* and domain two – *Service delivery*. Domain one ratings are based largely on qualitative data. This non-numerical data comes from a range of sources, to get a better understanding of key factors – including enablers and barriers – and the views/experiences of people. Ratings for domain one are based on this qualitative data and triangulated from quantitative domain two data.

### Domain one – Organisational arrangements and activity

#### **R 1.1 Leadership**

**Regional leadership drives the delivery of a high-quality, personalised, and responsive service for people on probation.**

***R 1.1.1 Does the regional vision and strategy drive the effective delivery of high-quality services for all people on probation?***

**a) Does the regional vision and strategy set out how high-quality supervision and services for people on probation will be delivered?**

#### **Guidance:**

Each region should have a vision and strategy that is clearly stated and set out in relevant documents, such as strategic and business plans, and which gives priority to delivering high-quality supervision and services. It should be aligned with the Probation Service's overall strategic plan. Regions should engage the voluntary and community sector as a strategic partner in developing the vision and strategy.

Inspectors should look for evidence of mechanisms at a regional level, to enable the vision and strategy to be delivered across the region and by PDUs.

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

*Adherence to the evidence base:* There should be evidence of how the strategy enables the delivery of high-quality services, and the key actions that leaders and managers have taken to ensure that these are delivered. The strategy should be explicit about the evidence base which underpins the strategic vision.

#### **Evidence:**

This includes:

- regional reducing reoffending plan
- current strategic, business, or delivery plans aligned to the Probation Service model
- service delivery operating model
- diversity, equitability, and inclusion plans



- discussions with senior managers, for them to articulate their approach in more detail
- regional operating model.

### Judgement:

Where there is a clearly stated vision and strategy, giving priority to delivering high-quality supervision and services, addressing disproportionality, and aligned with the Probation Service's vision and strategy, this would support a positive judgement.

Where the vision and strategy is not clear and/or does not prioritise delivering high-quality supervision and services, and addressing disproportionality, and/or is not aligned with the Probation Service's vision and strategy, this would support a negative judgement.

### **b) Does the regional vision and strategy take a deliberate approach to diverse needs and set out how these will be met?**

### Guidance:

Compliance with the general equality duty requires public authorities to be conscious of their obligations to meet diverse needs. Compliance also requires public authorities to take a *deliberate* approach to meeting these obligations. Taking steps to help staff, decision-makers, and providers to understand the general equality duty, including their own obligations, will help the region to develop a conscious state of mind and take a purposeful approach to meeting diverse needs. The vision and strategy should outline how the region is working to address disproportionality and any unequitable outcomes for those with protected characteristics (*Equality Act 2010*). Regions should embed equality into their scrutiny and decision-making.

A deliberate approach requires that the region:

- is fully aware of, and takes responsibility for, its obligations under the public sector equality duty
- makes use of information (collected and disseminated from the region) in relation to staff and people on probation with protected characteristics, including from any engagement
- has mechanisms in place to ensure that equality evidence is available on time and in the right format
- has clear guidance about the role and value of record-keeping when they are making decisions
- sets specific, measurable objectives to enable the region to meet the diverse needs of people on probation. Ideally, these should be carried out as part of normal business planning processes.

The region should take steps to integrate the meeting of diverse needs into its 'business as usual'. Having clear equality objectives in the regional business plan or annual work plan, measuring the progress made, and reporting against them indicates a deliberate approach and can improve staff ownership, and increase transparency and accountability.

Clear leadership has an important role to play here. This involves regional leaders and any elected or appointed officials taking responsibility for compliance with the general equality duty. This includes taking account of information about the impact of any activities on equality when making decisions, building compliance into strategic planning and partnership

working, and informing staff about their obligations, to enable them to have due regard in their own decision-making.

### **Evidence:**

This includes:

- analysis of offending and the profile of people on probation in the region's cohort and across PDUs. This should include a needs assessment, broken down by protected characteristics
- evidence of how the region has commissioned services in response to identified diversity needs, and how those services are leading to better outcomes for people on probation
- discussions with regional leaders
- training or awareness sessions on the public sector equality duty for regional leaders
- joint training between partner agencies
- joint planning between partner agencies.

### **Judgement:**

Where the region actively and consistently addresses the diverse needs of people on probation and staff, collects information, and sets objectives to meet those needs this would indicate a positive judgement.

Where the region does not actively and consistently address the diverse needs of people on probation and staff, and/or fails to collect information, and/or fails to set objectives to meet those needs, this would indicate a negative judgement.

#### **c) Does the regional vision and strategy set out a clear plan for commissioning?**

### **Guidance:**

Inspectors should be able to see that the region has a strategy and plan in place for how services will be commissioned. This should include arrangements for the routine review and evaluation of services commissioned via the Regional Outcomes and Innovations Fund (ROIF), with mechanisms in place to monitor referrals, meet demand, and provide the necessary services, with a route to escalate concerns.

The plan for commissioning should be based on an analysis of risk, needs, and strengths, and should fully take into account diversity factors. The commissioning plan should include the arrangements with providers which set out how the quality of those services will be reviewed and evaluated, with remedial action taken where required to improve delivery and respond to any concerns.

There should be evidence of consultation when outlining and reviewing annual service commissioning plans.

### **Evidence:**

This includes:

- strategies, plans, and schedules for the review and evaluation of commissioned services

- information from the contract management team, and meetings with providers and those with regional lead responsibility for services
- management information to show that the quality of services is reviewed and evaluated routinely, with remedial action taken where required
- service action plans
- examples showing that the region can demonstrate how review and evaluation processes are used effectively to drive improvements in the quality of provision
- examples showing that remedial action has been taken where required, including supporting access – for example, addressing rurality and childcare.

### **Judgement:**

Where the vision and strategy set out a clear plan for commissioning, which addresses diversity and is underpinned by arrangements for evaluation and review, this would support a positive judgement.

Where the vision and strategy has no clear plan for commissioning, does not address diversity sufficiently, and/or is not underpinned by arrangements for evaluation and review, this would support a negative judgement.

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

### **Guidance:**

Clear governance arrangements should be in place to ensure that the region's vision and strategy impacts on delivery and supports PDUs to deliver their work. Governance arrangements should set out clear lines of accountability and decision-making through relevant boards and meeting structures, with clarity about who is responsible for delivering each element of the strategy (the responsible owner).

Delivery plans should set out the mechanisms by which the strategy will be translated into practice, where and to whom progress should be reported, and how delivery should be reviewed, with any necessary changes to implementation agreed. Inspectors will look for evidence that appropriate programme and project management approaches have been followed, to ensure that strategies have been implemented in a timely fashion, within an agreed budget, and to a good standard.

### **Evidence:**

This includes:

- clear organogram and accountability diagrams, which set out responsibility, accountability, and decision-making structures for the region, and for each element of the strategy
- individual examples of how strategies have been translated into practice, as evidence of a corporate approach to implementation
- regular review of delivery plans, the programme, and project documentation
- minutes of governance meetings
- annual reviews of the regional reducing reoffending plan.

### **Judgement:**

Where governance arrangements are in place, alongside a clear delivery plan that ensures that the region's vision and strategy is implemented effectively, this would support a positive judgement.

Where governance arrangements are not in place and/or delivery plans are unclear or do not ensure effective implementation of the region's vision and strategy, this would support a negative judgement.

#### **e) Is the regional vision and strategy based on a comprehensive analysis of risk, needs, and strengths?**

### **Guidance:**

To provide the right range of services and interventions that are responsive to individual needs, it is essential that the region has a well-informed understanding of the reasons which led people on probation to offend, the risks they present, and what will assist them to stop offending. Inspectors should look for an analysis completed within the past year (which may be called 'a strategic needs assessment'), using approved assessment tools and other research and information providing aggregate information on the regional profile of desistance and offending-related factors for each PDU.

Desistance factors include:

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

Offending-related factors include:

- accommodation
- education, training, and employment
- family and relationships
- lifestyle (including friends and associates)
- alcohol misuse
  - drug misuse
  - emotional wellbeing
- thinking and behaviour
- attitudes to offending.

### **Evidence:**

This includes:

- the latest available regional analysis of regional offending, person on probation or related profiles, and a needs assessment – this can be stand-alone for people on

probation, but may be more effective if it forms part of a joint strategic needs assessment for the area

- evidence of how the region has commissioned services based on risks, needs, and strengths, and how those services are leading to better outcomes for people on probation
- analysis derived from assessment tools
- surveys undertaken of people on probation
- research reports
- data from the effective proposal framework tool used by report writers to identify appropriate and available sentences
- commissioning plans which use the analysis to inform selection of providers.

### **Judgement:**

Where there is a comprehensive analysis of risk, needs, and strengths segmented by PDU and underpinning the vision and strategy, this would support a positive judgement.

Where there is no comprehensive analysis of risk, needs, and strengths segmented by PDU and/or this does not underpin the vision and strategy, this would support a negative judgement.

### **f) Is the regional vision and strategy evidence based?**

The regional vision and strategy should be evidence based and focus on delivering high-quality provision. It should be based on current evidence and information, and should be informed by regular review and evaluation to check whether it is delivering against the aims. The region should use the underlying evidence base from research and effective/promising practice to understand what is likely to work and improve delivery.

The region should have a clear focus on continuous improvement and should evaluate and review the regional vision and strategy regularly. The evaluations and reviews should be based on data and involve relevant stakeholders.

The views of people on probation and stakeholders should be sought, analysed, and used to inform the regional vision and strategy.

### **Evidence:**

This includes:

- review and evaluation of the vision and strategy
- research and inspection evidence used in the review of the vision and strategy.

### **Judgement:**

Where there is a comprehensive use of research evidence and learning to inform to vision and strategy, this would support a positive judgement.

Where there is no comprehensive use of research evidence and learning to inform the vision and strategy, this would support a negative judgement.

***R 1.1.2 Does regional leadership activity drive the effective delivery of high-quality services for all people on probation?***

### **a) Do regional arrangements for commissioned services deliver high-quality services to people on probation?**

Regional leadership activity should be proactive in driving high-quality services for all people on probation. There should be evidence of how regional leaders enable the delivery of high-quality services, and the key actions that leaders have taken to ensure that these are delivered.

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

Leaders should be clear about the evidence base which underpins the strategic vision and work to this.

#### **Evidence:**

This includes:

- regional reducing reoffending plan
- meetings with regional leaders
- current strategic, business, or delivery plans
- service delivery operating model
- diversity, equitability, and inclusion plans
- discussions with senior managers, for them to articulate their approach in more detail
- service delivery model.

#### **Judgement:**

Where leadership gives priority to delivering high-quality supervision and services, addressing disproportionality and aligning with the evidence base, this would support a positive judgement.

Where leadership does not drive high-quality supervision and services, address disproportionality, and/or align with the evidence base, this would support a negative judgement.

### **b) Are high-quality services available to all people on probation in this region?**

#### **Guidance:**

There should be a sufficient, high-quality services in place to meet all needs across the region.

Access to provision should be available to individuals in a timely manner. At a service level, this requires services to be resourced sufficiently to meet demand flexibly. In individual cases, acceptable waiting times will be determined by the needs of the person on probation and the length of the order.

Appropriate services should be accessible to people on probation, without excessive travelling times. Where services are geographically distant, as in sparsely populated rural

areas, regions should support PDUs sufficiently to enable compliance of people on probation without excessive travel time.

Regions should have assessed facilities for suitability in delivering services to those under supervision.

Opportunities for evening/weekend access to services should be available. Particular care should be taken when considering women-only services, which should promote a women-friendly environment.

Services should be evidence based and inspectors should look at the arrangements to review and evaluate the demand for, and quality of, provision and look for examples of remedial action being taken, where required, to improve delivery and respond to any concerns. Where there are significant gaps in capacity and/or the range of provision, there should be credible action being taken to address this.

There should be a plan in place which includes arrangements for the routine review and evaluation of service delivery, and processes for checking to see that provision is available in the way intended. These arrangements should lead to remedial action being taken where required.

### **Evidence:**

This includes:

- domain two case data
- people on probation questionnaires
- management information to show that the quality of provision is reviewed and evaluated routinely, with remedial action taken where required
- evidence of monitoring of services to ensure enough provision, at suitable facilities and at the right time of day
- maps of service providers' sites showing locations and distances from centres of population
- regional travel policies and use of fares budget to support access to services when relevant
- scheduling tool, to assist planning best to meet demand
- management information on waiting lists for services and any backlogs
- management information on travel times for services.

### **Judgement:**

Where there is a sufficient range of high-quality services across the region, enabling individual needs to be met, this would support a positive judgement.

Where access to high-quality services provision is not consistently available across the region or there are excessive waiting lists due to capacity issues, this would support a negative judgement.

### **c) Do regional leaders understand and drive improvement to the quality of work across the region?**

## Guidance:

Each region should have its own quality management systems in place which cover each of its key service delivery functions and PDUs. Measures to assure the quality of service delivery may be nationally prescribed or developed by the region to measure progress in the achievement of its, and the PDUs', service delivery objectives, and in the effectiveness of its processes in achieving these objectives.

Regional leaders should be able to articulate the key performance measures that apply to their area of delivery, the reason why they are important, and the part they play in achieving high levels of performance. This should be informed by the routine analysis of accessible performance information, segmented appropriately and interrogated to identify trends, causes, and potential improvements. Leaders should communicate drivers of performance to regional staff and heads of service for the PDUs appropriate to the roles of staff in pursuing them and improving service delivery.

Inspectors should expect to see evidence of benchmarking of systems, processes, and performance measures by the region across its PDUs and with other regions, setting and reviewing stretch targets to drive forward improvement, analysing trends, and identifying and addressing causes of performance and under-performance.

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

## Evidence:

This includes:

- performance information segmented appropriately
- discussion with regional leaders and senior and middle managers
- staff discussions
- descriptions of the performance management and assurance systems
- examples of performance and assurance reports which address how improvements will be made
- presentations by leaders on the reason why particular measures are important, the drivers of performance, and the roles of staff in pursuing them and improving service delivery.

## Judgement:

Where it is clear that regional leaders understand performance measures, actively use them to drive improvement, and review them regularly across service areas and PDUs, this would support a positive judgement.

Where performance measures are not well understood and/or do not drive improvement, and/or are not reviewed regularly, this would support a negative judgement.

### **d) When carrying out changes to systems, processes, or staffing, is the impact on service delivery, including equality impact, assessed and appropriate action taken?**

## Guidance:

For each significant change to systems, processes, or staffing, there should be an impact assessment produced which identifies any potential safety and security concerns, and their



impact on service delivery and meeting diversity needs. This should form part of a region's standard, documented change management process. Safety includes the safety of regional staff, people on probation and any potential victims. Security includes the security of premises, operations, and information.

There should always be safe systems of working in place, which have been properly risk assessed under health and safety regulations, so that significant changes should result in changes to risk assessments and delivery procedures.

### **Evidence:**

This includes:

- change management plans
- evidence from probation practitioner survey
- impact assessments for recent changes
- revised risk assessments for specific services or activities
- discussions with staff who have been responsible for change management or have been party to its impact
- feedback from probation practitioners.

### **Judgement:**

Where the region has a consistent approach to assessing the delivery impact of significant changes in safety and security, illustrated with specific examples, this would indicate a positive judgement.

Where there is no recent evidence of impact assessments, or if there is evidence of safety and security being significantly compromised by recent planned changes, this would indicate a negative judgement.

## **e) Do regional leaders collaborate sufficiently with partners and stakeholders to ensure effective delivery of the vision and strategy?**

### **Guidance:**

Regional leaders should collaborate with partners and stakeholders in order to ensure effective delivery of the vision and strategy. There should be a range of partnerships at regional level that work together effectively to achieve delivery of the vision and strategy. Leaders should be clear about what to expect from partners. There should be evidence to show that partnership arrangements have had a positive impact on operational delivery, with active contributions to support improvements in services to people on probation.

The region should be engaged in proactively, and enable and support, the involvement of heads of PDU in relevant strategic partnerships. Regional leaders should be present at relevant boards, represent the Probation Service, and, where necessary, form part of the delivery plans of other partners.

### **Evidence:**

This includes:

- internal and external consultation about strategic plans for communicating the vision and strategy

- presentations
- meetings with local partners
- surveys of people on probation, and other mechanisms that leaders have used for judging the effectiveness of the communication
- discussions with regional leaders about their approach to engaging people on probation in the delivery of the vision and strategy, and how views are used.

### **Judgement:**

Where regional leaders have a planned approach to influencing and collaborating with partners and stakeholders in the development and delivery of their vision and strategic plans, this would support a positive judgement.

Where collaboration with partners and stakeholders is patchy, sporadic, or inconsistent, strategic representation is lacking, or there is limited evidence of joint initiatives, this would support a negative judgement.

### **f) Does the regional leadership take a deliberate, strategic, and informed approach to meeting diverse needs?**

#### **Guidance:**

Compliance with the general equality duty requires public authorities to take a deliberate approach to meeting their equality obligations. Taking steps to help staff, decision-makers, and commissioned services understand the general equality duty, including their own obligations, should help the region to develop a conscious state of mind and take a deliberate approach to meeting diverse needs. Regional leaders should embed equality into their scrutiny and decision-making. Regional leaders should be able to describe how, in the way that they deliver services, the diverse needs of people on probation are met.

A deliberate approach requires that regional leaders:

- are fully aware of, and take responsibility for, obligations under the public sector equality duty
- collect information in relation to people on probation and staff with protected characteristics, including from any engagement activities
- have mechanisms in place to ensure that equality evidence is available on time and in the right format
- have clear guidance about the role and value of record-keeping when they are making decisions
- set specific, measurable objectives to enable the diverse needs of people on probation to be met. Ideally, these should be carried out as part of normal business planning processes.

Regional leaders should take steps to integrate the meeting of diverse needs into 'business as usual'. Having clear equality objectives in the region's business plan or annual work plan, and a specific equality and diversity plan measuring the progress made, and reporting against this, indicates a deliberate approach. It can also improve staff ownership and increase transparency and accountability. This should be based on an analysis of offending and the profile of people on probation. It should include a needs assessment, broken down by protected characteristics, to inform service delivery requirements.

Regional leaders should also ensure that PDUs are supported to deliver against the public sector equality duty by ensuring that heads of service for the PDUs understand the requirements and are compliant with them. This may involve training and review sessions for heads of service for the PDUs, as well as being a feature through line management arrangements.

Where there is evidence of disproportionality – that is, the over-representation of any particular group within the criminal justice system, such as black, Asian, and minority ethnic, LGBT, or the travelling community – particular attention should be given to ensuring that staff are trained and supported adequately in delivering to these groups.

For delivery by non-commissioned services or universal services, the region will be able to exert less influence. Nonetheless, there should be evidence that the region has considered, monitored, and, where appropriate, challenged this for services for which there is no direct line of control.

### **Evidence:**

This includes:

- analysis of local offending and the profile of people on probation
- domain two case data and information
- evidence of how the region has commissioned services in response to identified diversity needs, and how those services are leading to better outcomes for people on probation
- evidence of partners' and commissioned services' stated commitment – for example, memoranda of understanding or service level agreements
- discussions with regional leaders
- demonstration of the evidence base of interventions
- discussion with regional staff
- management information to show that disproportionality is reviewed and addressed in the delivery of services
- routine review and evaluation of the quality of services, with remedial action taken where required
- service action plans
- examples showing that remedial action has been taken where required
- people on probation questionnaires.

### **Judgement:**

Where the region addresses the diverse needs of people on probation actively and consistently, and has paid specific attention to diversity factors and issues of disproportionality in the way that services are delivered, and challenges, as appropriate, those providers for whom it does not have direct control, this would indicate a positive judgement.

Where the region does not address the diverse needs of people on probation actively and consistently, and/or has not paid specific attention to diversity factors and issues of disproportionality in the way that services are delivered, and/or does not challenge those providers for whom it does not have direct control, this would indicate a negative judgement.

