

Public protection work: Achieving the possible

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This was originally a chapter in the large tome, Nash, M. & Williams, A. *A Handbook of Public Protection*, Willan, Abingdon, 2010. My co-author Kate White was Assistant Chief Inspector at the time we wrote this in 2009, and our aim was to set out for practitioners and their managers what 'doing Public Protection work well' looked like to the Inspectorate. Our aim was to help our audience understand that it would not always be a case of 'criticism with 20/20 hindsight' every time an adverse incident happened in future. Although we refer to the Probation Trusts of the time, our comments are equally applicable to the successor organisations of National Probation Service and CRCs, Community Rehabilitation Companies.

This chapter has been written for the doers rather than for the commentators. Given that we represent an organisation prominent for its commentating on probation and youth offending practice generally, and commentating on matters of public protection specifically, this might seem a strange claim. Nevertheless our focus is on the people who have to carry out in practice what public money pays them to do, and we consider it vital they they know what they are being asked to do on behalf of the public, and that should understand what is achievable. Accordingly our theme is not to criticise practitioners and managers for failing to do the impossible; instead it is about encouraging a belief in achieving the possible, and illustrating what that looks like in practice.

It may be worth noting at the outset that there are some striking parallels between 'public protection' work (as we define it here) and 'Safeguarding', the work done to protect children and other vulnerable individuals from coming to harm either from themselves or from others. We will not be discussing safeguarding specifically in any further depth in this chapter, but it might be helpful to observe here that while safeguarding work focuses on potential victims and the risk of harm to them, usually from others, public protection work focuses on potential (re)offenders and their *Risk of Harm to others (RoH)*.¹

A further point to get out of the way at the start is to confirm that HM Inspectorate of Probation does not see public protection (or safeguarding for that matter) as the 'be-all and end-all' of probation or youth offending work. We also support all the wider *constructive interventions* as we call them, undertaken with individuals under supervision; it is simply that in recent years for a number of reasons we have found it necessary to give particular attention to the public protection aspects of such work - which is what we are once again doing in this chapter. We consider that as an inspectorate we bring a specific 'added value' to this subject because we can provide it with both an independent perspective and a means of performance measurement. However, it is for others to look at what we say and what we do, and come to their own opinion about whether or not our claims for this inspectorate are justified.

We now begin to explore what 'doing public protection work well' might look like in practice, starting with some general principles. The first of these is to confirm that work with sentenced offenders is not a 'one-size-fits-all' service. On the contrary, all the work aimed at tackling offending behaviour involves a wide range of services and interventions, some *constructive* and some *restrictive*, each of which has to be tailored to the individual

¹ We put this in title case, and often in italics too, to emphasise that we have given this term a specific meaning. Our abbreviation *RoH* should be always recognised as meaning *Risk of Harm to others*.

being supervised. Although there has to be in addition a fair, consistent and equitable carrying-out of the sentence imposed by the court - promoting compliance and enforcing when necessary - even the detail of doing that involves a certain degree of skilful individual judgement by the practitioner in charge of the case. Once we include the constructive and restrictive interventions as well, it is evident that work with individuals who have offended requires *doing the right thing with the right individual in the right way at the right time*. That right thing that needs to be done at any particular time is an especially complicated picture with children and young persons under the age of eighteen, because with this age group there is a duty to improve the well-being of the supervised child or young person, as well as duty to make that individual less likely to reoffend.

Nevertheless, with both adult offending work and youth offending work the aim is to achieve good quality individualised practice - how do we start to do that? The first thing we have to do is to help practitioners be clear precisely what we are asking them to achieve, including defining clearly 'what success looks like'. We have to do this in a way that is as simple and straightforward as possible, always acknowledging that 'simple' is most certainly not the same thing as 'easy', because what we are asking them to do is of course very difficult.

But we will be in trouble if our approach to defining success consists solely of long lists of procedures and instructions. It is easy for managers to fall into this trap, particularly in response to when something has gone wrong, especially something catastrophic like a current supervisee committing a serious further offence. It is both tempting and relatively easy for management to respond to an identified shortcoming in the way a particular case had been managed by issuing a new instruction designed to prevent a repetition of that shortcoming in any future case. Unfortunately, over time this will lead to ever longer and ever more complicated procedures and instructions (rules) in order to try and cope with the variety of possible eventualities that can arise with any individual case, which in turn has damaging consequences.

