



HM Inspectorate
of Probation

An inspection of probation services in:

Suffolk PDU

The Probation Service – East of England region

HM Inspectorate of Probation, May 2024



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The role of HM Inspectorate of Probation

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We inspect these services and publish inspection reports. We highlight good and poor practice, and use our data and information to encourage high-quality services. We are independent of government, and speak independently.

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Foreword

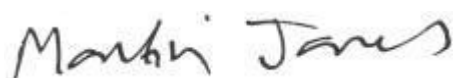
Suffolk Probation Delivery Unit (PDU) has had stable and committed leadership since its formation in 2021 after the separation of services with Norfolk. There have been staffing challenges with significant recruitment resulting in a staff group of mixed experience and knowledge. As we have found nationally, there was a lack of sufficient Probation Officers (POs) and a significant number of staff who were completing the Professional Qualification in Probation (PQiP) to become POs. This meant that the vision and strategy to deliver a high-quality service for people on probation had not yet been fully realised. As a result, the management of cases and quality of work was insufficient resulting in an overall rating of 'Requires improvement'.

Despite a significant number of staff being in post less than two years, we found that they understood and supported the vision and strategy of the leadership team. There were effective lines of communication, and the head and deputy head of service were visible and approachable across the PDU. Staff felt well supported, with regular supervision, but we found that management oversight of cases was ineffective or absent in 37 out of 52 relevant cases. The workload demand on Senior Probation Officers (SPOs) in supporting staff and maintaining operational partnerships meant that providing sufficient oversight of cases was not always achievable.

The use of commissioned rehabilitative services (CRS) was inconsistent and both leaders and staff expressed concerns that some CRS provision was not meeting the needs of people on probation. Where it was delivered well, it was co-located and a strategy to further support delivery had been to prioritise additional resource from the PDU to address gaps in housing provision. Access to mental health services in the community was identified as an area of concern by the leadership team and we were pleased to see a proactive response by the co-commissioning with St Andrew's hospital of Mental Health Treatment Requirements (MHTR).

Strategic partners such as Suffolk Constabulary, the youth justice service and the Multi Agency Safeguarding Hub (MASH) had been engaged by the leadership of the PDU who they described as proactive in maintaining relationships. Accessible information was, therefore, available to staff, but this was not routinely used to influence their subsequent practice. Further work on disproportionality and understanding the needs of people on probation is required so those with lived experience can influence the delivery of services.

While there were core processes that supported the collection of necessary information and timely completion of tasks, more focus is required on effective delivery and, in particular, the analysis and management of risk of harm to keep people safe. Central to this will be staff development to support both knowledge and confidence, and linked to this will be support from line managers to ensure the effective use of casework oversight. While the right foundations and culture are in place, a clear strategy to implement these necessary changes will be central to support future improvements.



Martin Jones CBE

HM Chief Inspector of Probation

Ratings

Suffolk PDU

Fieldwork started 12 February 2024

Score **4/21**

Overall rating

Requires improvement



1. Organisational arrangements and activity

P 1.1 Leadership

Good



P 1.2 Staffing

Requires improvement



P 1.3 Services

Requires improvement



2. Service delivery

P 2.1 Assessment

Inadequate



P 2.2 Planning

Inadequate



P 2.3 Implementation and delivery

Inadequate



P 2.4 Reviewing

Inadequate



Recommendations

As a result of our inspection findings, we have made a number of recommendations that we believe, if implemented, will have a positive impact on the quality of probation services.

Suffolk PDU should:

1. ensure domestic abuse and safeguarding information is complete, and analysed sufficiently to inform the quality of assessment, planning and management of people on probation
2. ensure middle managers have sufficient capacity to provide the appropriate level of oversight according to the needs of staff members and casework in the team
3. understand the needs of, and address the actual and potential barriers for, people on probation to promote equality, diversity and inclusion
4. develop practitioners' confidence and skill in the use of professional curiosity and challenging conversations to identify, analyse, assess, plan and respond to indicators of risk effectively
5. improve the use of interventions and services to manage the risk of harm and support the desistance of people on probation
6. ensure all staff receive the necessary training to undertake their roles.