**g) Are risks to service delivery understood sufficiently, with appropriate mitigations and controls in place?**

**Guidance:**

Each region should have detailed risk registers or equivalent arrangements specific to the region, overseen by senior leaders, and describing risks at regional and operational (across PDUs) level. These may include identifiable potential serious risks across categories such as service delivery, financial risk, and reputational risk.

Plans to mitigate each risk should be appropriate, achievable, and detailed, with specific risk owners allocated. Controls should be specified, which should provide a warning if a risk is increasing. Inspectors should look for evidence of regular review to identify any new risks and those that no longer require attention. Regional risk registers should be set within the context of the overall Probation Service national risk register but identify and weight risks in the regional context.

**Evidence:**

This includes:

- description of service risk management arrangements
- recent risk registers, or their equivalent, and their reviews
- recent minutes of risk management and/or audit committee meetings that are applicable to the inspected area equality impact assessments, and risk assessments for specific services or activities
- scrutiny of contracts or service level agreements for contingency arrangements, to ensure continuity of provision – for example, of women’s services
- recent specific examples of contracts and service level agreements
- discussions with responsible leaders for managing contracts and external provider arrangements
- feedback from probation practitioners, domain two interviews, staff, and person on probation meetings
- evidence of reviewing arrangements for service delivery provided by dynamic framework providers.

**Judgement:**

Where current regional risk management arrangements, and risk registers or equivalent, provide sufficient understanding of the current and potential risks and reassurance that the mitigations in place are likely to be effective, this would support a positive judgement.

Where there is recent evidence of risks emerging which should reasonably have been foreseen, there has been a significant adverse impact on service delivery, and/or there were no appropriate mitigations in place, this would support a negative judgement.

***R 1.1.3 Do regional leaders engage actively with staff, to drive the effective delivery of high-quality services for all people on probation?***

- a) Are staff in the region engaged, motivated, and proud to work for the Probation Service?**

## Guidance:

Staff should be motivated to do the best job that they can and feel proud of the work they do, and to work for the Probation Service.

Regions should have a staff engagement strategy in place. It should be clear from the strategy how staff will be engaged, using a variety of different approaches best to meet their diverse needs. The strategy should identify and celebrate good practice and innovation, and use recognition, celebration, and reward processes consistently to recognise exceptional work. Inspectors should look for a range of methods of staff engagement being in place, including staff surveys, face-to-face encounters, feedback from line managers, and management/union meetings. There should be recognised channels for raising and responding to staff concerns, and the reasons for how and why decisions are reached should be communicated clearly.

In speaking to staff and managers, inspectors should get a 'feel' for what it is like to work in the region and whether it has a positive ethos and supportive culture, particularly in relation to managing change. Inspectors should consider whether the culture of the region is one in which staff are well supported, enthusiastic, and motivated to deliver a high-quality service to people on probation.

Our thematic inspection into service delivery for black, Asian, and minority ethnic people on probation (2021) found that black, Asian, and minority ethnic staff did not feel listened to consistently within their organisation. There were some conversations about diversity triggered by external events, but these discussions were not regular or productive. Inspectors should look for evidence of conversations with staff about diversity; ideally, these will be regular, productive, and seen as 'business as usual', rather than an optional add-in.

## Evidence:

This includes:

- staff engagement strategy and supporting action plan
- staff survey results and follow-up activity taken
- interviews/focus groups with staff
- regional and PDU data on engagement and morale plus regional level Civil Service and staff survey data
- records of staff turnover (taking into account demographic factors and local labour markets)
- feedback from staff in respect of the ethos of the organisation, and how well they are supported to do their work
- managers' accounts of what they are doing to maintain a highly motivated workforce
- information on engagement activities
- minutes of management, staff reference groups, and union meetings, and discussion with management and staff groups.

## Judgement:

Where there is an active staff engagement strategy in place, a motivated regional workforce, and pride from staff and managers in working for the Probation Service, this would support a positive judgement.

Where staff engagement is neither active nor underpinned by an effective strategy, the workforce is insufficiently motivated, and/or there is no sense of pride in working for the Probation Service, this would support a negative judgement.

**b) Does the region's culture promote openness, constructive challenge, and ideas?**

**Guidance:**

Culture refers to 'the ways things are done around here', and incorporates the beliefs, behaviours, and values that influence the way people work. An open culture is one where staff are consulted routinely about issues affecting them and their work, and receive clear explanations for how important decisions are made.

The region should promote a culture where staff at all levels feel able to contribute to service improvement and are clear about how decisions are made and how they can input to them. Staff should have opportunities to contribute to the formation of the vision and strategy, as they are then more likely to own it. Staff should have opportunities constructively to challenge (that is, question) plans and decisions affecting them and their work – for example, through team meetings, and meetings between management and unions, which are valued by both sides.

Processes for being open to ideas might range from suggestion schemes at the most basic, through to full-blown innovation strategies, the formation of development teams, and the championing of new initiatives to which staff have contributed. An open culture is also one which is responsive to ideas and challenges, which may come from fora with people on probation, and consultation with external stakeholders such as sentencers and partner organisations.

**Evidence:**

This includes:

- communication strategy
- staff reference group arrangements
- probation practitioner survey
- innovation strategies
- consultation arrangements, including minutes of management and union meetings
- initiatives or responses to surveys of staff and people on probation
- discussion with leaders and staff about how things are done and how decisions are made.

**Judgement:**

Where regional leaders have provided opportunities for constructive challenge, there is open communication up and down the region, and ideas from regional staff, people on probation, and other stakeholders are sought and progressed, this would support a positive judgement.

Where there is a culture of secret decision-making, blocks in communication or inattention to the views and ideas of frontline staff, this should lead to a negative judgement.

**c) Do regional leaders provide promotion opportunities equitably, and recognise and reward exceptional work?**

### Guidance:

Regions must provide equitability of access to promotion opportunities, and reward and recognition practices to staff from all backgrounds. There should be a visible and proactive approach to ensuring this equitability of access. The region should monitor which staff are promoted and which receive reward and recognition, including checks for any bias and action taken to deal with this. Positive action policies should be in place, promoting equitability of access both to promotion opportunities, and reward and recognition. The region should be able to demonstrate how it monitors equitability of access and addresses any issues.

Staff recognition and reward practices should be implemented equitably. For example, they may be highlighted within newsletters, bulletins and websites, awards evenings, and presentations.

### Evidence:

This includes:

- positive action policies
- staff survey
- discussions with staff
- discussions with human resources (HR)/corporate services and line managers
- newsletters, bulletins and websites, awards evenings, and presentations.

### Judgement:

Where the relevant policies and provision are in place and being operated fairly and monitored appropriately, this would support a positive judgement.

Where the relevant policies and provision are not in place and/or are not operated fairly and monitored appropriately, this would support a negative judgement.

### **d) Do regional leaders ensure that reasonable adjustments are made for staff in accordance with statutory requirements and protected characteristics?**

### Guidance:

There should be reasonable adjustments made for all staff who have a disability which falls within the definition of the *Equality Act 2010*, to enable them to work effectively. Regional leaders must ensure that monitoring of disability is conducted and recorded for all staff, and that where staff identify disabilities which require reasonable adjustments, provision is made, which might include, but is not limited to:

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

Regional leaders must also undertake health and safety risk assessments for pregnant staff and make reasonable adjustments to enable them to continue working effectively and

safely. Adjustments to hours and working patterns should be given reasonable consideration for staff with parental and dependent caring responsibilities.

### **Evidence:**

This includes:

- HR policies relating to diversity and equality equitability, including adjustments for staff with disabilities, maternity care provision, and policies that cover parental responsibilities and dependent care
- staff survey
- discussion with staff, HR, and line managers
- discussion with staff
- probation practitioner questionnaire.

### **Judgement:**

Where the relevant policies and provision are in place and being operated fairly and appropriately, this would support a positive judgement.

Where the relevant policies and provision are not in place and/or are not being operated fairly and appropriately, this would support a negative judgement.

### **e) Are there clear routes from complaints, with support for staff if they feel discriminated against or experience any form of discrimination?**

### **Guidance:**

There should be a policy in place that outlines both the complaints process and the support that will be available if any member of staff feels discriminated against or experiences any form of discrimination. This can be a stand-alone policy or included within the grievance and complaints policy arrangements.

However it is presented, the policy should be clear, accessible, publicised, and understood by staff. The policy should be supported by robust processes which include support at appropriate levels, and escalation points. The policy should outline both the complaints process and the support that will be in place should any member of PDU staff feel discriminated against or experience any form of discrimination.

Complaints processes should be publicised widely, and regular reviews and analysis of complaint handling undertaken, to ensure that resolutions have been followed through and that any trends have been identified and addressed.

### **Evidence:**

This includes:

- policy and process for providing support and dealing with complaints
- evidence that staff are familiar with the policy and process
- policy and process for providing support and dealing with grievances
- policy and process for providing support and dealing with complaints
- evidence that the policy and process arrangements are disseminated to heads of functional areas and heads of service for the PDU across the region.



## Judgement:

Where there is a clear policy on complaints that staff are aware of, and this policy includes arrangements for the monitoring of analysis of grievances and complaints, this would support a positive judgement.

Where there is no clear policy on complaints, the policy does not include arrangements for the monitoring of analysis of grievances and complaints, or staff are not aware of the policy, this would support a negative judgement.

*R 1.1. Do regional leaders use analysis, evidence, and learning to drive the effective delivery of high-quality services for all people on probation?*

**a) Are the views of people on probation and other key stakeholders sought, analysed, and used to review and improve the effectiveness of probation services?**

## Guidance:

There should be a sound approach to consultation with, and the involvement of, stakeholders and people on probation, and this should contribute to the improvement of probation services. External consultation with key stakeholders as part of regional strategic planning is also important to encourage local engagement.

For people on probation, views may be sought through a variety of mechanisms, including surveys and questionnaires, but should also include more sophisticated approaches, such as the creation of focus groups and councils for people on probation. This will provide a more in-depth understanding of their needs, where there are gaps and where these are being met effectively, and how services should change to address their needs better.

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

## Evidence:

This includes:

- people on probation and key stakeholder consultations
- engagement strategies
- analysis of responses to consultations and surveys
- minutes of fora with people on probation and the follow-up actions
- providers' discussions with representatives of people on probation
- examples of where consultation with people on probation has led to specific improvements
- questionnaire for people on probation
- staff survey.

### Judgement:

Where the region has developed a proactive approach to consultation with people on probation and stakeholders, covering key delivery functions, leading to specific identifiable improvements in services, this would support a positive judgement.

Where the region does not take a proactive approach to consultation with people on probation and stakeholders, and/or consultation does not lead to specific identifiable improvements in services, this would support a negative judgement.

#### **b) Are the views of people on probation and other key stakeholders sought, analysed, and used to review and improve the effectiveness of commissioned services?**

### Guidance:

There should be a comprehensive approach to consultation with the involvement of stakeholders and people on probation, and this should contribute to the improvement of commissioned services. External consultation with key stakeholders as part of regional strategic planning is also important to encourage local engagement.

For people on probation, views may be sought through a variety of mechanisms, including surveys and questionnaires, but should also include more sophisticated approaches, such as the creation of focus groups and councils for people on probation. This will provide a more in-depth understanding of their needs, where there are gaps and where these are being met effectively, and how services should change to address their needs better.

The views of people on probation and stakeholders should be fed into reviews of commissioned services, and representatives for people on probation or stakeholders may be included directly in the groups conducting these reviews. The specific contributions that stakeholders and people on probation have made to reviews, and the results of their input, should be drawn out and publicised, to promote confidence in the consultation and involvement process for people on probation.

### Evidence:

This includes:

- people on probation and key stakeholder consultations
- engagement strategies
- analysis of responses to consultations and surveys
- minutes of fora with people on probation and the follow-up actions
- providers' discussions with representatives of people on probation
- examples of where consultation with people on probation has led to specific improvements
- questionnaire for people on probation
- staff survey.

### Judgement:

Where the region has developed a proactive approach to consultation with people on probation and stakeholders, covering key delivery functions, leading to specific identifiable improvements in services, this would support a positive judgement.

Where the region does not take a proactive approach to consultation with people on probation and stakeholders, and/or consultation does not lead to specific identifiable improvements in services, this would support a negative judgement.

**c) Do regional leaders understand and use diversity information to drive improvement?**

**Guidance:**

Regions should have an agreed and understood approach to organisational learning and development which assists them in driving improvement. This should include the use and analysis of diversity information, which may be collected at regional or PDU level, to help the region to develop and deliver a high-quality service.

If a region does not have equality information about people on probation with particular protected characteristics, it should be working to fill the information gaps. This could mean undertaking short surveys, or some engagement work.

The region should use the diversity information that it collects not just to identify, mitigate, or remove poor practice, but also to identify ways to advance equality of opportunity. Driving improvement across a region can happen at different levels, so any learning and action taken should be disseminated through appropriate structures, such as staff meetings, quality improvement fora, and individual staff supervision. Learning can be communicated internally, externally, and between providers through exchanges, showcases, and research and evaluation publications.

Complaints processes should be publicised widely, with regular reviews undertaken to ensure that they are fair.

**Evidence:**

This includes:

- engagement activities
- surveys of people on probation
- staff surveys
- complaints records and responses
- results of engagement activities or surveys to help to understand the needs and experiences of people with different protected characteristics
- information from the public, and from voluntary organisations, to help the region to understand the needs and experiences of people on probation with different protected characteristics.

**Judgement:**

Where there is an agreed, consistent approach to the collection and use of diversity information, with examples of this leading to action to improve service delivery, this would indicate a positive judgement.

Where there is no agreed, consistent approach to the collection and use of diversity information and/or limited examples of this leading to action to improve service delivery, this would indicate a negative judgement.

**d) Are services improved through evaluation and development of the underlying evidence base?**

### Guidance:

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

Monitoring should include examination of the process improvements, to identify whether they are achieving what was intended, with feedback from stakeholders on how they are working in practice. Improvement plans should be monitored routinely by someone responsible for managing the relevant process, reporting under an appropriate governance arrangement. They should be aligned with the evidence base, both building on existing research and contributing to it.

Where appropriate, external monitoring should be considered, to improve the integrity of the process, and opportunities for engaging researchers, or collaborative working with similar organisations undertaking a comparable improvement process, should be considered, to benchmark progress and maximise learning.

### Evidence:

This includes:

- examination of service improvement plans and monitoring of reports, and evidence of the extent to which these are informed by, or contribute to, research and collaborative activity
- discussions with those involved with leading or contributing to the improvement plans
- national published performance measures and recent HM Inspectorate of Probation recommendations specific to the organisation, including thematic recommendations and the action being taken to improve performance.

### Judgement:

Where there are service improvement plans in place, which build on an evidence base, this would support a positive judgement.

Where service improvement plans are not in place or do not build on an evidence base, this would support a negative judgement.

### **e) Does the region learn systematically from things that go wrong, including Serious Further Offences?**

#### Guidance:

Inspectors should check for the findings of any HM Inspectorate of Probation Serious Further Offence (SFO) quality assurance reviews that have been completed in the past 12 months. Quality assurance from the national SFO team and internal audits should also be considered. Learning from any domestic homicide reviews or serious case reviews should also be considered, along with any other multi-agency reviews.

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

- evaluations and lessons learned reviews are completed on service improvement activity

- complaints are reviewed, with lessons learnt captured
- there is a process for cascading organisational learning through units and teams
- learning is built into future organisational development plans and incorporated into training programmes
- evidence of learning in inspected cases
- information from research is published on intranet fora and included in knowledge banks.

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

### **Evidence:**

This includes:

- widespread promotion and understanding of the complaints policy
- examples of the dissemination of evaluation reports
- the terms of reference of learning and quality fora, along with notes and presentations made
- meeting with relevant leaders and development teams
- evidence of learning from SFOs
- examination of organisational development and learning plans.

### **Judgement:**

Where there is an agreed, consistent approach to organisational learning which can be demonstrated through a number of different practice examples, this would indicate a positive judgement.

Where there is not an agreed, consistent approach to organisational learning and/or this cannot be demonstrated through a number of different practice examples, this would indicate a negative judgement.

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

#### **Guidance:**

Inspectors should be cognisant of the previous HM Inspectorate of Probation inspection recommendations and action plan for the region.

Regions should be able to demonstrate an agreed and understood approach to responding to performance monitoring, audit, or inspection. Inspectors should check that:

- management fora receive information routinely from performance monitoring, audit, and inspection
- findings from performance monitoring, audit, and inspection are built into future organisational development plans and incorporated into training programmes

- information from inspections is published on intranet fora and included in knowledge banks
- audit and inspection findings are communicated internally, externally, and between providers, through exchanges, showcases, and research and evaluation publications.

Processes should be in place for capturing, assessing, applying, and communicating the messaging and learning up, down, and across the organisation as applicable. This entails that, for example:

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

#### **Evidence:**

This includes:

- promotion and understanding of findings from performance monitoring, audit, or inspection
- examples of the dissemination of evaluation reports
- Terms of reference of learning and quality fora, along with notes and presentations made
- meeting with QDOs and similar roles
- discussions with senior leaders and development teams.

#### **Judgement:**

Where monitoring, audit, and review are routine, and the findings are built into development plans and training, and communicated effectively, this would support a positive judgement.

Where monitoring, audit, and review are not routine or are not built into development plans and training, and/or are not communicated effectively, this would support a negative judgement.

### **R 1.2 Staffing**

**Staff are enabled to deliver a high-quality, personalised, and responsive service for all people on probation.**

***R 1.2.1 Do arrangements for regional staffing support the delivery of a high-quality service for all people on probation?***

## a) Are regional staffing levels sufficient?

### Guidance:

This prompt applies to *regional staff* – the same prompt is asked for PDU staff as part of the PDU inspection standards.

This prompt is about whether regional staffing is sufficient to ensure the effective delivery of all regional functions. Sufficient means that enough staff are in place to deliver all of the required functions of the region effectively. This includes:

- operations – including victims team, Multi-Agency Public Protection Arrangements (MAPPA), courts, diversity leads
- Probation Service interventions – including unpaid work, sex offender programmes, accredited programmes, and structured interventions
- performance and quality – including SFOs, quality development officers, practice assessors
- community integration – including commissioning, partnerships, and contract management
- corporate services – including staff engagement, complaints, information and communications technology (ICT), equality, and health and safety
- business partner functions – including business strategy, HR and finance, and workload management tool (WMT) data on workloads across the region.

Principles should be set out that describe how decisions on regional staffing are to be made and who is responsible for making these. Care should be taken by managers to avoid role overload or role drift. Role overload is a situation which results from an individual taking on a role or multiple roles in which they are asked to do more than they are capable of doing in a specific period of time (quantitative overload) or where they are stretched beyond their knowledge, skills, and abilities (qualitative overload). Role drift occurs where core work duties for a specific role or grade are undertaken increasingly by other staff – typically, where work is delegated to more junior staff.

Appropriate arrangements should be in place to identify and plan for vacancies, high attrition rates, and sickness. Flexibility should be built in to respond to changing demands, which may include taking on new functions or ways of working, in line with regional development plans.

### Evidence:

This includes:

- regional workforce planning strategy, plan, and reviews, including workload management monitoring, sickness absence monitoring, exit interview analysis, and other assumptions
- discussions with HR staff and other senior leaders from the regional functional areas listed above
- minutes of senior management meetings that monitor staffing by function, location, and grade
- minutes of workforce planning meetings that monitor staffing by function, location, and grade.

## Judgement:

Where there are sufficient numbers of staff to deliver effectively across all regional functions, this would result in a positive judgement.

Where there are insufficient numbers of staff to deliver effectively across all regional functions, this would result in a negative judgement.

### **b) Are regional staff workloads manageable?**

## Guidance:

This prompt applies to *regional staff* – the same prompt is asked for PDU staff in the PDU inspection standards.

This prompt is about whether the workloads of regional staff are manageable, to ensure the effective delivery of all regional functions. Inspectors should look for evidence across regional functions, as set out below, to determine whether workloads are manageable, enabling regional staff to deliver a service that meets the needs of all people on probation.

This includes:

- operations – including victims team, MAPPA, female offender leads, and resettlement staff
- Probation Service interventions – including unpaid work, sex offender programmes, accredited programmes, attendance centres, and structured interventions
- performance and quality – including SFOs, QDOs, learning, and development
- community integration – including commissioning, partnerships, and contract management
- corporate services – including staff engagement, complaints, ICT, and equality
- business partner functions – including business strategy, HR and finance, and WMT data on workloads across the region
- mechanisms and processes that enable regional leaders to demonstrate what are acceptable workloads and how these are being monitored.

## Evidence:

This includes:

- staffing plan and reviews, including workload and other assumptions
- discussions with HR staff and other senior managers, or minutes of senior management meetings
- HM Inspectorate of Probation survey data.

## Judgement:

Where regional staff have workloads that enable the effective delivery of their area of work, this would result in a positive judgement.

Where regional staff have workloads that exceed routinely the levels required for effective delivery, this would result in a negative judgement.

### **c) Is the potential of regional staff developed?**



## Guidance:

This prompt applies to *regional staff*. The same prompt is asked at PDU level for PDU staff.

There should be a strategy that sets out how all staff in the region are supported to attend training and participate in learning opportunities relevant to their learning needs. Training should be evaluated to identify whether it is effective at meeting identified objectives, and whether it meets the learning needs of staff and supports them responsively. The strategy should facilitate continuous learning and development.

The strategy should identify the numbers of staff that regions need to recruit or enable to progress to qualifying awards, and the region should have detailed, long-term plans in place to achieve these numbers. Systems should be in place to enable all staff in the region to have access to in-service training, external training, and other learning opportunities where appropriate. Inspectors should see that the range and availability of all of these are promoted actively and readily accessible. Inspectors should be mindful that training does not always lead to a qualification and should look also at practice development and improvement post-qualification.

## Evidence:

This includes:

- learning and development strategy
- policies on accessing training and providing cover for staff to access training
- data on numbers of staff trained
- annual training reports
- information from staff about whether they can access sufficient in-house training and whether it meets their learning needs, including the experience of staff undertaking these qualifying routes
- HM Inspectorate of Probation survey data
- workforce planning strategies, recruitment and development plans, information on the qualifying routes available, data on projected numbers needing to achieve qualifications, the numbers of staff progressing through these routes, success rates, and the support arrangements for staff to enable them to progress satisfactorily
- discussions with HR and training managers
- the scale of the offer of development opportunities and the take-up of these by staff. Examples may include attendance at conferences or workshops, training courses, work shadowing, or attachments to another service or function.

## Judgement:

Where the region has a strategic approach to staff development and there are clear examples of where this has operated in practice with individuals, this would support a positive judgement.

Where the region does not have a strategic approach to staff development or there is a strategy but this is insufficiently implemented, with no impact for individuals, this would support a negative judgement.

- d) Do regional leaders ensure that reasonable adjustments are made for staff in accordance with statutory requirements and protected characteristics?**

### Guidance:

There should be reasonable adjustments made for all staff who have a disability which falls within the definition of the *Equality Act 2010*, to enable them to work effectively. Regions must ensure that monitoring of disability is conducted and recorded for all staff, and that where staff identify disabilities which require reasonable adjustments, provision is made, which might include, but is not limited to:

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

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

### Evidence:

This includes:

- HR policies relating to diversity and equality equitability, including adjustments for staff with disabilities, maternity care provision, and policies that cover parental responsibilities and dependent care
- staff survey
- discussion with staff, HR managers, and line managers
- discussion with staff and HM Inspectorate of Probation survey data
- probation practitioner questionnaire
- taking into account information from probation practitioner interviews when making a judgement and supplementing this with other sources of evidence.

### Judgement:

Where the region has the relevant policies and provision in place, and they are being operated fairly and appropriately, this would indicate a positive judgement.

Where the region does not have the relevant policies and provision in place, and/or they are not being operated fairly and appropriately, this would indicate a negative judgement.

#### **e) Is sufficient access provided to training for regional staff?**

### Guidance:

This prompt applies to *regional staff*. The same prompt is asked at PDU level for PDU staff.

There should be appropriate training that, as a *minimum*, covers:

- delivery of interventions, both group and individual work, and accessing commissioned services
- safeguarding
- management of risk and key public protection training

- diversity and equality
- specialist training for specialist roles
- management training.

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

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

### **Evidence:**

This includes:

- training and development plan supported by a maintained training needs analysis
- systems to enable staff to access and book in-service training
- systems and processes for communicating the availability of training – for example, newsletters, bulletins, website updates, or email circulations
- staff development plans setting out the range of training available and frequency of delivery
- consideration of policies on accessing training and providing cover to enable staff to access training
- data on numbers of staff trained, including HM Inspectorate of Probation survey data
- annual training reports
- information from staff about whether they can access sufficient in-house training and whether it meets their learning needs, and arrangements to evaluate the effectiveness of the training completed.

### **Judgement:**

Where there are appropriate levels of training in place, supported by systems for staff to access these and underpinned by effective evaluation, this would support a positive judgement.

Where appropriate training is not in place or is not supported by access for staff and/or not underpinned by effective evaluation, this would support a negative judgement.

### **f) Is a culture of learning and continuous improvement promoted actively across the region?**

### **Guidance:**

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

- evaluation of training and staff development processes

- provision of support for external study
- support for obtaining relevant qualifications.

These opportunities should be taken up by staff, with visibility around how the region has supported staff learning and continuous improvement – for example, blogs, case studies, or the sharing of emerging good practice. In order to develop the right culture, staff should be enabled, available, and supported to access, attend, and consolidate training and learning.

The region should use quality assurance/audit processes to support continuous improvement and measure the impact of training.

### Evidence:

This includes:

- regional strategies or plans for promoting organisational learning
- examples of learning and development opportunities which have recently (within the last 12 months) been made available to staff, and which staff have taken up
- examples of how these opportunities have supported staff learning and continuous improvement – for example, blogs, case studies, or the sharing of emerging good practice
- assurance and audit processes, such as peer support staff feedback
- staff obtaining new qualifications.

### Judgement:

Where the region is committed to a culture of learning and continuous improvement and can evidence a range of recent (in the last 12 months) examples of how this is working in practice, this would support a positive judgement.

Where the region does not develop proactively a culture of learning and continuous improvement and/or cannot evidence a range of recent (in the last 12 months) examples of how this is working in practice, this would support a negative judgement.

### **g) Is poor regional staff performance identified and addressed?**

### Guidance:

This prompt applies to *regional staff*. The same prompt is asked at PDU level for PDU staff.

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

Line managers should be trained and competent in implementing development and improvement plans, with support from senior managers. Senior managers should monitor the use of performance improvement notices and plans, to ensure that they are being used fairly and appropriately across the region. Examples may include where, following the identification of poor performance by a member of staff, a subsequent lack of improvement has not been responded to appropriately by managers, or where the use of performance improvement processes are inconsistent or lack a developmental focus.

Monitoring should identify any disproportionate use of such processes for diverse groups.

### Evidence:

This includes:

- performance management and improvement policies and processes
- discussions with managers about the application of performance improvement
- discussions with staff about the application of performance improvement
- monitoring data on staff subject to performance improvement
- capability and disciplinary processes, by location, grade, and protected characteristics.

### Judgement:

Where there is evidence of identification of under-performance and consistent application of performance improvement processes which have resulted in improvements in practice, this would support a positive judgement.

Where processes for identifying and communicating poor performance are ineffective, or are not applied robustly, this would support a negative judgement.

#### **h) Are management oversight arrangements effective?**

### Guidance:

This prompt applies to *regional staff*. The same prompt is asked at PDU level for PDU staff.

Effective management oversight is much more than countersigning. It includes elements of quality assurance, staff supervision, dealing with developing areas of concern in individual cases, and facilitating improvements in practice. It is focused particularly on ensuring that actual or potential victims, and children or people on probation themselves are sufficiently protected from harm. Our full policy statement on management oversight can be found here: [HM Inspectorate of Probation management oversight \(justiceinspectorates.gov.uk\)](https://www.justiceinspectorates.gov.uk/hmip/policy-statements/management-oversight/).

Oversight of risk of harm, and safety and wellbeing are different from regular staff supervision and the general oversight of practice, although it may sometimes be undertaken at the same time, and discussions in supervision may support identification of the need for management oversight.

Regional arrangements and activity should promote and enable effective management oversight. This requires sufficiently trained managers and staff, promotion of a professionally curious approach, and sufficient resources being available to allow for effective management oversight to take place.

Whichever level management oversight is at, the quality of assurance of process, supervisory oversight, or the management of immediate risk, effective management oversight should produce sufficient assurance in relevant cases that all that should be done is being done.

### Evidence:

This includes:

- evidence from inspected cases

- structured meetings with staff and managers
- management oversight key policies, guidance, and frameworks
- information obtained from case manager or responsible officer interviews.

### Judgement:

Where the management oversight arrangements and activity show a positive difference to the quality of work undertaken across the region, this would support a positive judgement.

Where the management oversight arrangements and activity are inconsistent and/or do not make a positive difference to the quality of work undertaken across the region, this would support a negative judgement.

#### ***R 1.2.2 Do arrangements for PDU staffing support the delivery of a high-quality service for all people on probation?***

The scoring to this key question is generated entirely by the PDU staffing standard. The entirety of the PDU staffing standard across all PDUs is included in the scope of this key question, providing a triangulated and comprehensive picture of PDU staffing across the region.

The same approach that we take with overall ratings is taken here. The PDU staffing ratings are added together and cut-offs according to the number of PDUs are used; in the same way that we adjust for the number of standards when calculating an overall rating. That generates a rating for this key question as follows.

Region	Rating – PDU aggregate			
	Inadequate	Requires improvement	Good	Outstanding
KENT, SURREY & SUSSEX (5 PDUs)	0 – 2	3 – 7	8 – 12	13 – 15
EAST OF ENGLAND (8 PDUs)	0 – 4	5 – 12	13 – 20	21 – 24
YORKSHIRE & THE HUMBER (11 PDUs)	0 – 5	6 – 16	17 – 27	28 – 33
NORTH EAST (7 PDUs)	0 – 3	4 – 10	11 – 17	18 – 21
GREATER MANCHESTER (9 PDUs)	0 – 4	5 – 13	14 – 22	23 – 27
NORTH WEST (13 PDUs)	0 – 6	7 – 19	20 – 32	33 – 39
SOUTH WEST (9 PDUs)	0 – 4	5 – 13	14 – 22	23 – 27
SOUTH CENTRAL (7 PDUs)	0 – 3	4 – 10	11 – 17	18 – 21
WEST MIDLANDS (9 PDUs)	0 – 4	5 – 13	14 – 22	23 – 27
EAST MIDLANDS (6 PDUs)	0 – 3	4 – 9	10 – 15	16 – 18
LONDON (18 PDUs)	0 – 9	10 – 27	28 – 45	46 – 54
WALES (6 PDUs)	0 – 3	4 – 9	10 – 15	16 – 18

The resulting rating is the starting point for judging the overall regional staffing standard. Inspectors will have reached a yes/no judgement to regional staffing key question 1.2.1, and this should be combined with the aggregated PDU rating to generate a rating for the overall regional standard R 1.2.

<b>PDU staffing rating</b>	<b>Regional staffing question</b>	<b>Overall regional standard rating</b>
Outstanding	Yes	Outstanding
Outstanding	No	Good
Good	Yes	Good or Outstanding
Good	No	Good or Requires improvement
Requires improvement	Yes	Good or Requires improvement
Requires improvement	No	Requires improvement or Inadequate
Inadequate	Yes	Requires improvement or Inadequate
Inadequate	No	Inadequate

The rating generated by combining the yes/no response to R1.2.1 with the rating for P1.2.2 is *usually* the one that will be awarded for this standard. In order to allow inspectors to make an overall regional staffing judgement reflecting the balance of where the issues are, they may propose a rating outside of these usual parameters, should the evidence support this.

## Domain two – Service delivery

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Ratings for standards 2.1 – 2.6 are based on numerical data that is generated from responses to closed questions (typically, yes/no). Case level guidance for these standards is contained within the Case Assessment Rules and Guidance.

### **R 2.1 Public protection**

**High-quality, personalised, and responsive services are delivered to protect the public.**

#### ***R 2.1.1 Does assessment focus sufficiently on keeping other people safe?***

- a) Does assessment identify and analyse clearly any risk of harm to others?
- b) Does assessment draw sufficiently on available sources of information, including past behaviour and convictions, and involve other agencies where appropriate?
- c) Does assessment analyse any specific concerns and risks related to actual and potential victims?

#### ***R 2.1.2 Does planning focus sufficiently on keeping other people safe?***

- a) Does planning address sufficiently risk of harm factors and prioritise those which are most critical?
- b) Does planning set out the necessary constructive and/or restrictive interventions to manage the risk of harm?
- c) Does planning make appropriate links to the work of other agencies involved with the person on probation and any multi-agency plans?
- d) Does planning set out necessary and effective contingency arrangements to manage those risks that have been identified?

#### ***R 2.1.3 Does the implementation and delivery of services support the safety of other people effectively?***

- a) Are the level and nature of contact offered sufficient to manage and minimise the risk of harm?
- b) Is sufficient attention given to protecting actual and potential victims?
- c) Is the involvement of other agencies in managing and minimising the risk of harm sufficiently well-coordinated?
- d) Are key individuals in the life of the person on probation engaged where appropriate to support the effective management of risk of harm?
- e) Are home visits undertaken where necessary to support the effective management of risk of harm?

#### ***R 2.1.4 Does reviewing focus sufficiently on keeping other people safe?***

- a) Does reviewing identify and address changes in factors related to risk of harm, with the necessary adjustments being made to the ongoing plan of work?
- b) Is reviewing informed by the necessary input from other agencies involved in managing the risk of harm?



- c) Is the person on probation (and, where appropriate, are key individuals in their life) involved meaningfully in reviewing the risk of harm?
- d) Are written reviews completed as appropriate as a formal record of the management of the risk of harm?

## **R 2.2 Desistance**

**High-quality, personalised, and responsive services are delivered to promote desistance.**

### ***R 2.2.1 Does assessment focus sufficiently on the factors linked to offending and desistance?***

- a) Does assessment identify and analyse offending-related factors?
- b) Does assessment identify the strengths and protective factors of the person on probation?
- c) Does assessment draw sufficiently on available sources of information?

### ***R 2.2.2 Does planning focus sufficiently on reducing reoffending and supporting desistance?***

- a) Does planning reflect sufficiently offending-related factors and prioritise those which are most critical?
- b) Does planning build on the individual's strengths and protective factors, utilising potential sources of support?
- c) Does planning set out the services most likely to reduce reoffending and support desistance?

### ***R 2.2.3 Does the implementation and delivery of services support desistance effectively?***

- a) Are the delivered services those most likely to reduce reoffending and support desistance, with sufficient attention given to sequencing and the available timescales?
- b) Wherever possible, does the delivery of services build upon the individual's strengths and enhance protective factors?
- c) Is the involvement of other organisations in the delivery of services sufficiently well coordinated?
- d) Are key individuals in the life of the person on probation engaged where appropriate to support their desistance?
- e) Are the level and nature of contact sufficient to reduce reoffending and support desistance?
- f) Are local services engaged to support and sustain desistance during the sentence and beyond?

### ***R 2.2.4 Does reviewing focus sufficiently on supporting desistance?***

- a) Does reviewing identify and address changes in factors linked to offending behaviour, with the necessary adjustments being made to the ongoing plan of work?

- b) Does reviewing focus sufficiently on building on the strengths and enhancing the protective factors of the person on probation?
- c) Is reviewing informed by the necessary input from other agencies working with the person on probation?
- d) Are written reviews completed when appropriate as a formal record of the progress towards desistance?

## **R 2.3 Court work**

**The pre-sentence information and advice provided to court supports its decision-making.**

***R 2.3.1 Is the pre-sentence information and advice provided to court sufficiently analytical and personalised to the individual, supporting the court's decision-making?***

- a) Does the information and advice draw sufficiently on available sources of information, including child safeguarding and domestic abuse information?
- b) Is the individual involved meaningfully in the preparation of the report, and are their views considered?
- c) Does the advice consider factors related to the likelihood of reoffending?
- d) Does the advice consider factors related to risk of harm?
- e) Does the advice consider the individual's motivation and readiness to change?
- f) Does the advice consider the individual's diversity and personal circumstances?
- g) Does the advice consider the impact of the offence on known or identifiable victims?
- h) Is an appropriate proposal made to court?
- i) Is there a sufficient record of the advice given, and the reasons for it?

## **R 2.4 Unpaid work**

**Unpaid work is delivered safely and effectively, engaging the service user in line with the expectations of the court.**

***R 2.4.1 Is the assessment and planning of unpaid work personalised?***

- a) Does assessment and planning consider the individual's diversity, protected characteristics, and personal circumstances, and the impact that these have on their ability to comply and engage with unpaid work?
- b) Does assessment and planning for unpaid work identify and build upon the individual's strengths and enhance their protective factors?
- c) Does assessment and planning for unpaid work identify and address factors related to risk of harm?

***R 2.4.2 Do arrangements for unpaid work maximise rehabilitative elements and support desistance?***

- a) Is the allocated work suitable, taking account of the individual's diversity and personal circumstances?
- b) Does unpaid work offer opportunities for education, training, and the development of employment-related skills?
- c) Is clear information given to the person on probation to enable compliance?

***R 2.4.3 Is unpaid work delivered safely?***

- a) Does the delivery of unpaid work take account of risk of harm to other people on probation, staff, or the public?
- b) Does unpaid work consider issues relating to the health and safety or potential vulnerability of the person on probation?

***R 2.4.4 Is the sentence of the court implemented appropriately?***

- a) Does unpaid work commence promptly and happen regularly?
- b) Do arrangements for unpaid work encourage the individual's engagement and compliance with the order?
- c) Are appropriate professional judgements made in relation to decisions about missed appointments?
- d) Are enforcement actions taken when appropriate?

**R 2.5 Resettlement**

**Resettlement work is timely, personalized, and coordinated, addressing the individual's resettlement needs and supporting their integration into the community.**

***R 2.5.1 Is resettlement timely, personalised, and coordinated, and does it address key resettlement needs and support the individual's integration into the community?***

- a) Was there a clear handover from the prison offender manager to the community offender manager at an appropriate point before release?
- b) Was there sufficient information sharing between prison-based staff and the community offender manager?
- c) Did the community offender manager ensure a proportionate level of contact with the prisoner before release?
- d) Did the community offender manager identify and address the key resettlement or desistance needs before release?
- e) Did the community offender manager identify and address the key risk of harm issues before release?
- f) Are resettlement services delivered in line with the service user's resettlement needs, prioritising those which are most critical?
- g) Is there effective coordination of resettlement activity with other services being delivered in the prison?
- h) Do resettlement services support effective handover for delivery in the community?

## **R 2.6 Statutory victim work**

**Relevant and timely information is provided to victims of a serious offence, and they are given the opportunity to contribute their views at key points in the sentence.**

### ***R 2.6.1 Does initial contact with victims encourage engagement with the victim contact scheme and provide information about sources of support?***

- a) Is appropriate initial contact made soon after sentence, with consideration given to the timing of such contact?
- b) Are the initial letters personalised appropriately, considering the nature of the experience of victims and any diversity issues?
- c) Is clear information given to victims about what they can expect at different points in a sentence?
- d) Do the initial letters include sufficient information to enable victims to make an informed choice as to whether to participate in the scheme?
- e) Are victims informed about the action they can take if the prisoner/person on probation attempts to make unwanted contact with them?
- f) Are victims referred to other agencies or services, or given information about available sources of help and support?