Background

We conducted fieldwork in Suffolk PDU over a period of two weeks, beginning 12 February 2024. We inspected 37 community orders and 19 releases on licence from custody where sentences and licences had commenced during two separate weeks, between 26 June 2023 – 02 July 2023 and 07 August 2023 – 13 August 2023. We also conducted 39 interviews with probation practitioners.

Suffolk PDU is one of eight PDUs in the East of England (EofE) probation region. Many of the core services within the PDU are managed regionally, including unpaid work, interventions, accredited programmes and victim liaison services. There are three main offices across the PDU, with Ipswich, Lowestoft and Bury St Edmunds being the core sites for the supervision of people on probation. Suffolk PDU has three prisons for males on its footprint, HM Prison (HMP) Hollesley Bay, HMP Warren Hill and HMP Highpoint, and there are two approved premises in the Ipswich area. The total caseload of the EofE probation region at the point of inspection was 20,184, with Suffolk PDU supervising 2,238. Of those, 1,267 people were on community sentences, 540 were on licences and 431 were in custody.

The PDU aligns with Suffolk Constabulary. The area is locally governed by Suffolk County Council and divided into the five local authorities of Babergh, Mid Suffolk, East Suffolk, Ipswich and West Suffolk. The county has a population of 760,688, of which 93.1 per cent identify as white, and is a largely rural county. The demography of the population largely reflects that of the staffing and caseload of the PDU.

Suffolk PDU formally separated from Norfolk in June 2021, when the current head of service was appointed. He is supported by a deputy head of service who joined in September 2021. At the point of inspection announcement, there were 158 staff working in the PDU across all grades, which had increased from 144 staff over the preceding 12 months. While most grades were at, or near, the expected number of full-time equivalent staff required, the PO grade had approximately two thirds of the number of full-time equivalent staff required, which reflects a national shortage.

CRS were provided by St Giles Wise for women, Nacro for personal wellbeing, Interventions Alliance for accommodation and education, training and employment. Finance, benefit and debt services had gone live in Suffolk from November 2023, commissioned as grants.

1. Organisational arrangements and activity

P 1.1. Leadership



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

Good

The PDU leadership team and the frontline staff faced critical challenges related to resourcing, learning and development needs and their incapacity to meet these challenges in the current climate. Leaders began resetting the vision, recognising the risks faced and achieving the necessary quality of service delivery. There was a commitment to achieve this, which was recognised despite the 'Inadequate' ratings for the cases inspected.

Strengths:

- The vision of the PDU was clear, broken down into individual objectives for the Ipswich, Lowestoft and Bury St Edmunds offices, and set out the key priorities. In our PDU staff survey, 81 per cent of respondents indicated that the vision and strategy were driving the delivery of a high-quality service always or most of the time.
- Strategic partners, such as the police, youth justice service and MASH, described the leadership as proactive and visible. These relationships supported structured processes for information exchange to be developed following gaps being identified, and improved co-working delivery.
- Having identified gaps in service provision, leaders worked with local partners to secure access to services; this included co-commissioning of a partner to deliver MHTR and the allocation of in-house provision to support accommodation needs.
- Key service delivery risks were analysed and, where realistic, were addressed by the PDU leadership. Leaders recognised risks associated with the challenges of frontline recruitment, the impact of national organisational changes and the ability to sufficiently deliver services to fully achieve against the target operating model. In order to mitigate some of these risks, leaders implemented controls that enabled them to influence and continue to monitor the impact.
- Staff described leaders as 'approachable' with nearly three quarters (59 out of 81) of respondents in our staff survey stating that the PDU had a culture that promotes openness and constructive challenge. The leadership team move around the three office locations and have 'open door' days where staff can approach or book in to see them.
- There was a focus from leaders to improve the quality-of-service delivery. Case administrators were fully staffed and tasked with specific actions to address the timeliness of initial processes. Data was collected about diversity characteristics in 84 per cent of the cases inspected and 47 out of 50 relevant staff in our survey stated that they were allocated cases they have the

appropriate skills to manage. Staff understood what the vision was, and this was supported by the local intranet (Communication for East of England – ComFEE) which was both easy to access and navigate.

- Staff wellbeing was important, in recognition of the challenges they faced. The use of reward and recognition was embedded, and wellbeing events were funded along with end-of-year staff awards. Average annual sickness for staff had reduced from 15.8 days in November 2022 to 10.1 in November 2023.
- Leaders ensured that reasonable adjustments were made for staff. In our staff survey, reasonable adjustments were made in 27 out of 28 eligible cases.
- Governance arrangements were clearly set out, including lines of accountability. The head of service chaired monthly leadership team meetings, with the deputy head of service responsible for monthly operational meetings. There were also quarterly performance improvement meetings, quality improvement boards and staff engagement meetings.
- When changes were made to service delivery, 49 out of 80 survey responses indicated that the impact was assessed, and appropriate action taken, such as adjustments to workloads to spread and manage the pressures.
- Leaders had collated, and were able to demonstrate an understanding of, the diverse characteristics of the people on probation. This was reflected in discussions on issues such as rurality and a flexibility in decisions such as allowing people from Great Yarmouth to be seen in Suffolk PDU. Services to support a range of protected characteristics were available and accessed, such as mental health provision, trauma-informed approaches and personality disorder.

Areas for improvement:

- The continuity of the leadership provides stability and recognition that leaders are rebuilding the foundations. Given the business risks identified, not having sufficient resources in place and stabilising from significant change, the quality of work to protect the public in particular was insufficient.
- Leaders were balancing resourcing barriers alongside significant learning and developments. This impacted on having in place the necessary quality assurance and oversight arrangements that were proportionate with the needs of a developing workforce.
- Incorporating the views of people on probation was in the early stages of implementation to ensure views are used to develop service provision.
- Despite the work driven through the diversity and inclusion group, more needed to be done to understand any disproportional outcomes for minority groups.
- Despite some positive wellbeing provision, a small number of staff in our survey (10) indicated that they had experienced some form of bullying or harassment, and half of these did not feel able to raise the issue.

P 1.2. Staffing



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

Requires improvement

Strengths:

- Apart from the PO grade, staff numbers in the PDU are relatively stable. Recruitment has been successful in securing case administration and Probation Services Officer (PSO) grades and the PDU has an attrition rate of 5.9 per cent of staff against the regional average of 9.6 per cent.
- Supervision was offered on a regular basis and staff were generally engaged and motivated in their work. In total, 62 out of 81 staff who responded to our survey felt they received supervision that enhanced the quality of their work with people on probation, with 66 out of 81 respondents stating that supervision was offered at a sufficient frequency.
- A digital allocation tool was used for every case in our selected cohort, and we did not see any cases that were inappropriately allocated. In our staff survey, 47 out of 50 relevant respondents stated they had the knowledge and experience to manage the cases they are allocated. All staff in our practitioner interviews said they had the necessary experience to supervise the specific case under review at least most of the time.
- The workforce was largely reflective of the local population, with 92.3 per cent of the PDU identifying as white and 7.7 per cent identifying as a minority ethnic group. This compares to census data (2021) indicating that 93.1 per cent of residents in Suffolk identify as white and 6.9 per cent from a minority ethnic group.
- Concentrator roles had also recently been developed so staff could become more involved in an area of work they were interested in, such as women or resettlement work.
- Despite concerns expressed by some staff that training was mainly remote and did not address different learning styles, 79 per cent of respondents in our staff survey were positive that the PDU had a culture of learning, and that continuous improvement was actively promoted. We saw examples of staff progression which was supported and encouraged by line management.
- Core training undertaken with staff was effective, with high levels of completion, including 94 per cent for child protection and safeguarding as well as adult safeguarding and 90 per cent for domestic abuse.