### ***R 2.6.2 Is there effective information and communication exchange to support the safety of victims?***

- a) Are victim liaison staff involved in Multi-Agency Public Protection Arrangements where appropriate?
- b) Do victim liaison staff share relevant information with the probation practitioner?
- c) Are the concerns of the victims addressed and is attention paid to their safety in planning for release?
- d) Are victim liaison staff provided with appropriate and timely information about the management of the prisoner/person on probation?

### ***R 2.6.3 Does pre-release contact with victims allow them to make appropriate contributions to the conditions of release?***

- a) Are victims given the opportunity to contribute their views to inform decisions about the release of the offender in a timely way, and supported in doing so?
- b) Are views expressed by victims treated appropriately and in accordance with the victim contact scheme?
- c) Are victims supported in making a victim personal statement in parole applications?

# PDU standards

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PDU standards consist of domain one – *Organisational Arrangements and Activity* and domain two – *Service Delivery*. Domain one ratings are largely based on qualitative data. This non-numerical data comes from a range of sources, to get a better understanding of key factors – including enablers and barriers – and the views/experiences of people. Ratings for domain one are based on this qualitative data and triangulated from quantitative domain two data.

## Domain one – Organisational arrangements and activity

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### P 1.1 Leadership

The leadership of the PDU enables the delivery of a high-quality, personalised, and responsive service for all people on probation.

*P 1.1.1 Does the PDU vision and strategy drive the delivery of a high-quality service for all people on probation?*

- a) Are there effective governance arrangements and clear local delivery arrangements that translate the vision and strategy into frontline practice?**

#### Guidance:

There must be clear arrangements in place at PDU level, to ensure that the region's vision and strategy impacts on delivery. PDU governance arrangements should set out clear lines of accountability and decision-making through relevant boards and meeting structures, with clarity about who is responsible for delivering each element of the strategy (the responsible owner).

Delivery plans should set out the mechanisms by which the strategy will be translated into practice, and where and to whom progress should be reported. Delivery plans should be clear and reviewed regularly. There should be clear feedback loops to responsible owners about what is and is not working, and necessary changes to implementation should be agreed. Where improvements are needed, they should be achieved in a timely, efficient manner, with appropriate reporting and communication within the governance arrangements.

If there is not a specific PDU delivery plan, there should be evidence of how the regional delivery plan is being translated and implemented by the PDU.

#### Evidence:

This includes:

- documents clearly setting out the PDU governance arrangements, including lines of accountability and escalation arrangements
- examples of delivery plans
- discussion with heads of service for the PDU
- discussion with PDU staff

- staff surveys
- individual examples of how plans have been translated into frontline practice as evidence.

### **Judgement:**

Where there is a consistent, coordinated approach to delivering effectively on plans and objectives, this would indicate a positive judgement.

Where there is not a consistent, coordinated approach to delivering effectively on plans and objectives, this would indicate a negative judgement.

### **b) Does the PDU leadership team engage sufficiently with partners and stakeholders to ensure effective delivery of the vision and strategy?**

#### **Guidance:**

Each PDU should understand their key stakeholders and be able to identify who they need to engage and influence, in order to deliver their vision and strategy in practice.

Stakeholders are all those who have an interest in the delivery of services, and for the PDUs this will include, but is not limited to:

- PDU staff
- people on probation
- courts
- commissioned services
- police
- MAPPA
- links and contribution to the regional reoffending board
- prisons (including local resettlement prisons)
- Police and Crime Commissioners
- local authorities
- child and adult safeguarding arrangements
- community safety partnerships
- housing providers
- significant local employers and training providers
- family intervention programmes
- substance misuse commissioners and service providers
- health commissioners/health and wellbeing boards
- Youth offending teams
- local voluntary organisations, especially those providing services for people on probation
- victim services
- women's organisations

- organisations representing black, Asian, and minority ethnic groups.

Heads of service for the PDU should have mechanisms for engaging and influencing these stakeholders, to identify where their interests are aligned, and where there are opportunities for joint work and for providing improved access to services for people on probation.

### Evidence:

This includes:

- details of local strategic and partnership arrangements and how the PDU contributes
- examples of consultation with key stakeholders
- membership/leadership of reducing reoffending boards, MAPPA, and other strategic management boards
- inputs to commissioning fora
- section 11 safeguarding audits
- information on joint initiatives
- interviews with key stakeholders about their role and involvement.

### Judgement:

Where heads of service for the PDU have a planned approach to engaging and influencing key stakeholders in the development and delivery of their vision and strategic plans, this would indicate a positive judgement.

Where engagement is patchy, sporadic, or inconsistent, strategic representation is lacking, or there is limited evidence of joint initiatives aimed at providing improved services to people on probation, this would indicate a negative judgement.

### **c) Do PDU staff understand the PDU delivery arrangements, how the service should be delivered, and what they are accountable for?**

#### Guidance:

PDU delivery plans should be easily available and accessible to staff and volunteers. They should be supplemented by practice guidance which sets out what each staff role involves and for what each role is responsible and accountable. To be effective, PDU staff need to understand not only their role, but also the roles of staff they work with, including those working in regionally provided services, specialist providers, and mainstream services. PDU staff should understand their role in delivering the plan.

Practice guidance should also set out in detail how services are to be delivered, whether in-house or through commissioned or non-commissioned providers. The PDU delivery plan should set out what PDU staff are accountable for and the responsibility of the other staff or providers. There must be an alignment of respective plans which avoids any potential confusion as to the responsibilities of each level of delivery by the Probation Service or other organisation.

PDU delivery plans should be communicated effectively to staff, volunteers, service providers, and partners through formal briefings and training events. The plans should be delivered with consistency within each PDU. Accountabilities and reporting lines should be set out in job descriptions for each role. The PDU organogram should be up to date and understood at all levels of the organisation, and staff should be clear where responsibility for

decision-making rests. The delivery plan should set out the responsibility to use commissioned rehabilitative services (CRS).

### **Evidence:**

This includes:

- domain two data
- discussions with staff working in different roles across the PDU
- PDU organogram
- data about the use of interventions, including CRS and how they support the implementation of the target operating model.

### **Judgement:**

Where PDU staff understand how the PDU delivery model should operate, their own role within it, and the roles of Probation Service colleagues and external providers, this would indicate a positive judgement.

Where PDU staff do not understand how the PDU delivery model should operate, and/or their own role within it and/or the roles of Probation Service colleagues and external providers, this would indicate a negative judgement.

### **d) Are risks to PDU service delivery understood sufficiently, with appropriate mitigations and controls in place?**

### **Guidance:**

Each region should have detailed risk registers or equivalent arrangements specific to the region, overseen by senior leaders, and describing risks at regional and operational (across PDUs) level. These may include identifiable potential serious risks across categories such as service delivery, financial risk, and reputational risk.

Plans to mitigate each risk should be appropriate, achievable, and detailed, with specific risk owners allocated. Controls should be specified, which should provide a warning if a risk is increasing. Inspectors should look for evidence of regular review to identify any new risks and those that no longer require attention. Regional risk registers should be set within the context of the overall Probation Service national risk register but identify and weight risks in the regional context.

### **Evidence:**

This includes:

- description of service risk management arrangements
- recent risk registers, or their equivalent, and their reviews
- recent minutes of risk management and/or audit committee meetings that are applicable to the inspected area equality impact assessments, and risk assessments for specific services or activities
- scrutiny of contracts or service level agreements for contingency arrangements, to ensure continuity of provision – for example, of women's services
- recent specific examples of contracts and service level agreements
- discussions with responsible leaders for managing contracts and external provider arrangements



- feedback from probation practitioners, domain two interviews, staff, and person on probation meetings
- evidence of reviewing arrangements for service delivery provided by dynamic framework providers.

### **Judgement:**

Where there are risk registers or equivalent arrangements specific to the PDU, overseen by senior leaders, and describing risks to the PDU, with appropriate and specific plans to mitigate each risk, this would indicate a positive judgement.

Where there are no risk registers or equivalent arrangements specific to the PDU, overseen by senior leaders, and/or they do not describe risks to the PDU, with appropriate and specific plans to mitigate each risk, this would indicate a negative judgement.

***P 1.1.2 Does the PDU leadership team drive provision of a high-quality service for all people on probation?***

#### **a) Does the PDU leadership take a deliberate, strategic, and informed approach to meeting diverse needs?**

### **Guidance:**

Compliance with the general equality duty requires public authorities to be conscious of their obligations to meet diverse needs. Compliance also requires public authorities to take a *deliberate* approach to meeting these obligations. Taking steps to help staff, decision-makers, and commissioned service providers to understand the general equality duty, including their own obligations, will help the PDU to develop a conscious state of mind and take a purposeful approach to meeting diverse needs. PDUs should embed equality into their scrutiny and decision-making.

A deliberate approach requires that the PDU:

- is fully aware of, and takes responsibility for, its obligations under the public sector equality duty
- makes use of information (collected and disseminated from the region) in relation to staff and people on probation with protected characteristics, including from any engagement
- has mechanisms in place to ensure that equality evidence is available on time and in the right format
- has clear guidance about the role and value of record-keeping when they are making decisions
- sets specific, measurable objectives to enable the PDU to meet the diverse needs of people on probation. Ideally, these should be carried out as part of normal business planning processes.

The PDU should take steps to integrate the meeting of diverse needs into its 'business as usual'. Having clear equality objectives in the PDU business plan or annual work plan, measuring the progress made, and reporting against them indicates a deliberate approach and can improve staff ownership, and increase transparency and accountability.

Clear leadership has an important role to play here. This involves heads of service for the PDU, team managers, and any elected or appointed officials taking responsibility for compliance with the general equality duty. This includes taking account of information about

the impact of any activities on equality when making decisions, building compliance into strategic planning and partnership working, and informing staff about their obligations, to enable them to have due regard in their own decision-making.

### **Evidence:**

This includes:

- analysis of local offending and the profile of people on probation in the PDU cohort. This should include a needs assessment, broken down by protected characteristics
- domain two case data and information
- evidence of how the partnership has commissioned services in response to identified diversity needs, and how those services are leading to better outcomes for people on probation
- discussions with the head of service for the PDU
- discussions with PDU managers
- training or awareness sessions on the public sector equality duty for PDU managers
- joint training between partner agencies.

### **Judgement:**

Where the PDU collects information and set objectives to address actively and consistently the diverse needs of people on probation and staff, and meet those needs, this would indicate a positive judgement.

Where the PDU does not collect information and/or set objectives to address actively and consistently the diverse needs of people on probation and staff, and/or does not meet those needs, this would indicate a negative judgement.

### **b) Are policies and clear guidance in place about the full range of locally commissioned services, their suitability for individual people on probation, and referral processes?**

### **Guidance:**

This prompt applies to those services that are commissioned directly by the PDU. They may be commissioned from statutory, voluntary, or community sectors, along with substance misuse and mental health treatment services available as requirements.

Guidance should be up to date and specify who services might be suitable for, and any specific exclusions. Materials should be clear, accurate, up to date, and easy to follow for busy practitioners.

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

Clear guidance should also be available to people on probation about the range of services available and their suitability – for example, in-service directories, person on probation handbooks, websites, or other media, and how they can be referred or refer themselves.

## Evidence:

This includes:

- guidance available for staff on the range of PDU commissioned services
- guidance available for people on probation on the range of PDU and regional commissioned services
- discussions with staff about the clarity and accuracy of materials, and ease of making referrals
- domain two case data and information
- timetables for the delivery of programmes or rehabilitation activity requirement (RAR) activities where these are locally commissioned
- policies on waiting lists
- discussions with commissioners of services.

## Judgement:

Where there is current comprehensive guidance for staff and people on probation about the availability of services that covers suitability, availability, referral processes, and any waiting lists, this would indicate a positive judgement.

Where there is no current comprehensive guidance for staff and people on probation about the availability of services that covers suitability, availability, referral processes, and any waiting lists, this would indicate a negative judgement.

### **c) Are policies and guidance communicated to, and understood by, relevant staff?**

## Guidance:

Policies and guidance must be communicated in such ways that they are understood by PDU staff.

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

For internal communication to staff, communication channels could include:

- intranet-based resources and knowledge banks
- email communication and discussion fora
- presentations and road shows by managers
- line management briefings and team meetings
- newsletters and bulletins
- question and answer sessions
- training and development sessions.

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

### **Evidence:**

This includes:

- examination of recent implementation of key policies and guidance, and the communication channels used
- discussions with staff about the extent to which the policy or guidance has been understood and applied
- discussions with managers about the extent to which the policy or guidance has been understood and applied.

### **Judgement:**

When staff know where to find key policies and guidance, and understand their purpose and what they need to do to apply them, this would indicate a positive judgement.

When staff do not know where to find key policies and guidance, and/or do not understand their purpose and what they need to do to apply them, this would indicate a negative judgement.

- d) When carrying out changes to systems, processes, or staffing, is the impact on service delivery, including equality impact, assessed and appropriate action taken?**

### **Guidance:**

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

There should always be safe systems of working in place, which have been properly risk assessed under health and safety regulations, so that significant changes should result in changes to risk assessments and delivery procedures.

### **Evidence:**

This includes:

- change management plans
- probation practitioner survey
- impact assessments for recent changes
- revised risk assessments for specific services or activities
- discussions with staff who have been responsible for change management or have been party to its impact
- feedback from probation practitioners.

### **Judgement:**

Where the PDU has a consistent approach to assessing the delivery impact of significant changes in safety and security, illustrated with specific examples, this would indicate a positive judgement.

Where there is no recent evidence of impact assessments, or if there is evidence of safety and security being significantly compromised by recent planned changes, this would indicate a negative judgement.

***P 1.1.3 Do PDU leaders engage actively with staff to achieve the effective delivery of a high-quality service for all people on probation?***

**a) Does the PDU's culture promote openness, constructive challenge, and ideas?**

**Guidance:**

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

Culture refers to 'the ways things are done around here', and incorporates the PDU's beliefs, behaviours, and values that influence the way people work. An open culture is one where PDU staff are consulted routinely about issues affecting them and their work, and receive clear explanations for how important decisions are made. PDU staff should have opportunities constructively to challenge (that is, question) plans and decisions affecting them and their work – for example, through team meetings and meetings between management and unions, which are valued by both sides.

Processes for being open to ideas might range from suggestion schemes at the most basic, through to full-blown innovation strategies, the formation of development teams, and the championing of new initiatives to which PDU staff have contributed. An open culture is also one which is responsive to ideas and challenges, which may come from fora with people on probation, and consultation with external stakeholders such as sentencers and partner organisations.

**Evidence:**

This includes:

- communication strategy
- staff reference group arrangements
- probation practitioner survey
- innovation strategies
- consultation arrangements, including minutes of management and union meetings
- examples of staff suggestions
- examples of suggestions from people on probation
- initiatives or responses to surveys of staff and people on probation
- discussion with PDU team managers and staff about how things are done and how decisions are made.

**Judgement:**

Where the PDU has provided opportunities for constructive challenge, with open communication up and down the PDU, and ideas from PDU staff, people on probation, and other stakeholders sought and progressed, this would indicate a positive judgement.

Where there is a culture of secret decision-making, blocks in communication, or inattention to the views and ideas of frontline staff, this would indicate a negative judgement.

**b) Are staff well engaged and motivated?**

**Guidance:**

Staff motivation will depend on a range of factors. Indicators include that staff take pride in their work, and want to come to work to do a good job and make a difference. Managers should be aware of the various motivations of different staff and diverse groups; they should monitor motivation levels and have approaches in place that ensure that high levels of motivation are sustained. In speaking to staff and managers, the inspector will get a 'feel' for what it is like to work within the PDU and whether it has a positive ethos and supportive culture, particularly in relation to managing change.

Attention should be given to maintaining PDU staff motivation when changes are proposed and implemented, to enable staff to respond positively. Sickness and absence levels can be symptomatic of low motivation and should be managed well and within appropriate limits. High staff turnover rates should be investigated to see whether they are linked to low levels of motivation. High sickness and absence levels, and high staff turnover rates compared with similar organisations, particularly where there is an increasing trend in these, can be strong indicators of discontent and a lack of motivation within an organisation.

**Evidence:**

This includes:

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

**Judgement:**

Where staff are well supported, enthusiastic, and motivated to deliver a high-quality service, with low sickness and low staff turnover, this would indicate a positive judgement.

Where staff are not well supported, enthusiastic, and motivated to deliver a high-quality service, and/or there is high sickness and/or high staff turnover, this could indicate a negative judgement.

**c) Is appropriate attention paid to staff safety and wellbeing, and building staff resilience?**

**Guidance:**

This prompt refers to staff safety, wellbeing, and resilience. Working with some people on probation can be difficult and dangerous on occasions, and there is a legal duty to ensure that staff safety and wellbeing are promoted.

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

Arrangements should be set out in relevant policies, procedures, and guidance which should cover, but not be limited to:

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

#### **Evidence:**

This includes:

- PDU staff inductions
- health and safety documentation, including procedures
- minutes of health and safety committee meetings
- discussions with relevant management, and health and safety personnel
- staff wellbeing policies – for example, guidance on the management of stress, dependent care, and sickness absence
- discussions with staff
- probation practitioner questionnaire.

#### **Judgement:**

Where there are comprehensive and consistently applied health and safety policies and systems, along with a range of staff wellbeing practices in place, this would support a positive judgement.

Where health and safety policies and systems are not comprehensive and/or inconsistently applied, and/or staff wellbeing practices are insufficient, this would support a negative judgement.

**d) Do PDU leaders ensure that reasonable adjustments are made for staff, in accordance with statutory requirements and protected characteristics?**

### Guidance:

Reasonable adjustments should be made for all staff who have a disability which falls within the definition of the *Equality Act 2010*, to enable them to work effectively. PDUs must ensure that monitoring of disability is conducted and recorded for all staff, and that where staff identify disabilities which require reasonable adjustments, provision is made, which might include, but is not limited to:

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

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

### Evidence:

This includes:

- HR policies relating to diversity and equality equitability, including adjustments for staff with disabilities, maternity care provision, and policies that cover parental responsibilities and dependent care
- staff survey
- discussion with staff, HR managers, and line managers
- discussion with staff
- probation practitioner questionnaire.

### Judgement:

Where the PDU has relevant policies and provision in place and they are being operated fairly and appropriately, this would support a positive judgement.

Where the PDU does not have the relevant policies and provision in place and/or they are not being operated fairly and appropriately, this would support a negative judgement.

- e) Are there clear routes from complaints, with support for staff if they feel discriminated against or experience any form of discrimination?**

### Guidance:

At whichever level the policy sits, it should outline both the complaints process and the support that will be in place should any member of PDU staff feel discriminated against or experience any form of discrimination. This can be a stand-alone policy or included within the grievance and complaints policy arrangements.

However it is presented, the policy should be clear, accessible, publicised, and understood by staff. It should be supported by robust processes which include support at appropriate levels and escalation points. The policy and process should include arrangements for the monitoring and analysis of grievances and complaints.



## Evidence:

This includes:

- policy and process for providing support and dealing with complaints
- evidence that PDU staff are familiar with the policy and process.

## Judgement:

Where there is a clear route for complaints and effective support for staff, should any staff member feel discriminated against, this would indicate a positive judgement.

Where there is no clear route for complaints and/or no effective support for staff who feel discriminated against, this would indicate a negative judgement.

***P 1.1.4 Do PDU leaders use analysis, evidence, and learning to drive the effective delivery of a high-quality service for all people on probation?***

- a) Do PDU leaders understand and use diversity information to drive improvement?**

## Guidance:

PDU should have an agreed and understood approach to organisational learning and development which assists them in driving improvement. This should include the use and analysis of diversity information, which may be collected at a regional level, to help the PDU develop and deliver a high-quality service.