Areas for improvement:

- Suffolk PDU had the highest number of PQiPs in the EofE probation region. PO levels were around two thirds of the target operating model and resulted in a lack of sufficient mentoring opportunities for PQiPs.
- SPOs were sometimes overwhelmed with tasks, such as human resource processes, while trying to support a high proportion of new staff. This did not allow them to engage in enough reflective discussions to advise and guide

practitioners. In focus groups, managers said they did not have time to delve deeply into cases and were often driven by 'crisis management'. Management oversight was assessed as insufficient in 37 out of 52 applicable cases inspected.

- There were variations in workloads for POs, PSOs and PQiPs across the three offices. In our staff survey, 46 out of 79 relevant respondents did not think their workload was manageable. This contrasted with our staff interviews where 25 out of 33 said their caseloads were manageable; however, in too many of those cases we found that work to address both desistence and risk was insufficient. Some staff informed us that they "just about get by" but cannot deliver what was required, which was evidenced by insufficient service delivery in our case cohort.
- We were not assured that learning from poor performance or grievances and complaints drove improvements.
- Induction was a mixed picture and while many staff we spoke to said they had received a programme, in our staff survey 19 out of 47 relevant respondents said they had not.
- Despite positive completion rates of primarily online core training, our staff focus groups raised concerns about how useful this was. Other training remained limited, including that relating to the use of interventions and toolkits.
- Some of the staff in our survey suggested more training was needed to improve their competence and confidence in working with the diverse needs of people on probation.
- Despite staff in our survey and during interviews saying they had the necessary skills and experience to manage their caseload, or the case being reviewed, some doubt is cast on this in light of our service delivery findings.

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.

Requires improvement

Strengths:

- We saw promising practice in the implementation of sentences with efforts made to enable people on probation to complete their sentence. In 86 per cent of cases inspected, personal circumstances were taken into account. Practitioners were responsive and flexible to appointments which was supported by the findings of our User Voice survey, with 79 per cent of respondents agreeing they had been able to have appointments at times that suited them.
- There was a flexible approach to managing people on probation and where CRS providers were co-located, engagement was generally better. The personal wellbeing worker had also delivered training to PQiPs to enhance their understanding.
- The refurbishment of the Ipswich office offered an excellent environment for staff and Wi-Fi had recently been made available across all offices in the PDU.
- There was a positive response to a gap in mental health provision in the community by the co-commissioning with St Andrews hospital of a MHTR. Eighteen months into this project, the service was oversubscribed but was an indication of the level of need.
- There were positive initiatives with both housing and women's services, with dedicated provision for those in need with scores lower than 25 on the Offender Group Reconviction Scale assessment.
- Provision for women was generally flexible and although we only reviewed seven female cases, some aspects were more positive than for men, including work relating to reviewing.
- Sentencer engagement at PDU level was regular and incorporated forums to disseminate information regarding the current provision. The sentencers we met understood there was a shortage of staff but commended the work they do and the communication with PDU managers.

Areas for improvement:

- Waiting times for accredited programmes to commence varied between offices, including six months delay for the commencement of Building Better Relationships in Ipswich, due to regional staffing challenges.
- In 43 out of 56 cases inspected, sufficient information about domestic abuse had been obtained at the start of the order. However, this was not always followed through to the sufficient delivery of services that support the safety of others. In too many cases, we found that staff did not respond to a change of circumstances by requesting further information. There was insufficient

multi-agency working in respect of domestic abuse in 22 out of 30 relevant cases.

- Staff expressed a lack of confidence in the use of toolkits and structured interventions were not available due to a shortage of interventions staff. We found too many appointments were not focused on delivering what was originally planned, with 36 out of 56 cases not effectively supporting desistance.
- Although CRS providers had lines of communication with managers within the PDU, there were still unresolved issues with delivery. There were problems with the quality and numbers of referrals from practitioners. As an example, the commissioned finance, benefit and debt services had only two referrals from one office and 30 from another in the first five months of its contract (since October 2023).
- Despite the more positive views of practitioners we interviewed, over half of staff in our survey expressed frustration with services, saying they did not have access to the range required to meet the risks and needs of people on probation.
- For CRS as a whole, only around one third of referrals actually led to a completed intervention.
- We found that in 14 of the 18 resettlement cases inspected, activity to address needs and support integration into the community was insufficient. Contact with both prison staff and the person on probation before release was inconsistent in relation to risk of harm and desistance.
- Despite access to a detailed needs analysis of the people on probation in Suffolk, there was little evidence of how this influenced the delivery of services in the PDU.
- Overall, in too many cases we reviewed, sufficient services were not available to address desistance or the risk of harm.

Feedback from people on probation

User Voice, working with HM Inspectorate of Probation, completed 57 face-to-face surveys and 10 online surveys with people on probation along with four in-depth interviews (two of whom also completed a survey). In total, 69 people on probation gave their views about the service. Of the respondents, females were underrepresented at three per cent compared to 12.7 per cent of the PDU caseload, as were people with disabilities who represented 24 per cent of respondents and 44.2 per cent of the caseload. In total, 58 per cent were subject to a community order, with 31 per cent reporting following a period in prison, 10 per cent were unsure what sentence they were subject to. Most respondents were aged 25 years or over, which is representative of the caseload of the PDU. Those with a diverse ethnicity were overrepresented in the cohort.

Of survey respondents, 90 per cent said they understood what was expected of them whilst on probation. People on probation generally felt they had positive working relationships with their practitioner and nearly two thirds (43 out of 67) said they could contact them when necessary.

“It was actually alright; he was very understanding. To be honest, I don’t normally trust males in my life but he did come across as very trustworthy. I could actually speak to him about anything. He would actually get things done.”

Regarding their experience of probation appointments, 55 per cent of respondents stated they felt these were helpful in supporting their rehabilitation while 18 out of 67 respondents indicated that they did not find their appointments with probation helpful.

“Appointments help to keep me out of trouble.”

“Been to prison many times. This is a nuisance for me, they don’t know how to rehabilitate me.”

Access to mental health support was the largest unmet need amongst respondents, followed by access to help with finance, benefits and debt. In the cases inspected, only three out of 25 people who required help with finances received sufficient input.

Diversity and inclusion

Strengths:

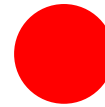
- The PDU staff group was largely reflective of the local population with regards to ethnicity and disability.
- In the cases inspected, service delivery consisted of work addressing key areas of need including trauma, mental health, autism and personality disorder.
- There was a focus on diversity and inclusion which also reflected developments regionally. While more was needed, current arrangements offered a solid foundation.
- PDU leaders fully ensured that reasonable adjustments were made for staff where these were required in 27 out of 28 relevant responses in our staff survey.
- Services were delivered in appropriate and accessible locations. There were effective relationships with youth justice services and positive arrangements for the transition of young people to adult services, helped by the consistent availability of a seconded PO.

Areas for improvement:

- Probation practitioners did not analyse the protected characteristics of people on probation to understand their ability to engage with service delivery in 25 of the 56 cases that we reviewed. Planning for protected characteristics was only judged sufficient in 21 out of 50 relevant cases. Of the cases inspected, staff were confident in gathering relevant information on protected characteristics but the impact on planning and delivery of services was not always understood. There is a core group of staff that appeared able to talk through these issues but a higher proportion that did not.
- Of the five cases inspected from a minority ethnic background, only one had an assessment sufficiently focused on engagement. More work was also necessary to address the availability of services for this group of individuals. The PDU were not measuring disproportionality within sentencing trends, or the impact of services across a range of protected characteristics in order to address gaps in service provision to improve outcomes.
- Some staff lacked confidence in addressing diversity issues with people on probation.