If a PDU does not have equality information about people on probation with particular protected characteristics, it should be working to fill the information gaps. This could mean undertaking short surveys or some engagement work.

The PDU should use the diversity information that it collects not just to identify, mitigate, or remove poor practice, but also to identify ways to advance equality of opportunity. Driving improvement across a PDU can happen at all levels within the PDU, so any learning and action taken should be disseminated through appropriate structures, such as staff meetings, quality improvement fora, and individual staff supervision. Learning can be communicated internally, externally, and between providers through exchanges, showcases, and research and evaluation publications.

Complaints processes should be publicised widely, with regular reviews undertaken to ensure that they are fair.

## Evidence:

This includes:

- engagement activities
- surveys of people on probation
- staff surveys
- complaints records and responses
- results of engagement activities or surveys to help to understand the needs and experiences of people with different protected characteristics
- information from the public, and from voluntary organisations, to help the PDU to understand the needs and experiences of people on probation with different protected characteristics.

## Judgement:

Where diversity information is understood and used, and the PDU is able to provide examples of where this has led to action to improve service delivery, this would indicate a positive judgement.

Where diversity information is not well understood and used, and/or the PDU is unable to provide examples of where this has led to action to improve service delivery, this would indicate a negative judgement.

### **b) Does PDU delivery take sufficient account of the views of people on probation?**

## Guidance:

PDUs should have a sound approach to consultation with, and the involvement of, stakeholders and people on probation, and this should contribute to the improvement of services. Here, 'people on probation' refers primarily to offenders and those receiving victim contact services, but it could also be extended to include community payback beneficiaries, domestic abuse support advisers, and sentencers. PDUs may undertake external consultation with key stakeholders as part of strategic planning, to encourage local engagement.

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

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

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

In using feedback from people on probation, in whatever form that takes, to make judgements about individual prompts, inspectors should consider all of the evidence for that prompt in the round. The views of people on probation are important and should have the same status as other sources of evidence. There are no hurdles or decision rules applied to the use of views from people on probation as a source of evidence. Views should be considered in a way that is proportionate to other sources of evidence. Views from people on probation are particularly useful in triangulating other pieces of evidence.

## Evidence:

This includes:

- people on probation and key stakeholder consultations
- engagement strategies
- analysis of responses to consultations and surveys
- minutes of fora with people on probation and the follow-up actions

- providers' discussions with representatives of people on probation
- examples of where consultation with people on probation has led to specific improvements
- questionnaire for people on probation
- probation practitioner survey.

### **Judgement:**

Where the PDU has developed an effective approach to user and stakeholder consultation, covering key delivery functions, with views analysed and leading to specific identifiable improvements in services, this would indicate a positive judgement.

Where the PDU has not developed an effective approach to user and stakeholder consultation, covering key delivery functions, and/or views have not been analysed and/or led to specific identifiable improvements in services, this would indicate a negative judgement.

### **c) Where necessary, is action taken promptly and appropriately in relation to performance monitoring, audit, and inspection?**

### **Guidance:**

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

### **Evidence:**

This includes:

- action plans, including monitoring arrangements and subsequent reviews
- examination of the actions taken since the previous inspection and the impact they have had.

### **Judgement:**

Where the PDU has completed the large majority of appropriate actions in response to significant performance shortfalls, assurance visits, and HM Inspectorate of Probation inspections during the past year, this would indicate a positive judgement.

Where the PDU has not completed the large majority of appropriate actions in response to significant performance shortfalls, assurance visits, and HM Inspectorate of Probation inspections during the past year, this would indicate a negative judgement.

### **d) Does the PDU learn systematically from things that go wrong, including SFOs?**

## Guidance:

Inspectors should check for the findings of any HM Inspectorate of Probation SFO quality assurance reviews that have been completed in the past 12 months.

Inspectors should check for the findings of any HM Inspectorate of Probation SFO quality assurance reviews that have been completed in the past 12 months. Quality assurance from the national SFO team and internal audits should also be considered. Learning from any domestic homicide reviews or serious case reviews should also be considered, along with any other multi-agency reviews.

Regions should have an agreed and understood approach to organisational learning and development

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

- evaluations and lessons learned reviews are completed on service improvement activity
- complaints are reviewed, with lessons learnt captured
- there is a process for cascading organisational learning through units and teams
- learning is built into future organisational development plans and incorporated into training programmes
- information from research is published on intranet fora and included in knowledge banks.

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

## Evidence:

This includes:

- widespread promotion and understanding of the complaints policy
- examples of the dissemination of evaluation reports
- the terms of reference of learning and quality fora, along with notes and presentations made
- meeting with QDOs and similar roles
- evidence of learning from SFOs
- examination of organisational development and learning plans
- discussion with PDU managers and development teams.

## Judgement:

Where there is an agreed, consistent approach to organisational learning which can be demonstrated through a number of different practice examples, this would indicate a positive judgement.

Where there is not an agreed, consistent approach to organisational learning and/or this cannot be demonstrated through a number of different practice examples, this would indicate a negative judgement.

### **e) Is learning communicated effectively?**

#### **Guidance:**

Learning and development is organised at a regional and national level. The PDU should facilitate access and may have locally deployed specialist staff. PDUs should have an agreed and understood approach to organisational learning and development, which assists their journey of continuous improvement. Learning can take place at all levels, so there must be processes in place for communicating the learning across the PDU as applicable. This entails that, for example:

- organisational learning is disseminated through appropriate structures, such as quality improvement fora, learning groups, and the work of QDOs, practice development assessors, and similar roles
- there is a process for communicating organisational learning through units and teams
- information from research is published on intranet fora and included in knowledge banks
- learning is communicated internally, externally, and between providers through exchanges, showcases, and research and evaluation publications.

#### **Evidence:**

This includes:

- dissemination of action plans, monitoring arrangements, and subsequent reviews
- actions taken since the previous inspection and the impact they have had
- dissemination of learning effectively from child safeguarding practice reviews and domestic homicide reviews, and its reach to all relevant staff within the organisation.

#### **Judgement:**

Where all learning is communicated effectively, including from serious case reviews and domestic homicide reviews, and reaches all relevant staff within the organisation, this would indicate a positive judgement.

Where no or limited learning is communicated effectively, including from serious case reviews and domestic homicide reviews, and/or does not reach all relevant staff within the organisation, this would indicate a negative judgement.

## **P 1.2 Staffing**

**Staff are enabled to deliver a high-quality, personalised, and responsive service for all people on probation.**

*P 1.2.1 Do staff and workload levels support the delivery of a high-quality service for all people on probation?*

### **a) Are PDU staffing levels sufficient?**

### Guidance:

Staffing levels across *all roles* within the PDU should be sufficient to meet the needs of people on probation. Acceptable caseloads are dependent on delivery models and the types of case carried. Consideration needs to be given to the WMT and whether staff are in excess of acceptable caseloads. For non-frontline roles, staffing levels must be sufficient to enable these roles effectively to support the delivery of a high-quality service. This means that staffing levels should enable tasks to be completed to a good standard, within normal working hours, most of the time.

Inspectors should check for role overload and role drift. Role overload is a situation which results from an individual taking on a role or multiple roles in which they are asked to do more than they are capable of doing in a specific period of time (quantitative overload) or where they are stretched beyond their knowledge, skills, and abilities (qualitative overload). Role drift occurs where core work duties for a specific role or grade are undertaken increasingly by other staff, typically where work is delegated to more junior staff.

### Evidence:

This includes:

- a formal workforce planning strategy, plan, and reviews
- workload management monitoring
- sickness absence monitoring
- exit interview analysis and other assumptions
- evidence gathered through discussions with HR and other senior managers
- minutes of senior management meetings that monitor staffing by function, location, and grade
- discussion with staff
- domain two case data
- probation practitioner survey.

### Judgement:

Where staffing levels are sufficient, planned, and reviewed across the organisation, including effective arrangements to respond to changing demands, this would indicate a positive judgement.

Where staffing levels are insufficient or responses to changing demands are ad hoc or simply reactive, this would support a negative judgement.

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

### Guidance:

Inspectors should assess whether probation practitioners are able to manage effectively the work they are undertaking within the hours available, most of the time. Workloads should be reasonable, so that practitioners are able to deliver high-quality services, including at times when staff are absent because of long-term sickness and maternity/paternity leaves.

Where a WMT is used, there should be reasonable consistency in the allocation of allowances for specific activities, to ensure fairness and to prevent some staff from becoming overburdened. In assessing workloads, consideration should be given to the

extent to which face-to face work is delivered by the probation practitioner or by Probation Service colleagues, and commissioned, non-commissioned, and mainstream services as part of the PDU's delivery model. The PDU should understand and monitor actively the capacity available within the PDU.

Inspectors must weigh up all the evidence from a range of sources, to decide whether workloads for practitioners are manageable. Inspectors should take a blended approach to this judgement, based on caseload figures alongside the WMT and the practitioner survey results.

### **Evidence:**

This includes:

- domain two data monitoring reports from any WMT, segmented by team and individuals
- workload allocation policies
- meetings with groups of staff
- probation practitioner survey.

### **Judgement:**

Where probation practitioners are able to manage effectively the work they are undertaking within the hours available, most of the time, this would indicate a positive judgement.

Where probation practitioners are unable to manage effectively the work they are undertaking within the hours available, most of the time, this would indicate a negative judgement.

#### **c) Do administrative staff have manageable workloads?**

### **Guidance:**

Here, 'administrative staff' covers case administrators and those responsible for functional tasks, including reception staff and senior administrative managers. Manageable workloads are those where tasks can be completed to a good standard, within normal working hours, most of the time. Inspectors must weigh up all the evidence from a range of sources to decide whether workloads for administrative staff are manageable. There should also be confirmation from a reasonable majority of administrative staff spoken to, or surveyed across the organisation at various levels, that they consider their workloads to be manageable. Effective arrangements should be in place to monitor workloads and take appropriate action.

### **Evidence:**

This includes:

- meetings with administrative staff
- staff surveys
- discussions with probation practitioners (this may prove relevant, as probation practitioners may have had to take work away from administrative staff because they are under pressure)
- relevant performance measures and targets in hubs or customer service centres.

### Judgement:

Where administrative staff are able to manage effectively the work they are undertaking within the hours available, most of the time, this would indicate a positive judgement.

Where administrative staff are unable to manage effectively the work they are undertaking within the hours available, most of the time, this would indicate a negative judgement.

#### **d) Do heads of service for the PDU and middle managers have manageable workloads?**

### Guidance:

Here, it is important to look both at spans of control (the number of staff that managers are responsible for) and the weight of other functional or any case responsibilities. The extent to which team or middle managers have business function or administrative support will be relevant, as will the size of the geographical area they are responsible for and the number of office locations. Team managers should be in a position to provide effective supervision and support for their staff, to hold them accountable for their work, and to support and develop them. Role and job descriptions should be appropriate to the role.

There should be a level of consistency in middle managers' workloads across the PDU, and there should be defensible reasons for any apparent disparities, considering line management, functional, and any case responsibilities. Managers should be able to complete their work to a good standard within their normal working hours, most of the time. Inspectors must weigh up all the evidence from a range of sources to decide whether workloads for managers are manageable. There should also be confirmation from the reasonable majority of middle managers spoken to that they consider their workloads to be manageable.

### Evidence:

This includes:

- PDU organograms showing spans of controls
- information on middle managers' managerial, functional, and any case responsibilities
- discussions with middle managers
- discussions with probation practitioners, including responses to questions about the support and supervision they receive.

### Judgement:

Where heads of service and middle managers are able to manage effectively the work they are undertaking within the hours available, most of the time, this would indicate a positive judgement.

Where heads of service and middle managers are unable to manage effectively the work they are undertaking within the hours available, most of the time, this would indicate a negative judgement.

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



## Guidance:

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

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

Care should be taken by managers to avoid role overload or role drift. Role overload is a situation which results from an individual taking on a role or multiple roles in which they are asked to do more than they are capable of doing in a specific period of time (quantitative overload) or where they are stretched beyond their knowledge, skills, and abilities (qualitative overload). Role drift occurs where core work duties for a specific role or grade are undertaken increasingly by other staff, typically where work is delegated to more junior staff.

## Evidence:

This includes:

- domain two evidence from probation practitioners
- WMT and/or policy
- redeployment policies
- guidance on prioritisation of work
- trend data from any WMTs
- data on vacancy rates
- monthly sickness absence reports broken down by grade, location, and function, and long- and short-term sickness
- use of agency staff reports
- discussion with staff at all levels in the PDU.

## Judgement:

Where processes are in place to move work or staffing resources in response to local pressures, and there are examples of this happening appropriately, this would indicate a positive judgement.

Where processes are not in place to move work or staffing resources in response to local pressures, and/or there are examples of this not happening appropriately when it should have done, this would indicate a negative judgement.

***P 1.2.2 Do the skills and profile of staff support the delivery of a high-quality service for all people on probation?***

## **a) Does the workforce reflect adequately the diversity of the local population?**

### **Guidance:**

PDUs should be taking action to achieve a workforce which reflects the diversity of the local communities it serves; this is to promote understanding and confidence in delivery, and to ensure that services are designed better to meet the needs of people on probation. Heads of service for the PDUs should be aware of the diversity of their workforce and be working proactively to ensure that there is consistency with the local population. There should be up-to-date information about the profile of the workforce, including managers, staff, and volunteers. The profile of the workforce should reflect the diversity profile of the local population. Where this is not the case, there should be action under way to address this. Although this is a regional responsibility, PDUs should contribute to this and implement actions.

### **Evidence:**

This includes:

- workforce strategy and plan provided in the regional evidence in advance
- diversity and equality strategies demonstrating compliance with the *Equality Act 2010*
- skills surveys and staff development and training plans
- evidence demonstrating how the workforce reflects the wider pool that it is recruited from
- discussions with HR and staff development managers, and diversity and inclusion specialists
- HM Inspectorate of Probation background information, which can provide a comparator for some protected characteristics for the population of the communities being inspected.

### **Judgement:**

Where the skills and diversity across the workforce, including managers, staff, and volunteers, reflect the diversity of the wider population adequately, this would indicate a positive judgement.

Where the skills and diversity across the workforce, including managers, staff, and volunteers, do not reflect the diversity of the wider population adequately, this would indicate a negative judgement.

## **b) Does the diversity of the workforce meet caseload needs?**

### **Guidance:**

Regions should be taking action to achieve a workforce which reflects the diversity of the local communities they serve; this is to promote understanding and confidence in delivery, and to ensure that services are designed better to meet the needs of people on probation. Regional leaders should be aware of the diversity of their workforce and be working proactively to ensure that there is consistency with the local population. There should be up-to-date information about the profile of the workforce, including managers, staff, and volunteers. Where this is not the case, there should be action under way to address this.

### **Evidence:**

This includes:

- workforce strategy and plan provided in the regional evidence in advance
- diversity and equality strategies demonstrating compliance with the *Equality Act 2010*
- evidence demonstrating how the workforce reflects the wider pool that it is recruited from
- discussions with HR and staff development managers, and diversity and inclusion specialists
- HM Inspectorate of Probation background information, which can provide a comparator for some protected characteristics for the population of the communities being inspected.

### **Judgement:**

Where the diversity of the workforce, including managers, staff, and volunteers, reflects the diversity of the wider population adequately, this would indicate a positive judgement.

Where the diversity of the workforce, including managers, staff, and volunteers, does not reflect the diversity of the wider population adequately, this would indicate a negative judgement.

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

#### **Guidance:**

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

We also expect complex cases with active domestic abuse and/or safeguarding issues, whatever the level of risk of serious harm, to be managed by a qualified probation officer. Where there is a decision to allocate medium risk of serious harm cases, including less complex domestic abuse and/or safeguarding cases, to staff without a probation officer qualification, we expect those staff to be suitably experienced and trained, and to be supported actively. Training records should provide evidence of staff completing appropriate training to manage complex domestic abuse and safeguarding cases.

In the unified Probation Service, the aim is to achieve more balanced caseloads, so that probation officers will manage some high and some medium/low risk of harm cases at any one time, and probation services officers manage a mixture of medium and low risk of harm cases. All probation practitioners should only be allocated work which matches their level of training and expertise. PDU staff should have had the necessary training in the areas of work they have not been familiar with since the split in 2014 and/or since they joined the respective legacy Community Rehabilitation Company and National Probation Service organisations, and should not simply be allocated work because they have capacity. Those staff who are on the Professional Qualification in Probation training should be allocated appropriate cases which meet their learning and development needs.

### **Evidence:**

This includes:

- allocation policies

- review of team and individual caseloads, with particular reference to risk levels and active safeguarding concerns
- PDU training plan and training records meetings with middle managers and operational staff
- domain two case data and information
- probation practitioner survey.

### **Judgement:**

Where the large majority of very high, high, and medium risk of serious harm cases have been allocated appropriately, this would indicate a positive judgement.

Where very high, high, and medium risk of serious harm cases are allocated consistently inappropriately, this would indicate a negative judgement.

### **d) Is the potential of staff identified and developed?**

#### **Guidance:**

Succession planning is critical to ensure an adequate supply of qualified and trained staff to fill key roles as they become vacant. It is also an important part of staff development and an important motivator to encourage staff to improve and progress. PDUs should have systems in place for staff development and appraisal processes. This should include how staff are identified and considered for progression in line with the diversity and equitable opportunities policies. It may be that it is familiar with, and uses, the regional strategy or this may be its own strategy, guided by the regional strategy.

Structured opportunities should be available, such as coaching, mentoring, job shadowing, or temporary promotions, to provide opportunities for PDU staff to test out their capabilities and fit for more senior roles. Attention should be paid to identifying PDU staff from under-represented groups and providing them with opportunities which might prepare them for advancement.

#### **Evidence:**

This includes:

- staff development, and diversity and equitable opportunity policies
- training analysis and records
- workforce planning
- staff supervision framework
- staff engagement policies and strategies
- any specific succession planning strategy or specific programmes which prepare people for, and support, staff progression
- discussion with HR, middle, and senior managers.

### **Judgement:**

Where the PDU has a strategic approach to staff development and there are clear examples of where this has operated in practice with individuals, this would indicate a positive judgement.

Where the PDU does not have a strategic approach to staff development and/or there are no clear examples of where this has operated in practice with individuals, this would indicate a negative judgement.

**e) Where volunteers and mentors are used, are they supported to fulfil clearly defined roles?**

**Guidance:**

Here, the terms 'volunteers' and 'mentors' refer to people from a range of backgrounds, including those who may have 'lived experience' of the criminal justice system. Everyone should be recruited and selected safely via interview, following Disclosure and Barring Service checks and with references taken up; for those with previous experience of the criminal justice system, the process and decisions made should be signed off by a manager with an appropriate level of seniority.

There should be clear role descriptions that apply, and tasks should be defined carefully. Current people on probation undertaking mentoring roles should be supervised closely. There should be clear accountability for work through a defined management structure, including the provision of appropriate training and supervision. Care should be taken when matching people to tasks and individuals, and records of activity must be maintained and shared with supervisors, and entered into case management systems.

**Evidence:**

This includes:

- volunteering and mentoring strategies
- review of role profiles and individual schemes
- meetings with volunteers/mentors
- meetings with the managers/coordinators of volunteers/mentors
- domain two case data and information
- recruitment and selection processes
- training programmes.

**Judgement:**

Where the PDU has a clear policy for recruiting, selecting, training, and deploying volunteers and mentors; demonstrates how risks to people on probation, volunteers/mentors, and reputation are being managed and mitigated; and appropriate support structures are in place and delivered, this would indicate a positive judgement.

Where the PDU has no clear policy for recruiting, selecting, training, and deploying volunteers and mentors, and/or does not demonstrate how risks to people on probation, volunteers/mentors, and reputation are being managed and mitigated, and/or appropriate support structures are not in place and delivered, this would indicate a negative judgement.