2. Service delivery

P 2.1. Assessment



Assessment is well-informed, analytical and personalised, involving actively the person on probation.

Inadequate

Our rating¹ for assessment is based on the percentage of cases inspected being judged satisfactory against three key questions and is driven by the lowest score:

Key question	Percentage 'Yes'
Does assessment focus sufficiently on engaging the person on probation?	50%
Does assessment focus sufficiently on the factors linked to offending and desistance?	71%
Does assessment focus sufficiently on keeping other people safe?	45%

- We saw some positive examples of practitioners understanding and analysing the motivation and engagement of the person on probation to comply with the sentence, which was sufficient in almost two thirds of the cases inspected. Personal circumstances were also considered with regards to engagement in the same number of cases, which shows that staff are generally asking appropriate questions at the start of the order to understand potential barriers to compliance. The practice was better for those people on community orders than on licence and we found there was a lack of sufficient contact in 10 of the 18 cases in custody before release to assess their current circumstances.
- Sufficient information about domestic abuse was obtained in 43 out of 56 cases inspected, allowing the assessment of the risk of serious harm to be sufficiently informed by police intelligence. The process for requesting this information was a case administrator task and followed the procedure in place for requesting domestic abuse information for court reports, where sufficient information was received in 23 out of 28 of the reports we assessed. Administrative staff understood what was required, had clear guidance and processes to follow, and partnership working had been established to support them.
- Child safeguarding information was requested in 27 out of 28 court reports and we found that the information received was sufficient in 22 of these to inform sentencing. There was a dedicated case administrator who had access

¹ The rating for the standard is driven by the score for the key question, which is placed in a rating band. [Full data and further information about inspection methodology is available in the data workbook for this inspection on our website.](#)

to children's services systems, allowing court report authors in the PDU to expedite their requests. This gave practitioners a foundation for assessment, and we found 32 of 51 relevant cases inspected already had sufficient information at the start of the community order or licence. While positive, we did see examples where practitioners did not request information when needed at the assessment stage in 11 out of 51 relevant cases. There is a core group of staff who are not professionally curious or responsive to gaps in information.

- Despite this, in fewer than half of cases inspected did the assessment focus sufficiently on other people's safety. Too many practitioners were not drawing on available sources of information and/or not analysing the risk of harm to others.
- There were indications that 84 per cent of people on probation were asked about their diversity characteristics at the start of their order. While this information was gathered, the sufficient analysis of the impact of protected characteristics to engage with service delivery dropped to only 55 per cent. Practitioners, especially those staff with less experience, did not always feel equipped or confident to explore these factors.
- Practitioners were more confident in identifying desistance factors linked to offending, such as substance misuse, accommodation, and thinking and behaviour. This was sufficient in 71 per cent (40 out of 56) of cases inspected and protective factors were sufficiently identified in 84 per cent (47 out of 56) of cases. This provided practitioners with an effective understanding of the person on probation and which type of interventions were necessary for sustainable desistance.

P 2.2. Planning



Planning is well-informed, holistic and personalised, involving actively the person on probation.

Inadequate

Our rating² for planning is based on the percentage of cases we inspected being judged satisfactory against three key questions and is driven by the lowest score:

Key question	Percentage 'Yes'
Does planning focus sufficiently on engaging the person on probation?	39%
Does planning focus sufficiently on reducing reoffending and supporting desistance?	68%
Does planning focus sufficiently on keeping other people safe?	45%