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

- a) Is an effective induction programme delivered to new staff that addresses issues of diversity and is accessible to all?**

### Guidance:

All staff should receive a comprehensive induction that is relevant to their role and function within the PDU. This should include local induction as well as any induction provided as part of a regional or national programme. Induction programmes should enable staff to operate effectively within a short period following the start of their duties. In addition to enabling PDU staff to understand their role, induction should also cover the overall aims of the organisation, and the approach to addressing diversity issues for staff and people on probation. It should make clear how individual roles fit those of others, in order to support the joined-up delivery of services to people on probation and other stakeholders.

### Evidence:

This includes:

- PDU staff induction policy and arrangements
- staff development plans
- examination of group and individual programmes, including materials and training available on service intranets
- discussion with recently appointed staff from across the PDU.

### Judgement:

Where there is a consistent and comprehensive approach to inductions, which is confirmed by recently appointed staff, this would indicate a positive judgement.

Where there is no consistent and comprehensive approach to inductions, and/or this is not confirmed by recently appointed staff, this would indicate a negative judgement.

### **b) Do staff receive effective case-focused supervision that enhances and sustains the quality of work with people on probation?**

### Guidance:

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

Effective supervision should take place at all levels across the PDU and should be tailored to the nature of the individual's work, their stage of development, and their individual learning needs. It may include group supervision, and, for those delivering case management and interventions, may include active observations to provide feedback on the quality of their interventions, the skills demonstrated, and areas for improvement.

For those involved with the most traumatic or distressing cases, including serious sexual offences, domestic abuse, rape, or murder, supervision may include arrangements for clinical supervision, to enable staff to address the impact of their work on themselves, in a confidential setting. There should be recognition that working with people on probation can be emotionally taxing and that the provision of appropriate support is necessary for staff to continue to do a good job without burning out.

There should be a staff supervision policy which sets out how supervision should be conducted, its aims, what supervisees can expect, and the frequency with which it should

happen. Any link to appraisal policies should be clear. Supervision should be incorporated within the PDU's quality assurance processes.

### **Evidence:**

This includes:

- supervision and quality assurance framework; likely to be regional or national
- supervision policies and processes
- arrangements for clinical supervision
- discussion with staff and managers
- probation practitioner questionnaire.

### **Judgement:**

Where there is a policy for the supervision of service delivery staff that ensures the delivery of effective regular supervision linked to the provision of high-quality services, this would indicate a positive judgement.

Where there is no policy for the supervision of service delivery staff or this does not ensure the delivery of effective regular supervision linked to the provision of high-quality services, this would indicate a negative judgement.

### **c) Is there effective management oversight that enhances and sustains the quality of work with people on probation?**

### **Guidance:**

Effective management oversight is much more than countersigning. It includes elements of quality assurance, staff supervision, dealing with developing areas of concern in individual cases, and facilitating improvements in practice. It is focused particularly on ensuring that actual or potential victims and children, or people on probation themselves are protected sufficiently from harm. Our full policy statement on management oversight can be found here: [HM Inspectorate of Probation management oversight \(justiceinspectorates.gov.uk\)](https://www.justiceinspectorates.gov.uk/hmip/policy-statements/management-oversight/).

Oversight of risk of harm, and safety and wellbeing is different from regular staff supervision and the general oversight of practice, although it may sometimes be undertaken at the same time, and discussions in supervision may support identification of the need for management oversight.

Regional and PDU arrangements and activity should promote and enable effective management oversight. This requires sufficiently trained managers and staff, promotion of a professionally curious approach, and sufficient resources being available to allow for effective management oversight to take place.

Whichever level management oversight is at, the quality of assurance of process, supervisory oversight, or the management of immediate risk; effective management oversight should produce sufficient assurance in relevant cases that all that should be done is being done.

### **Evidence:**

This includes:

- evidence from inspected cases

- structured meetings with staff and managers
- management oversight key policies, guidance, and frameworks
- information obtained from case manager or responsible officer interviews.

### **Judgement:**

Where the management oversight arrangements and activity show a positive difference to the quality of work undertaken across the region, this would support a positive judgement.

Where the management oversight arrangements and activity are inconsistent and/or do not make a positive difference to the quality of work undertaken across the region, this would support a negative judgement.

### **d) Is the appraisal process used effectively to ensure that staff are delivering a high-quality service?**

### **Guidance:**

PDU's should have an appraisal policy in place which sets out how effective staff appraisals and regular reviews should take place. Appraisals should contain realistic objectives, to enhance practice and performance. They should make clear to staff how they are performing and provide both affirmation and developmental feedback. Staff should be appraised within a performance management framework and against agreed competencies, in accordance with their role and identified development needs. Appraisals should contain appropriate objectives and developmental feedback in the light of relevant competencies. Good practice would link some objectives to local and organisational planning ('golden thread') and to individual and PDU/region-wide staff development plans.

Performance management should be used actively to improve services. All PDU staff should be covered by the appraisal policy, including sessional and agency staff.

### **Evidence:**

This includes:

- appraisal policy/competency-based framework
- data on the deployment, implementation, and completion of appraisals, segmented, where appropriate, by role, grade, and protected characteristics
- sample of appraisals and/or reviews
- discussion with staff
- discussion with managers.

### **Judgement:**

Where effective and regular appraisals are conducted, with appropriate objectives set, and this supports the delivery of high-quality services, this would indicate a positive judgement.

Where effective and regular appraisals are not conducted, or no appropriate objectives are set or these do not support the delivery of high-quality services, this would indicate a negative judgement.

### **e) Are the learning needs of staff identified and met?**



### Guidance:

PDUs should have systems in place to identify the learning needs of all their staff groups, based on an up-to-date training needs profile/analysis and linked to supervision and appraisal processes. The analysis should lead to development plans for staff at all levels across the PDU, including sessional and agency staff. Without these in place, learning is unlikely to be 'needs led', meaning that resources may be targeted inappropriately, and that gaps will be present in the provision of required learning for staff.

PDUs should also satisfy themselves that the staff of commissioned service providers have had all relevant training. The PDU should respond effectively to the identified needs of staff, both for the staff group as a whole and where individual needs have been identified. Training needs should be reviewed regularly.

### Evidence:

This includes:

- recent training needs profile/analysis
- up-to-date training records and the latest staff development plan completed within the last 12 months
- Investors in People or European Excellence Model assessments or similar accreditation
- staff feedback in relation to whether their learning needs for their current role have been met.

### Judgement:

Where there are effective systems in place, that are used to identify the learning needs of staff, and there is evidence of a recent training needs analysis having been completed, this would indicate a positive judgement.

Where there are no effective systems in place, systems exist but they are not being used to identify the learning needs of staff, and/or there is no evidence of a recent training needs analysis having been completed, this would indicate a negative judgement.

#### **f) Is poor staff performance identified and addressed?**

### Guidance:

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

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

Line managers should be trained and competent in implementing development and improvement plans, with support from senior managers. Senior managers should monitor

the use of performance improvement notices and plans, to ensure that they are being used fairly and appropriately across the PDU. Monitoring should identify any disproportionate use of such processes for diverse groups.

### **Evidence:**

This includes:

- performance management and improvement policies and processes
- discussions with managers about the application of performance improvement
- discussions with staff about the application of performance improvement
- monitoring data on staff subject to performance improvement
- capability and disciplinary processes, by location, grade, and protected characteristics.

### **Judgement:**

Where under-performance is identified and performance improvement processes are applied consistently and have resulted in improvements in practice, this would indicate a positive judgement.

Where processes for identifying and communicating poor performance are ineffective, or are not applied robustly, this would indicate a negative judgement.

### **g) Is a culture of learning and continuous improvement promoted actively?**

### **Guidance:**

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

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

These opportunities should be taken up by staff, with visibility around how the PDU has supported staff learning and continuous improvement – for example, blogs, case studies, or the sharing of emerging good practice. In order to develop the right culture, staff should be enabled, available, and supported to access, attend, and consolidate training and learning.

The PDU should use quality assurance/audit processes to support continuous improvement and measure the impact of training.

### **Evidence:**

This includes:

- the PDU's strategies or plans for promoting organisational learning
- examples of learning and development opportunities which have recently (within the last 12 months) been made available to staff, and which staff have taken up

- examples of how these opportunities have supported staff learning and continuous improvement – for example, blogs, case studies, or the sharing of emerging good practice
- assurance and audit processes, such as the PDU’s dip sampling of cases, case reviews, and peer support staff feedback in relation to the culture of learning and continuous improvement within the organisation
- staff obtaining new qualifications
- probation practitioner survey.

### Judgement:

Where the PDU is committed to a culture of learning and continuous improvement and can evidence a range of recent (in the last 12 months) examples of how this is working in practice, this would indicate a positive judgement.

Where the PDU is not committed to a culture of learning and continuous improvement and/or is unable to evidence a range of recent (in the last 12 months) examples of how this is working in practice, this would indicate a negative judgement.

## P 1.3 Services

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

### *P 1.3.1 Are high-quality services provided to meet the needs of people on probation?*

#### **a) Is there a diverse and flexible range of services that meet identified risk and needs and build strengths?**

### Guidance:

PDUs should have plans which set out how the diverse needs of people on probation are to be met, either through inclusion or specialist provision. This includes both the diversity needs related to protected characteristics and the factors arising from personal circumstances. They should take into account information about any disproportionate over- or under-representation present in existing services. It includes the range of provision available to people on probation in that PDU, rather than being limited to Probation Service interventions and commissioned services.

The range of services provided should be appropriate to meet the diverse needs of the PDU cohort, which should be well considered and integrated into the services that are being delivered. Services should be reviewed with sufficient frequency to ensure that they are the right ones to meet diverse needs.

Where there is evidence of disproportionality – that is, the over-representation of any particular group within the criminal justice system, such as black, Asian, and minority ethnic, LGBT, or the travelling community – particular attention should be given to appropriate provision or additional support for them.

### Evidence:

This includes:

- PDU delivery plan

- diversity and equality plan
- directory of services
- use of the ROIF
- contracts/service level agreements for provision
- data on take-up and usage of services and interventions
- reviews of service provision
- domain two case data and information
- discussion with partners/providers of commissioned and non-commissioned services
- discussion with staff
- discussion with team managers
- people on probation questionnaires.

### **Judgement:**

Where the PDU has paid specific attention to the *range* of services provided, to ensure that it is able to meet the needs of people on probation across the full spectrum of diversity characteristics, this would indicate a positive judgement.

Where the PDU has not paid specific attention to the *range* of services provided, and does not ensure that it is able to meet the needs of people on probation across the full spectrum of diversity characteristics, this would indicate a negative judgement.

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

### **Guidance:**

In order to support and promote desistance, PDU staff and services should be working actively to build on the strengths and enhance the protective factors of people on probation. There should be plans and interventions in place to enable access to suitable accommodation; education, training, and employment; women's services; finance, benefit, and debt assistance; and support for health and substance misuse needs that build on positive factors. Interventions should also be in place to support and enhance lifestyle and personal factors, such as parenting and family support, self-esteem, relationships, engagement in positive activities, mentoring initiatives, and other projects to enhance social inclusion.

### **Evidence:**

This includes:

- domain two case data and information
- PDU management information to build on strengths and enhance protective factors
- discussions with staff
- discussions with team managers.

### **Judgement:**

Where probation practitioners understand the importance of building strengths and enhancing positive factors and take this approach actively, this would indicate a positive judgement.

Where probation practitioners do not understand the importance of building strengths and enhancing positive factors or do not take this approach actively, this would indicate a negative judgement.

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

### **Guidance:**

Heads of service for the PDU, and PDU managers and staff, should be able to describe how, in the way that they deliver services, the diverse needs of people on probation are met. This includes both those diversity needs related to protected characteristics and those factors arising from personal circumstances.

The delivery of services should be reviewed by the PDU with sufficient frequency to ensure that the way services are delivered addresses diversity sufficiently. Staff supervision should consider this actively, with professional discussion about any disproportionate impact on the way that services are delivered. Observations of practice and peer review activities may also be useful.

Where there is evidence of disproportionality – that is, the over-representation of any particular group within the criminal justice system, such as black, Asian, and minority ethnic, LGBT, or the travelling community – particular attention should be given to ensuring that staff are trained and supported adequately in delivering to these groups.

For delivery by non-commissioned services or universal services, the PDU will be able to exert less influence. Nonetheless, there should be evidence that the PDU has considered, monitored, and, where appropriate, challenged this for services for which there is no direct line of control.

### **Evidence:**

This includes:

- domain two case data and information
- demonstration of the evidence base of interventions
- discussions with staff
- discussion with managers
- management information to show that disproportionality is reviewed and addressed in the delivery of services
- routine review and evaluation of the quality of services, with remedial action taken where required
- service action plans
- examples showing that remedial action has been taken where required
- people on probation questionnaires.

### **Judgement:**

Where the PDU pays specific attention to diversity factors and issues of disproportionality in the way that services are delivered, and the PDU challenges, as appropriate, those providers for whom it does not have direct control, this would indicate a positive judgement.

Where the PDU does not pay specific attention to diversity factors and issues of disproportionality in the way that services are delivered, and/or the PDU does not challenge, as appropriate, those providers for whom it does not have direct control, this would indicate a negative judgement.

#### **d) Are services delivered in appropriate and accessible locations?**

### **Guidance:**

This prompt refers to specific locations and their suitability for delivering probation services.

All probation services, including unpaid work placements, community hubs, and co-located building with other partners, should be reasonably accessible to people on probation; where they are geographically distant, as in sparsely populated rural areas, consideration should be given to how to support the compliance of these individuals without entailing excessive travel time (defined as more than one hour each way). There should be travel policies in place which specify reasonable expectations of people on probation and how compliance will be supported. Where probation practitioners are based in a centralised hub at a considerable distance from where people on probation live, opportunities must be available for the latter to receive face-to-face services at locations nearer to where they reside.

Locations can include shared premises, community centres where other services may be available, or outreach services, as well as designated probation offices. They include places where services are delivered by contracted providers. Each location should have been assessed for its suitability for delivering services to those under supervision. Particular care should be taken when considering locations for women-only services, which should promote a women-friendly environment. Opportunities for evening reporting and the availability of structured interventions, including accredited programmes, out of normal working hours should be considered.

### **Evidence:**

This includes:

- estates strategies
- maps of delivery sites showing locations and distances from centres of population
- assessment of individual sites and their suitability
- travel policies and use of PDU fares budget to support access to services when relevant
- domain two evidence about unpaid work placements
- people on probation questionnaires.

### **Judgement:**

Where service locations are reasonably accessible and consideration has been given to the suitability of specific locations, this would indicate a positive judgement.

Where there are unsuitable or inaccessible locations, this would indicate a negative judgement.

**e) Is the delivery of services informed by regular robust evidence-based monitoring, evaluation, and review?**

**Guidance:**

For service delivery to be effective, it must be informed by regular evidence-based monitoring, evaluation, and review, to check whether it is achieving its aims. It should also be informed by evidence from research about what is likely to work and improve delivery.

Robust evidence-based monitoring should include examination of the process improvements, to identify whether they are achieving what was intended, with feedback from stakeholders on how they are working in practice. Improvement plans should be monitored routinely by someone responsible for managing the relevant process, reporting under an appropriate governance arrangement. They should be aligned with the evidence base, both building on existing research and contributing to it.

Where appropriate, external monitoring should be considered, to improve the integrity of the process, and opportunities for engaging researchers, or collaborative working with similar organisations undertaking a comparable improvement process, should be considered, to benchmark progress and maximise learning.

**Evidence:**

This includes:

- examination of service improvement plans and monitoring of reports, and evidence of the extent to which these are informed by, or contribute to, research and collaborative activity
- discussions with those involved with leading or contributing to the improvement plans
- national published performance measures and recent HM Inspectorate of Probation recommendations specific to the organisation, including thematic recommendations and the action being taken to improve performance.

**Judgement:**

Where there are service improvement plans in place, which build on an evidence base and are monitored to ascertain whether they are achieving their objectives, this would indicate a positive judgement.

Where there are no service improvement plans in place, or they do not build on an evidence base and/or are not monitored to ascertain whether they are achieving their objectives, this would indicate a negative judgement.

***P 1.3.2 Are the right range and volume of services provided to meet the needs of people on probation?***

**a) Does the volume of services available meet demand consistently?**

**Guidance:**

There should be a sufficient number of high-quality placements to meet *all* needs across the PDU. Opportunities for evening/weekend access to services should be available. Particular care should be taken when considering women-only provision, which should promote a women-friendly environment.

Inspectors should look at the arrangements to review and evaluate the demand for, and quality of, provision and look for examples of remedial action being taken, where required, to improve delivery and respond to any concerns. Where there are significant gaps in capacity and/or the range of provision, there should be credible action being taken to address this.

There should be a plan in place which includes arrangements for the routine review and evaluation of delivery, and processes for checking to see that provision is available in the way intended. These arrangements should lead to remedial action being taken where required.

### **Evidence:**

This includes:

- domain two case data
- people on probation questionnaires
- management information to show that the quality of provision is reviewed and evaluated routinely, with remedial action taken where required
- examples showing that remedial action has been taken where required.

### **Judgement:**

Where there is a sufficient range of high-quality provision across the region, enabling individual needs to be met, this would indicate a positive judgement.

Where access to high-quality provision is not available consistently across the PDU or there are excessive waiting lists due to capacity issues, this would indicate a negative judgement.

### **b) Are there clear and well-understood access and referral routes for services?**

#### **Guidance:**

This prompt applies to all commissioned services – those commissioned regionally and those commissioned directly by the PDU. They may be commissioned from statutory, voluntary, or community sectors, along with substance misuse and mental health treatment services available as requirements.

Guidance should be up to date and should specify who services might be suitable for, and any specific exclusions. Materials should be clear, accurate, up to date, and easy to follow for busy practitioners.

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

Clear guidance should also be available to people on probation about the range of services available and their suitability – for example, in-service directories, person on probation handbooks, websites, or other media, and how they can be referred or refer themselves.

#### **Evidence:**

This includes:

- guidance available for staff on the range of PDU and regional commissioned services
- guidance available for people on probation on the range of PDU and regional commissioned services



- discussions with staff about the clarity and accuracy of materials and ease of making referrals
- domain two case data and information
- timetables for the delivery of programmes or RAR activities where these are locally commissioned
- policies on waiting lists
- discussions with commissioners of services.

### **Judgement:**

Where there is current comprehensive guidance for staff and people on probation about the availability of services and this covers suitability, availability, referral processes, and any waiting lists, this would indicate a positive judgement.

Where guidance for staff and people on probation about the availability of services is not current or comprehensive, or does not cover suitability, availability, referral processes, and any waiting lists, this would indicate a negative judgement.

### **c) Are services available in a timely manner for people on probation?**

#### **Guidance:**

Access to provision should be available to individuals in a timely manner, without excessive backlogs. At a service level, this requires services to be resourced sufficiently to meet demand flexibly. In individual cases, acceptable waiting times will be determined by the needs of the person on probation and the length of the order.

Appropriate services should be accessible to people on probation, without excessive travelling times. Excessive travelling times are defined as in excess of one hour travelling time each way. Where services are geographically distant, as in sparsely populated rural areas, consideration should be given to how to support the compliance of these individuals without entailing excessive travelling time. There should be travel policies in place which specify reasonable travel expectations for accessing services and how compliance will be supported. Facilities should have been assessed for suitability for delivering services to those under supervision.

#### **Evidence:**

This includes:

- evidence of monitoring of CRS provision to ensure that there is enough, at suitable facilities, and at the right time of day
- maps of CRS providers' sites, showing locations and distances from centres of population
- travel policies and use of fares budget to support access to services when relevant
- scheduling tool, to assist planning best to meet demand
- management information on CRS, unpaid work, and accredited programmes waiting lists
- management information on CRS, unpaid work, and accredited programmes travelling times.