- In only half of relevant cases inspected did we see planning that was sufficient to address critical risk of harm factors. We saw examples of potential victims not being identified, and the lack of analysis identified in some assessments was further reflected in the planning stage.
- Contingency plans were insufficient in 31 out of 52 relevant cases inspected and lacked personalisation. We saw practice that included copying information from another assessment, with some staff trying to meet the quality audit process rather than producing work that understood the individual risk presented. Both planning to address risk of harm factors and contingencies were better with males than females on probation.
- While we saw planning that considered the personal circumstances, such as employment or caring responsibilities, of the person on probation in 64 per cent of cases, this was not reflected in planning to take account of protected characteristics. While staff were confident in asking about protected characteristics at the start of the order, this confidence was not followed through to planning for them in 29 out of 50 relevant cases, although the practice was better for women. We found examples where issues such as learning disabilities, mental health concerns and trauma were known about but in too few of these cases was a plan then formulated to address potential barriers.
- Where the person on probation was involved, plans were, more often, specific and easily understood but we saw staff who did not prioritise a collaborative approach, resulting in plans which were generic or vague with objectives that did not drive delivery of interventions.

² The rating for the standard is driven by the lowest score on each of the key questions, which is placed in a rating band, indicated in bold in the table. [Full data and further information about inspection methodology is available in the data workbook for this inspection on our website.](#)

- Planning set a level, pattern and type of contact sufficient to engage the person on probation in 44 out of 56 cases. The practice of PQiPs³ was usually positive and they showed an understanding of what contact was needed to support specific interventions and how they would be delivered.
- The focus on engagement was significantly stronger for community cases than those of resettlement. Staff had less understanding of how to plan for those released from prison when considering their motivation to change along with their individual circumstances and protected characteristics. There was an opportunity missed for staff who were responsible for cases due to be released from prison to gather information and plan for that release as this practice was more often reactive rather than proactive.

³ The findings relating to PQiP cases have not been subject to a relative rate index analysis, which is a test used to compare rates of incidence. We report on our findings with that caveat.

P 2.3. Implementation and delivery



High-quality, well-focused, personalised, and coordinated services are delivered, engaging the person on probation.

Inadequate

Our rating⁴ for implementation and delivery is based on the percentage of cases we inspected being judged satisfactory against three key questions and is driven by the lowest score:

Key question	Percentage 'Yes'
Is the sentence or post-custody period implemented effectively with a focus on engaging the person on probation?	45%
Does the implementation and delivery of services effectively support desistance?	36%
Does the implementation and delivery of services effectively support the safety of other people?	23%

- Sufficient efforts were made to enable the individual to complete their sentence in 48 out of 56 cases. Practitioners were routinely taking into account factors such as childcare responsibilities, employment and wellbeing to offer flexibility in appointments.
- This was balanced with enforcement actions being taken appropriately in nearly two thirds of relevant cases and we saw examples of sufficient boundary setting and decision-making. The focus on enforcement was a specific item on the quality improvement strategy with an administrative team tasked to oversee failures to attend, which appeared to have had a positive impact on the process.
- While we saw sufficient processes in place by case administrators to initially gathering domestic abuse and safeguarding information, this did not follow through to implementation and delivery when practitioners were responsible. We saw examples of a change of circumstances, such as a new relationship, not instigating the required checks. This lack of professional curiosity resulted in only 13 out of 43 relevant cases assessed as sufficiently involving other agencies in managing the risk of harm and three quarters of relevant cases not giving sufficient attention to protecting victims.
- Further opportunities were missed to effectively manage the risk of harm and in 25 out of 51 relevant cases, no home visit was undertaken where necessary. Contact with key individuals in the life of the person was not

⁴ The rating for the standard is driven by the lowest score on each of the key questions, which is placed in a rating band, indicated in bold in the table. [Full data and further information about inspection methodology is available in the data workbook for this inspection on our website.](#)

utilised in 22 out of 37 cases. Both of these factors were better for people on probation on community orders rather than licence.