## Judgement:

Where there is sufficient access to provision to meet the needs of all individuals, with waiting lists that are not excessive and a range of provision that does not require excessive travelling times, this would indicate a positive judgement.

Where access to provision does not meet the needs of all individuals and/or waiting lists are excessive, and/or provision requires excessive travelling times, this would indicate a negative judgement.

### **d) Is there effective collaborative working between service providers and probation practitioners?**

## Guidance:

Ensuring that key relationships with other agencies are working well is an essential part of keeping the public safe. There should be good working relationships with other organisations at all levels across the PDU. This includes heads of service for the PDU engaging with their equivalents to ensure that working arrangements are sound; team managers working to improve communication and unblock problems; and probation practitioners following key agreements, protocols, and pathways to ensure that information is exchanged, and referrals dealt with appropriately.

Through PDU involvement in key partnership arrangements, there should be evidence of joint initiatives undertaken to strengthen single and joint agency practice in managing risk of serious harm and safeguarding. The active involvement of heads of service for the PDU or their equivalents in MAPPA strategic management boards is a prerequisite. There should be evidence of appropriate engagement at all levels with MAPPA arrangements.

Heads of service for the PDUs should be involved in local safeguarding arrangements for people on probation at board level, with engagement at relevant subgroups, such as training and effectiveness, by appropriate personnel. While there is no statutory requirement for membership of a safeguarding adults board, the Probation Service National Partnership Framework (June 2015) stipulates that each PDU should be a member of a safeguarding adults board.

Other key relationships which should be nurtured are with: the police over serious and organised crime, guns, and gangs; domestic abuse units and MOSOVO (management of sexual or violent offenders) teams; person on probation and adult social care services, including multi-agency safeguarding hubs or their equivalent; multi-agency risk assessment conferences; local prison governors; and forensic mental health services. It will be important to have good working relationships with local authority and independent housing providers over the safe accommodation of those assessed as presenting a high or very high risk of serious harm, and with youth offending teams over the transfer of cases to adult probation services.

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

Forming a judgement about the effectiveness and consistency of working relationships with these key agencies across a wide geographical footprint is not easy. To make a positive judgement, a sampling of arrangements, protocols, and minutes of meetings is required to identify whether there is consistent practice and involvement as far as reasonably can be judged. This might be supported further by evidence provided by the PDU about how it

ensures the effectiveness of these working arrangements, where it is aware of any difficulties, and what it is doing to resolve these.

### **Evidence:**

This includes:

- domain two case data and information on the effectiveness of relationships to manage the risk of serious harm
- minutes of relevant meetings (for example, MAPPA strategic management boards, MAPPA panels, safeguarding boards, MARACs, integrated offender management, reducing reoffending boards)
- meetings with senior personnel from relevant agencies
- referral protocols and agreements
- meetings with managers, administrators, and frontline practitioners
- probation practitioner survey

### **Judgement:**

Where there are effective and consistent working arrangements with the PDU and key agencies, this would indicate a positive judgement.

Where working arrangements with key agencies are ineffective, have broken down, or are inconsistent, this would indicate a negative judgement.

### **e) Are courts kept up to date with the services available, to support sentencing options?**

### **Guidance:**

For both magistrates' courts and Crown Courts to make appropriate use of the full range of sentencing options, they need to have enough detail about the services provided, or accessed, by the PDU and in the areas in which people on probation live. The services which support sentencing options include, but are not limited to:

- accredited programmes
- RARs with information on the portfolio of structured interventions and toolkits available
- drug treatment
- alcohol treatment
- mental health treatment requirements
- attendance centres
- electronic monitoring
- approved premises
- unpaid work placements.

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

Information about services available should be provided to sentencers. This should be updated at least annually to reflect changing provision. In addition to detailing activities, it should also give some indication as to when and where they are likely to be available across the area. There should be information on the types of unpaid work placements that are available, including arrangements for women and those with disabilities. The aims and typical activities undertaken on programmes and interventions, including women's programmes available under RARs, should be clarified, along with any evidence of their effectiveness.

The PDU should provide detailed information on the programmes and interventions that the region delivers, and that are available within the PDU, and also the arrangements for drug, alcohol, and mental health treatment, in liaison with local treatment providers.

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

### **Evidence:**

This includes:

- sentencer liaison arrangements or strategy
- information provided to sentencers, including newsletters and other communication channels, minutes of liaison meetings, and presentations made
- sentencer surveys
- meetings with liaison judges and chairs of magistrates' benches.

### **Judgement:**

Where there is a strategic, planned approach to sentencer liaison, both at the magistrates' courts and Crown Courts, backed up with samples of the information provided and evidence of the use of appropriate communication channels, this would indicate a positive judgement.

Where there is no strategic, planned approach to sentencer liaison, either at the magistrates' courts or Crown Courts, or this is not backed up with samples of the information provided and evidence of the use of appropriate communication channels, this would indicate a negative judgement.

# Rating characteristics

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The rating characteristics are designed to describe *some* of the features that we can expect to see at each rating level. Rating characteristics must not be used as a checklist or to repeat the basis on which inspectors make their decisions – this is the role of the questions and prompts. Nor do rating characteristics contain detailed guidance – this is the role of the Rules and Guidance. Inspectors do not expect to see key questions and prompts or individual elements of the rating characteristics defined in terms of a rating, as we do not rate individual key questions and prompts in this way. Instead, we inspect against sufficiency – we ask whether the evidence at key question and prompt level is sufficient and then we look for consistent sufficiency to award ratings.

The rating characteristics should act as a reference point for the lead inspector and ratings panels in discussing recommended ratings for each of the standards. It is not expected that every characteristic must be present for the corresponding rating to be given. On the contrary, any service is likely to have delivery spanning more than one rating category. Some elements could be good, for instance, while others require improvement. Inspectors take this into account when proposing ratings.

## **Regional rating characteristics**

### **R 1.1 Leadership**

**Regional leadership drives the delivery of a high-quality, personalised, and responsive service for people on probation.**

#### ***'Outstanding'***

The vision and strategy is clear and effective, drawing on national priorities and taking an intentional and deliberate approach to meeting diverse needs, in line with the spirit of the public sector equality duty. Leaders communicate the vision and strategy effectively to staff, partners, suppliers, and other stakeholders. There is an effective governance framework, and delivery plans are clear and responsive to diverse needs. These are supported by productive relationships with regional leadership and local strategic partners, and there is evidence that this translates the vision and strategy into practice.

Significant evidence of effective *delivery* against the vision and strategy can be seen, including an intentional and deliberate approach to meeting diverse needs. High-quality services, including commissioned services, are available for people on probation across the region. Domain two data confirms the significant positive impact of leadership in fully supporting and promoting effective delivery. The region is represented on all relevant strategic groups, representation is consistent, and those attending demonstrate appropriate decision-making authority. Their attendance and participation drives improvements in service delivery. There is strong evidence of the region anticipating risks, regionally and for PDUs, with their mitigations and controls proven to be fully effective and reliably communicated, both to regional leaders and to where the authority and responsibility to authorise improvements rests.

The region's culture is one of involvement, transparency, ownership, empowerment, and improvement, with leaders listening to staff and explaining their decisions consistently, and staff feeling empowered to identify ways to improve how they do their job. Staff survey engagement scores and confidence in senior management are high. Staff at all levels are encouraged actively to raise concerns and there is support for those that do. There is clear

and regular two-way communication, with leaders having a strong track record of listening to staff concerns and acting on them in a timely, responsive manner. Where changes are required, they are communicated in a timely and transparent way across the region, with a clear, proactive approach to embedding and monitoring new ways of working. It is clear that staff work together effectively in delivering the service, with strong collaboration and support, clear lines of accountability, and the avoidance of duplication. Reasonable adjustments are always made for all staff who have a disability, to enable them to work effectively.

A range of effective learning and collaboration networks are in place, identifying opportunities for creativity, innovation, and improvement. Evidence-informed innovation is celebrated and championed. A collaborative and outward-looking approach is taken to working with other organisations, demonstrating benefits for people on probation through the appropriate exchange of expertise, resources, and knowledge. These benefits are consistent with domain two data, demonstrating this approach in practice. The views of people on probation are collected, analysed, and acted upon regularly. Learning from performance monitoring, audit inspection, and from when things go wrong is done systematically and is embedded across the region. Domain two data reflects that learning is embedded.

### **'Good'**

The vision and strategy draws on national priorities and addresses most diverse needs. Leaders communicate the vision and strategy to staff, partners, suppliers, and other stakeholders. There is a governance framework and delivery plans that are largely responsive to diverse needs. These are supported by good relationships with regional leadership and local strategic partners.

Evidence of effective *delivery* against the vision and strategy can be seen. The region is represented on most relevant strategic groups, representation is fairly consistent, and those attending usually have appropriate decision-making authority. Their attendance and participation support improvements in service delivery. There is some evidence of the region anticipating risks, both for the region and PDUs, with their mitigations and controls in place and communicated both to regional leaders and to where the authority and responsibility to authorise improvements rest.

The region's culture is largely one of involvement, transparency, and ownership, demonstrating elements of empowerment and improvement. Leaders listen to staff, and staff are encouraged to identify ways to improve how they do their job. Staff survey engagement scores and confidence in senior management are good. Staff are generally comfortable in raising concerns and there is usually support for those that do. Leaders listen to staff concerns and usually act on them. Where changes are required, they are usually communicated across the region, with efforts made to embed and monitor new ways of working. For the most part, staff work well together in delivering the service, with collaboration and support, along with clear lines of accountability. Reasonable adjustments are usually made for all staff who have a disability, to enable them to work effectively.

Some learning and collaboration networks are in place, identifying opportunities for improvement. Evidence-informed innovation is accepted. A collaborative approach is taken to working with other organisations, with some benefits realised for people on probation. The views of people on probation are usually collected, analysed, and acted upon. Learning from performance monitoring, audit inspection, and from when things go wrong is usually done, with some steps taken to embed this across the region. Domain two data shows that some of this learning is embedded.

### ***'Requires improvement'***

The vision and strategy does not draw sufficiently on national priorities and does not fully address diverse needs. It is not consistently communicated by leaders to staff, partners, suppliers, and other stakeholders. There is a governance framework but this does not lead to responsive delivery plans. Relationships between regional leadership and local strategic partners are not working well enough.

There is limited evidence of effective *delivery* against the vision and strategy. The region is not represented on the relevant strategic groups, or representation is inconsistent and/or those attending lack the appropriate decision-making authority. There are limited resultant improvements in service delivery. There is some evidence of the region anticipating risks, but no effective mitigations and controls in place, or mitigations and controls that are not communicated effectively to where the authority and responsibility to authorise improvements rest.

The region's culture lacks involvement, transparency, and ownership, with limited attention given to empowerment and improvement. Leaders do not listen effectively to staff, and staff are not encouraged actively to identify ways to improve how they do their job. Staff survey engagement scores and confidence in senior management are insufficient. Staff are not always comfortable in raising concerns and there is little support for those that do. There is limited two-way communication, with little evidence of leaders listening to staff concerns and acting on them. Where changes are required, they are not communicated effectively across the region, meaning that new ways of working do not become embedded and are not monitored. Staff are disjointed and do not work well enough together in delivering the service, with limited collaboration and support or clear lines of accountability. There is little evidence of improving the quality of delivery through person-centred practice. Reasonable adjustments are not implemented consistently to enable staff who have a disability to work effectively.

Some learning and collaboration networks may be in place, but they do not identify opportunities for improvement. Evidence-informed innovation is limited. There is insufficient collaboration with other organisations, with limited benefits for people on probation. The views of people on probation are collected inconsistently, with limited analysis and action resulting. Learning from performance monitoring, audit inspection, and from when things go wrong is not done well enough, meaning that there is no or limited learning across the region. Domain two data shows limited evidence of this learning being embedded.

### ***'Inadequate'***

The vision and strategy does not draw on national priorities and does not address diverse needs. It is not communicated by leaders to staff, partners, suppliers, and other stakeholders. There is poor governance, leading to delivery plans that are not responsive to needs. Relationships between regional leadership and strategic partners are poor.

There is no evidence of effective *delivery* against the vision and strategy. The region is not represented on the relevant strategic groups, resulting in a lack of improvements in service delivery. There is neither evidence of the region anticipating risks nor effective mitigations and controls in place.

The region's culture is closed or characterised by blame. It is not transparent, with no attention given to empowerment and improvement. Leaders do not listen to staff, and staff are not encouraged to identify ways to improve how they do their job. Staff survey engagement scores and confidence in senior management are low. Staff are uncomfortable in raising concerns and there is no support for those that do. There is no two-way communication and no evidence of leaders listening to staff concerns. Where changes are

required, they are not communicated across the region, meaning that any new ways of working are neither embedded nor monitored. Staff are disjointed and do not work together in delivering the service, with no collaboration, support, or clear lines of accountability. There is no evidence of improving the quality of delivery through person-centred practice. Reasonable adjustments to enable staff who have a disability to work effectively are not made.

No learning and collaboration networks may be in place, meaning that opportunities for improvement are not identified. There is no evidence-informed innovation. Collaboration with other organisations is undeveloped, with no benefits for people on probation. The views of people on probation are not collected, so there is no analysis and action resulting. Learning from performance monitoring, audit inspection, and from when things go wrong is not undertaken or not disseminated. Domain two data shows no evidence of this learning being embedded.

## **R 1.2 Staffing**

**Staff are enabled to deliver a high-quality, personalised, and responsive service for all people on probation.**

### ***'Outstanding'***

Staffing structures and levels are sufficient consistently, and are monitored and reviewed proactively, to allow the workforce to deliver a fully effective service. There is a clear focus on current and likely future demands, reflected in the approach to recruitment, career development, mobility, and succession planning. Evidence indicates that workloads are manageable and there are continual and holistic reviews of individual workloads, accounting for the differing demands. There are fully effective workforce monitoring arrangements in place that result in appropriate action being taken to maintain manageable workloads.

The workforce has the right range of skills, knowledge, and experience, and this assists the delivery of a high-quality service for people on probation. Attention is given to equality of access to training, with appropriate flexibility and the use of innovative solutions to meet learning and development needs. There is an effective strategy in place that identifies and develops the potential of individual staff to support succession planning. The learning and development needs of all staff are understood clearly and met, with appropriate access to pre-qualifying training routes and in-service training provided universally. A culture of learning and continuous improvement is promoted and valued. Staff are involved deeply in their own professional development; they are encouraged and supported proactively to undertake self-evaluation, reflect on and debate their practice, acquire new skills, and disseminate best practice. Where volunteers and mentors are used, they are selected and supported appropriately to fulfil clearly defined roles.

Priority is given to giving and seeking timely feedback, engaging in performance discussions and coaching. Leaders are approachable and available, when needed, and meet regularly with their teams. They provide reliable professional guidance, challenge, encouragement, and motivation, with thoughtful, honest, and constructive feedback on performance. Staff are overwhelmingly positive about their management supervision and are empowered to build on their strengths and address behaviours that are getting in the way of improved performance. Staff are supervised appropriately, performance is managed effectively, and management oversight is consistent, effective, and meaningful.



### ***'Good'***

Staffing structures and levels are sufficient, with some monitoring and review to allow the workforce to deliver an effective service. There is a focus on current and likely future demands, with some reflection of this in the approach to recruitment, career development, mobility, and succession planning. Evidence indicates that workloads are mostly manageable and there are reviews of individual workloads, accounting for the differing demands. Reviews usually result in appropriate action being taken to maintain manageable workloads. Workforce monitoring arrangements are in place and are mostly effective, resulting in appropriate action being taken to maintain manageable workloads.

The workforce has a good range of skills, knowledge, and experience, and this assists the delivery of a high-quality service for people on probation. Some attention is given to equality of access to training, with some flexibility and the use of innovative solutions to meet learning and development needs. There is a strategy in place that identifies and develops the potential of individual staff to support succession planning. The learning and development needs of most staff are understood and met, with appropriate access provided to pre-qualifying training routes and in-service training for most. There is a culture of learning and improvement. Staff are, for the most part, involved in their own professional development; they are encouraged to undertake self-evaluation, reflect on their practice, acquire new skills, and disseminate best practice. Where volunteers and mentors are used, they are selected adequately and supported to fulfil their roles.

Timely feedback is usually given to staff, with a focus on performance discussions and coaching. Leaders are approachable and meet regularly with their teams. They provide reliable professional guidance, challenge, encouragement, and motivation, with some constructive feedback on performance. Staff are mostly positive about their management supervision and most are able to build on their strengths and address behaviours that are getting in the way of improved performance. Staff are supervised, including the effective management of performance and appropriate management oversight.

### ***'Requires improvement'***

Staffing structures and levels are insufficient, and there is only limited monitoring and review to address this and allow the workforce to deliver an effective service. There is insufficient focus on current and likely future demands, meaning that the approach to recruitment, career development, mobility, and succession planning is flawed. Evidence indicates that many workloads are unmanageable, with limited reviews of individual workloads. Where there are reviews, these do not result consistently in appropriate action being taken to address unmanageable workloads. Workforce monitoring arrangements do not work consistently, meaning that appropriate action is not always taken to maintain manageable workloads.

The workforce does not have the required skills, knowledge, and/or experience to ensure the delivery of a high-quality service for people on probation. Insufficient attention is given to equality of access to training, with limited flexibility and insufficient use of innovative solutions to meet learning and development needs. There is no effective strategy in place to identify and develop the potential of individual staff. The learning and development needs of staff are not always understood or do not result in appropriate access being provided consistently to pre-qualifying training routes and in-service training. A culture of learning and improvement is not developed sufficiently. Staff are not involved enough in their own professional development, and are not encouraged generally to undertake self-evaluation, reflect on their practice, acquire new skills, and disseminate best practice. Where volunteers and mentors are used, selection processes are underdeveloped and there is limited scope for volunteers and mentors to fulfil their roles.

Feedback is not given consistently and there is a limited focus on performance discussions and coaching. Leaders are not always approachable and do not meet regularly with their teams. Limited reliable professional guidance, challenge, encouragement, or motivation are provided by leaders, with some occasional constructive feedback on performance. Staff are generally negative about their management supervision and most are not encouraged to build on their strengths and address behaviours that are getting in the way of improved performance. Staff are supervised inconsistently, including insufficient management of performance and limited management oversight.

### ***'Inadequate'***

Staffing structures and levels are insufficient, with no monitoring or review to address this. There are substantial and/or frequent staff shortages, impacting upon workloads and the quality of the service, and its ability to meet the high-level expectations for probation delivery. Workloads are unmanageable and there are no reviews of individual workloads. Workforce monitoring arrangements are absent or ineffective, meaning that appropriate action is not taken to achieve manageable workloads. There is no focus on current and likely future demands, meaning that the approach to recruitment, career development, mobility, and succession planning is flawed.

The workforce does not have the required skills, knowledge, and/or experience to ensure the delivery of a high-quality service for people on probation. No attention is given to equality of access to training and learning, and the development needs of staff are not met. The culture is one in which staff are neither equipped to fulfil their responsibilities nor held accountable for their work. There are low levels of staff satisfaction, engagement, and resilience, and high levels of stress, work overload, and blame. Staff do not feel respected, valued, supported, or appreciated.

Feedback is not given to staff. Leaders are unapproachable and do not meet with their teams. Staff are negative about their management supervision and are not encouraged to build on their strengths and address behaviours that are getting in the way of improved performance. Supervision, performance management, and management oversight are underdeveloped or not fit for purpose.

## **PDU rating characteristics**

### **1.1 Leadership**

The leadership of the PDU enables the delivery of a high-quality, personalised, and responsive service for all people on probation.

### ***'Outstanding'***

The vision and strategy is clear and effective, drawing on national and regional priorities and taking an intentional and deliberate approach to meeting diverse needs, in line with the spirit of the public sector equality duty. Leaders communicate the vision and strategy effectively to staff, partners, suppliers, and other stakeholders. There is an effective governance framework, and delivery plans are clear and responsive to diverse needs. These are supported by productive relationships with regional leadership and local strategic partners, and there is evidence that this translates the vision and strategy into practice.

Significant evidence of effective *delivery* against the vision and strategy can be seen. The PDU is represented on all relevant strategic groups, representation is consistent, and those attending demonstrate appropriate decision-making authority. Their attendance and participation drives improvements in service delivery. There is strong evidence of the PDU

anticipating risks, with their mitigations and controls proven to be fully effective and reliably communicated, both to regional leaders and to where the authority and responsibility to authorise improvements rest.

The PDU's culture is one of involvement, transparency, ownership, empowerment, and improvement, with leaders listening to staff and explaining their decisions consistently, and staff feeling empowered to identify ways to improve how they do their job. Staff survey engagement scores and confidence in senior management are high. Staff at all levels are encouraged actively to raise concerns and there is support for those that do. There is clear and regular two-way communication, with leaders having a strong track record of listening to staff concerns and acting on them in a timely, responsive manner. Where changes are required, they are communicated in a timely and transparent way across the PDU, with a clear proactive approach to embedding and monitoring new ways of working. It is clear that staff work effectively together in delivering the service, with strong collaboration and support, clear lines of accountability, and the avoidance of duplication. There is a common focus on, and strong evidence of, improving the quality of delivery through person-centred practice. Reasonable adjustments are always made for all staff who have a disability, to enable them to work effectively.

A range of effective learning and collaboration networks are in place, identifying opportunities for creativity, innovation, and improvement. Evidence-informed innovation is celebrated and championed. A collaborative and outward-looking approach is taken to working with other organisations, demonstrating benefits for people on probation through the appropriate exchange of expertise, resources, and knowledge. These benefits are consistent with domain two data, demonstrating this approach in practice. The views of people on probation are collected, analysed, and acted upon regularly. Learning from performance monitoring, audit inspection, and from when things go wrong is done systematically and is embedded across the PDU. Domain two data reflects that learning is embedded.

### **'Good'**

The vision and strategy draws on national and regional priorities and addresses most diverse needs, in line with the spirit of the public sector equality duty. Leaders communicate the vision and strategy to staff, partners, suppliers, and other stakeholders. There is an effective governance framework and delivery plans are responsive. These are supported by good relationships with regional leadership and local strategic partners, which translates the vision and strategy into practice.

Evidence of effective *delivery* against the vision and strategy can be seen. The PDU is represented on most relevant strategic groups, representation is fairly consistent, and those attending demonstrate appropriate decision-making authority. Their attendance and participation aid improvements in service delivery. There is evidence of the PDU anticipating risks, with effective mitigations and controls that are communicated both to regional leaders and to where the authority and responsibility to authorise improvements rest. Reasonable adjustments are usually made for all staff who have a disability, to enable them to work effectively.

The PDU's culture is largely one of involvement, transparency, and ownership, demonstrating elements of empowerment and improvement. Leaders listen to staff, and staff are encouraged to identify ways to improve how they do their job. Staff survey engagement scores and confidence in senior management are good. Staff are generally comfortable in raising concerns and there is usually support for those that do. Leaders listen to staff concerns and usually act on them. Where changes are required, they are usually communicated across the PDU, with efforts made to embed and monitor new ways of

working. For the most part, staff work well together in delivering the service, with collaboration and support, along with clear lines of accountability. There is evidence of improving the quality of delivery through person-centred practice. is clear and effective, drawing on national priorities and taking an intentional and deliberate approach to meeting diverse needs, in line with the spirit of the public sector equality duty.

Some learning and collaboration networks are in place, identifying opportunities for improvement. Evidence-informed innovation is accepted. A collaborative approach is taken to working with other organisations, with some benefits realised for people on probation. The views of people on probation are usually collected, analysed, and acted upon. Learning from performance monitoring, audit inspection, and from when things go wrong is usually done, with some steps taken to embed this across the PDU. Domain two data shows that some of this learning is embedded.

### ***'Requires improvement'***

The vision and strategy does not draw sufficiently on national and regional priorities and does not address diverse needs fully. It is not communicated consistently by leaders to staff, partners, suppliers, and other stakeholders. There is a governance framework but this does not lead to responsive delivery plans. Relationships between regional leadership and local strategic partners are not working well enough, meaning that the vision and strategy is not translated consistently into practice.

There is limited evidence of effective *delivery* against the vision and strategy. The PDU is not represented on the relevant strategic groups, or representation is inconsistent and/or those attending lack the appropriate decision-making authority. There are limited resultant improvements in service delivery. There is some evidence of the PDU anticipating risks, but there are no effective mitigations and controls in place, or mitigations and controls that are not communicated effectively, both to regional leaders and to where the authority and responsibility to authorise improvements rest.

The PDU's culture lacks involvement, transparency, and ownership, with limited attention given to empowerment and improvement. Leaders do not listen effectively to staff, and staff are not encouraged actively to identify ways to improve how they do their job. Staff survey engagement scores and confidence in senior management are insufficient. Staff are not always comfortable in raising concerns and there is little support for those that do. There is limited two-way communication, with little evidence of leaders listening to staff concerns and acting on them. Where changes are required, they are not communicated effectively across the PDU, meaning that new ways of working do not become embedded and are not monitored. Staff are disjointed and do not work well enough together in delivering the service, with limited collaboration and support or clear lines of accountability. There is little evidence of improving the quality of delivery through person-centred practice. Reasonable adjustments are not implemented consistently to enable staff who have a disability to work effectively.

Some learning and collaboration networks may be in place, but they do not identify opportunities for improvement. Evidence-informed innovation is limited. There is insufficient collaboration with other organisations, with limited benefits for people on probation. The views of people on probation are collected inconsistently, with limited analysis and action resulting. Learning from performance monitoring, audit inspection, and from when things go wrong is not done well enough, meaning that there is no or limited learning across the PDU. Domain two data shows limited evidence of this learning being embedded.

## ***'Inadequate'***

The vision and strategy does not draw on national and regional priorities and does not address diverse needs. It is not communicated by leaders to staff, partners, suppliers, and other stakeholders. There is poor governance, leading to delivery plans that are not responsive to needs. Relationships between regional leadership and local strategic partners are poor, meaning that the vision and strategy is not translated into practice.

There is no evidence of effective *delivery* against the vision and strategy. The PDU is not represented on the relevant strategic groups, resulting in a lack of improvements in service delivery. There is no evidence of the PDU anticipating risks and there are no effective mitigations and controls in place.

The PDU's culture is closed or characterised by blame. It is not transparent, with no attention given to empowerment and improvement. Leaders do not listen to staff, and staff are not encouraged to identify ways to improve how they do their job. Staff survey engagement scores and confidence in senior management are low. Staff are uncomfortable in raising concerns and there is no support for those that do. There is no two-way communication and no evidence of leaders listening to staff concerns. Where changes are required, they are not communicated across the PDU, meaning that any new ways of working are neither embedded nor monitored. Staff are disjointed and do not work together in delivering the service, with no collaboration, support, or clear lines of accountability. There is no evidence of improving the quality of delivery through person-centred practice. Reasonable adjustments to enable staff who have a disability to work effectively are not made.

No learning and collaboration networks may be in place, meaning that opportunities for improvement are not identified. There is no evidence-informed innovation. Collaboration with other organisations is undeveloped, with no benefits for people on probation. The views of people on probation are not collected, so there is no analysis and action resulting. Learning from performance monitoring, audit inspection, and from when things go wrong is not undertaken or not disseminated. Domain two data shows no evidence of this learning being embedded.

### **1.2 Staff**

Staff are enabled to deliver a high-quality, personalised, and responsive service for all people on probation.

## ***'Outstanding'***

Staffing structures and levels are sufficient and are monitored and reviewed proactively, to allow the workforce to deliver a fully effective service. There is a clear focus on current and likely future demands, reflected in the approach to recruitment, career development, mobility, and succession planning. Evidence indicates that workloads are manageable, and there are continual and holistic reviews of individual workloads, accounting for the differing demands. Reviews result in appropriate action being taken to maintain manageable workloads. Where issues are not within the direct control of the PDU to resolve, these are always escalated effectively to the region.

The workforce has the right, strong range of skills, knowledge, and experience, and this drives the delivery of a high-quality service for people on probation. Active attention is given to equality of access to training, with appropriate flexibility and the use of innovative solutions to meet learning and development needs. There is an effective strategy in place that identifies and develops the potential of individual staff to support succession planning.

The learning needs of all staff are identified and met, with appropriate access provided to pre-qualifying training routes and in-service training. A culture of learning and continuous improvement is promoted and valued. PDU staff are deeply involved in their own professional development; they are encouraged and supported proactively to undertake self-evaluation, reflect on and debate their practice, acquire new skills, and disseminate best practice. Where volunteers and mentors are used, they are selected and supported appropriately to fulfil clearly defined roles.

Priority is given to giving and seeking timely feedback, engaging in performance discussions, and coaching. Leaders are approachable and available, when needed, and meet regularly with their teams. They provide reliable and proactive professional guidance, challenge, encouragement, and motivation, with thoughtful, honest, and constructive feedback on performance. Staff are overwhelmingly positive about their management supervision and are empowered to build on their strengths and address behaviours that are getting in the way of improved performance. PDU staff are supervised appropriately, performance is managed effectively, and management oversight is consistent, effective, and meaningful.

### ***'Good'***

Staffing structures and levels are sufficient, with some monitoring and review to allow the workforce to deliver an effective service. There is a focus on current and likely future demands, with some reflection of this in the approach to recruitment, career development, mobility, and succession planning. Evidence indicates that workloads are mostly manageable and there are reviews of individual workloads, accounting for the differing demands. Reviews usually result in appropriate action being taken to maintain manageable workloads. Where issues are not within the direct control of the PDU to resolve, there is some evidence of these being escalated to the region.

The workforce has a good range of skills, knowledge, and experience, and this assists the delivery of a high-quality service for people on probation. Some attention is given to equality of access to training, with some flexibility and the use of innovative solutions to meet learning and development needs. There is a strategy in place that identifies and develops the potential of individual staff to support succession planning. The learning needs of most staff are met, with appropriate access provided to pre-qualifying training routes and in-service training for most. There is a culture of learning and improvement. PDU staff are, for the most part, involved in their own professional development; they are encouraged to undertake self-evaluation, reflect on their practice, acquire new skills, and disseminate best practice. Where volunteers and mentors are used, they are selected and supported adequately to fulfil their roles.

Timely feedback is usually given to staff, with a focus on performance discussions and coaching. Leaders are approachable and meet regularly with their teams. They provide reliable professional guidance, challenge, encouragement and motivation, with some constructive feedback on performance. Staff are mostly positive about their management supervision, and most are able to build on their strengths and address behaviours that are getting in the way of improved performance. PDU staff are supervised, including the effective management of performance and appropriate management oversight.

### ***'Requires improvement'***

Staffing structures and levels are insufficient, and there is only limited monitoring and review to address this and allow the workforce to deliver an effective service. There is insufficient focus on current and likely future demands, meaning that the approach to recruitment, career development, mobility, and succession planning is flawed. Evidence indicates that many workloads are unmanageable, with limited reviews of individual

workloads. Where there are reviews, these do not result consistently in appropriate action being taken to address unmanageable workloads. Where issues are not within the direct control of the PDU to resolve, there is limited evidence of these being escalated to the region.

The workforce does not have the required skills, knowledge, and/or experience to ensure the delivery of a high-quality service for people on probation. Insufficient attention is given to equality of access to training, with limited flexibility and insufficient use of innovative solutions to meet learning and development needs. There is no effective strategy in place to identify and develop the potential of individual staff. The learning needs of staff are not met consistently, with limited access provided to pre-qualifying training routes and in-service training. A culture of learning and improvement is not sufficiently developed. PDU staff are not involved enough in their own professional development, and are not encouraged generally to undertake self-evaluation, reflect on their practice, acquire new skills, and disseminate best practice. Where volunteers and mentors are used, selection processes are underdeveloped and there is limited scope for volunteers and mentors to fulfil their roles.

Feedback is not given consistently and there is a limited focus on performance discussions and coaching. Leaders are not always approachable and do not meet regularly with their teams. Limited reliable professional guidance, challenge, encouragement, or motivation is provided by leaders, with some occasional constructive feedback on performance. Staff are generally negative about their management supervision and most are not encouraged to build on their strengths and address behaviours that are getting in the way of improved performance. PDU staff are supervised inconsistently, including insufficient management of performance and limited management oversight.

### ***'Inadequate'***

Staffing structures and levels are insufficient, with no monitoring or review to address this. There are substantial and/or frequent PDU staff shortages, impacting upon workloads and the quality of the service and its ability to meet the high-level expectations for delivery. Workloads are unmanageable and there are no reviews of individual workloads. There is no focus on current and likely future demands, meaning that the approach to recruitment, career development, mobility, and succession planning is flawed. Where issues are not within the direct control of the PDU to resolve, there is no evidence of these being escalated to the region.

The workforce does not have the required skills, knowledge, and/or experience to ensure the delivery of a high-quality service for people on probation. No attention is given to equality of access to training, and learning needs of staff are not met. The culture is one in which PDU staff are neither equipped to fulfil their responsibilities nor held accountable for their work. There are low levels of PDU staff satisfaction, engagement, and resilience, and high levels of stress, work overload, and blame. PDU staff do not feel respected, valued, supported, or appreciated.

Feedback is not given to staff. Leaders are unapproachable and do not meet with their teams. Staff are negative about their management supervision and are not encouraged to build on their strengths and address behaviours that are getting in the way of improved performance. Supervision, performance management, and management oversight are underdeveloped or not fit for purpose.

### 1.3 Services

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

#### ***'Outstanding'***

There is a broad mixture of universal, targeted, and specialist services, both in-house and commissioned, which *deliver* the necessary range and depth of interventions to meet the full range of needs and diversity of victims and people on probation. Opportunities to provide integrated services and pathways of delivery, particularly for people on probation with multiple and complex needs, are well developed and evidenced. The PDU promotes actively an understanding of the needs of people on probation and provides advice to help other agencies make sure that their services are relevant and readily accessible. There are clear and effective inter-agency protocols which are implemented fully and consistently in practice, including, for example, referral processes and transitional arrangements, driving a seamless approach to accessing services. The PDU has a well-developed understanding of local need and sentencing trends, and this informs commissioning appropriately. All staff are aware of the available services, and domain two data reflects that the right services are delivered.

Services build proactively on strengths and enhance protective factors, and are available and accessible to people on probation, in appropriate locations and in a timely manner. There is significant flexibility, and options cater for those with often chaotic and unstable circumstances, and more vulnerable groups such as women, and those with a disability or with mental health and/or addiction problems. Any barriers to access have been removed and are assessed regularly, to ensure that services are fully responsive and reactive to need. There is sufficient availability of specialist interventions, interventions for minority groups, and interventions for people in vulnerable circumstances. There are robust quality assurance and evaluation arrangements which include all relevant providers, address actively shortfalls in the quality of provision and pay significant attention to analysis on the basis of diversity factors. All relevant partners and other providers are included where appropriate, with a clear focus on identifying effective practice and aspects for improvement.

#### ***'Good'***

There is a mixture of universal, targeted, and specialist services, both in-house and commissioned, which *deliver* the necessary range and depth of interventions to meet most of the needs and diversity of victims and people on probation. There are some opportunities to provide integrated services and pathways of delivery, particularly for people on probation with multiple and complex needs. The PDU promotes an understanding of the needs of people on probation and sometimes has provided advice to help other agencies make sure that their services are relevant and readily accessible. There are inter-agency protocols which are implemented in practice, including, for example, referral processes and transitional arrangements, to help support a seamless approach to accessing services. The PDU has some understanding of local need and sentencing trends, and this usually informs commissioning. Most staff are aware of the available services and domain two data reflects that the right services are usually delivered.

Services usually build on strengths and enhance protective factors, and are usually available and accessible in appropriate locations, and in a timely manner.

Most services are available and accessible to people on probation in appropriate locations, and most build on strengths and enhance protective factors. There is some flexibility, with



options for those with often chaotic and unstable circumstances, and more vulnerable groups such as women, and those with a disability or with mental health and/or addiction problems. Some barriers to access have been addressed and are assessed regularly to support services to be responsive. There is some availability of specialist interventions, interventions for minority groups, and interventions for people in vulnerable circumstances. There are quality assurance and evaluation arrangements which include some relevant providers, address shortfalls in the quality of provision, and pay some attention to analysis on the basis of diversity factors. Most relevant partners and other providers are included where appropriate, with some focus on identifying effective practice and aspects for improvement.

### ***'Requires improvement'***

The available universal, targeted, and specialist services, both in-house and commissioned, do not *deliver* consistently the necessary range and depth of interventions to meet the needs and diversity of victims and people on probation. There are limited opportunities to provide integrated services and pathways of delivery, and/or these are underdeveloped for people on probation with multiple and complex needs. The PDU promotes insufficiently an understanding of the needs of people on probation and does not provide advice routinely, to help other agencies make sure that their services are relevant and readily accessible. There are few inter-agency protocols and/or these are not implemented in practice – for example, referral processes and transitional arrangements, to help support a seamless approach to accessing services. The PDU has a limited understanding of local need and sentencing trends, and this does not inform fully commissioning. Some staff are aware of the available services and domain two data reflects that often the right services are not delivered.

Services do not build consistently on strengths and enhance protective factors. Availability and accessibility of services are limited, not always in appropriate locations, and not always available in a timely manner.

There is limited flexibility, with options for those with often chaotic and unstable circumstances, and more vulnerable groups such as women, and those with a disability or with mental health and/or addiction problems. Barriers to access are addressed inconsistently and there is limited ongoing assessment of this. Availability of specialist interventions, interventions for minority groups, and interventions for people in vulnerable circumstances is limited. Quality assurance and evaluation arrangements do not include relevant providers, and/or address shortfalls in the quality of provision and/or pay sufficient attention to analysis on the basis of diversity factors. Relevant partners and other providers are not usually included where appropriate, and there is a limited focus on identifying effective practice and aspects for improvement.

### ***'Inadequate'***

Universal, targeted, and specialist services, both in-house and commissioned, do not *deliver* the necessary range or depth of interventions to meet needs. The analysis of the profile of people on probation is not comprehensive or current, failing to capture desistance and offending-related factors, risks of harm, risks of self-harm and suicide, and diversity factors. There are no integrated services or pathways of delivery. The PDU does not promote an understanding of the needs of people on probation and does not provide advice to help other agencies make sure that their services are relevant and readily accessible. Inter-agency protocols are not implemented in practice – for example, referral processes and transitional arrangements, to help support a seamless approach to accessing services. The PDU has no understanding of local need and sentencing trends, and so this does not inform

commissioning. Staff are generally unaware of the available services and domain two data reflects that the right services are delivered rarely.

Services neither build on strengths nor enhance protective factors and availability, and accessibility is poor, in inappropriate locations, and not provided in a timely manner.

Most services are not available and/or accessible to people on probation in appropriate locations, and/or do not build sufficiently on strengths and enhance protective factors. There is no flexibility, and options do not cater for those with often chaotic and unstable circumstances, and more vulnerable groups such as women, and those with a disability or with mental health and/or addiction problems. Where there are barriers to access, there has been no attempt to remove them, meaning that services are neither responsive nor reactive to need. The availability of specialist interventions, interventions for minority groups, and interventions for people in vulnerable circumstances is poor. Quality assurance and evaluation arrangements neither address shortfalls in the quality of provision nor pay sufficient attention to analysis on the basis of diversity factors. Partners and other providers are not included in evaluation activity, and effective practice and aspects for improvement are not identified.