- While we did see a core group of staff able to appropriately manage risk, there were others who either did not have the capacity, due to workload or appropriate knowledge, or the experience required to formulate an effective risk management strategy. This resulted in only 13 out of 56 cases being viewed as sufficient in delivering services that supported the safety of other people.
- Too many cases did not deliver appropriate interventions. The lack of structured interventions was linked with regional staff vacancies in the accredited programme team. The use of toolkits to support desistance and address offending behaviour was not universally embedded and some practitioners expressed a lack of confidence in using them.
- We saw appointments that were just being used to update circumstances. In only 19 out of 56 cases we assessed had sufficient services, most likely to reduce reoffending and support desistance in the available timescale, been delivered. Referrals into CRS varied across the PDU but in 19 out of 48 cases we reviewed where access to CRS would have been appropriate, this was not considered or actioned. While we did see some effective examples of co-location with CRS partners and prompt action plans being completed, this was not universal.

P 2.4. Reviewing



Reviewing of progress is well-informed, analytical and personalised, involving actively the person on probation.

Inadequate

Our rating⁵ for reviewing is based on the percentage of cases we inspected being judged satisfactory against three key questions and is driven by the lowest score:

Key question	Percentage 'Yes'
Does reviewing focus sufficiently on supporting the compliance and engagement of the person on probation?	55%
Does reviewing focus sufficiently on supporting desistance?	36%
Does reviewing focus sufficiently on keeping other people safe?	36%

- Written reviews were completed when appropriate as a formal record of actions to implement the sentence in 22 out of 47 applicable cases. POs were more likely to complete reviews than their PQiP and PSO colleagues, although we found high risk of harm cases⁶ were reviewed in only half of relevant cases. In too many cases, when there was a significant change of circumstances linked to offending and risk of harm such as accommodation, relationships or the completion of requirements, this did not result in a formal review.
- In 30 out of 51 applicable cases, reviewing was not informed by engagement with other agencies in managing the risk of harm. Police and safeguarding checks were not routinely requested to review ongoing risks and it was not clear enough in too many cases what the current risks were. There were opportunities to review cases at different stages, but some staff were not making the links to other agencies or necessary enquiries when factors connected to risk of harm had changed.
- In only 12 out of 45 applicable cases did we see the person on probation involved when reviewing the risk of harm. This was a missed opportunity and we saw too many cases that were reviewed as a process to complete rather than providing oversight and direction. In 35 out of 51 relevant cases, we did not see a necessary adjustment made to the ongoing plan of work.
- We did however find reviewing practice better for women in that they were more involved in reviewing their risk of harm and other agencies were involved in this process more than for men on probation. Women generally

⁵ The rating for the standard is driven by the lowest score on each of the key questions, which is placed in a rating band, indicated in bold in the table.

⁶ The findings relating to high risk of harm cases have not been subject to a relative rate index analysis, which is a test used to compare rates of incidence. We report on our findings with that caveat.

had more external input after being referred to St Giles Trust and this seemed to help the reviewing process, although there remains significant room for improvement.

- Despite the limitations, we did see some positive examples of reviewing across all grades of staff regardless of experience or workload. This included informal reviewing at frequent intervals, multi-agency working, unscheduled home visits and discussions with line managers. This knowledge and culture of reviewing needed to be spread more widely as too many staff consider reviewing to be the completion of a formal assessment that relied on self-reporting rather than external verification.

Outcomes

Strengths:

- At the start of the order or licence, 35 people on probation were classed as unemployed and this had reduced to 28 by the time of our inspection. There had been a slight improvement in those people who had gained employment or started education.
- Nine people had an improvement in factors most closely linked to offending and six people had improvements to factors identified as linked to risk of harm.
- Over half of the people on probation (55 per cent) had sufficiently complied with the licence or community order.

Areas for improvement:

- While factors had improved that were linked to offending for some people, we still found that they had not improved for 39 of the inspected cases. This links with our findings in that too many cases had not delivered appropriate interventions.
- The need to focus on risk management activity was further supported by there not being enough improvement in factors linked to risk of harm in the majority of our cases.

Annexe one – Web links

Full data from this inspection and further information about the methodology used to conduct this inspection is available [on our website](#).

A glossary of terms used in this report is available on our website using the following link: [Glossary \(justiceinspectorates.gov.uk\)](https://www.justiceinspectorates.gov.uk/glossary/)