The more the individual practitioner has to look up a procedure or an instruction in a manual in order to be sure of doing what management requires the more difficult it is for that practitioner to make decisions and act on them in a responsible manner in accordance with the individual need of the case. Not only does it become more difficult to identify what to do in any individual circumstance, but one can also almost lose sight of the object of the exercise itself. Procedures and rules can have a value in providing a useful framework, but unless one is careful, following the procedures correctly can itself become the object of the exercise, whereas the object should be to *do the right thing with the right individual in the right way at the right time*. Managers might well have intended to design all the procedures with the aim of achieving that purpose, but it is not possible to achieve that in practice. Pursuing this approach has a disabling effect on the practitioner, who will either take the risk of not following every procedure as prescribed or will become detached from taking responsibility for the case by asserting that 'I followed all the procedures correctly in this case' (rather like some MPs who kept saying in 2009 that their outrageous expense claims were within the rules).

Therefore, while 'practitioner compliance with procedures and instructions' might at first seem an attractive 'proxy measure' for doing public protection work well, the benefits of this approach to performance measurement are illusory. What are the alternatives? Management by objectives is normally a sound principle - couldn't we define successful public protection by the means of setting quantitatively measurable targets or objectives? Such target-based outcomes are in many circumstances a good and useful mechanism,

but they don't work well with public protection (or for safeguarding either, for that matter). The committing of a serious further offence is a very rare event statistically, about one in 200 or so cases per year (depending how you count them) - but it is a very high profile event when it does happen, as most managers and practitioners are nowadays only too well aware. Such events are very low probability - but very high impact. So, for public protection work, what happens if we try to set a measurable quantitative objective as our definition of what success looks like?

For adult offenders, consideration was being given at one time to setting such a quantitative target, but rightly this option was discarded. Inevitably it would have involved setting a target of increasing by a minuscule amount a figure that was already extremely high: a target of increasing the success rate (of cases where a serious further offence was not committed) from 99.4 percent to 99.5 percent. This had looked at first like an attractive option, particularly because an apparently similar aim had been recently achieved with prison escapes - an already low statistical rate of escapes (but high profile when they happened) had been successfully reduced as a consequence of giving prominence to it as a quantitative performance measure. But the similarity was illusory: prison escapes are about the management of people in institutions and are much more within the control (albeit not the total control) of the managers of each prison. The degree of direct control available to the probation service and its allied agencies when managing offenders in the community is far less than that available to those managing offenders within an institution.

Worse still, once you localise such a marginal quantitative target of public protection it becomes quickly apparent that it can readily be achieved in each locality by perverse means - by organising for such cases to move out of the local area and/or by taking steps to ensure that as few of the difficult cases move into the area as possible! On careful consideration it was realised that although it is important to keep monitoring at a national level the rate of serious further offending, it would be counter productive to set such a rate as a localised performance target.

So we have discarded the procedure manual and the quantitative performance measure - what other options are available? And are there any ways in which the practitioner in person can keep track of they are doing? We consider that it is extremely beneficial if a practitioner has the means of being able to tell at the time whether or not they are doing their job well, rather than being dependent on being told months (or years) after the event how effective their work has been. Rates of reoffending, or even positive changes achieved during an accredited programme, inevitably depend on such a *post hoc* approach, which we agree is necessary in such instances - however, where it *is* possible to have some immediacy it is very beneficial to make use of it.

Going back to first principles, we as an inspectorate have emphasised in our published reports since 2005 that it is not possible to eliminate risk when managing an offender in the community, but it is right to expect staff to do their job properly. This is in keeping with our aim not to criticise people for failing to achieve the impossible - individuals who are not locked up and who are at liberty in the community have the means and the opportunity to commit a serious offence if they are so minded. Probation and youth offending practitioners can make such an eventuality less likely, but they cannot eliminate that risk altogether. We have explicitly recognised that, but we have said instead that they must do their job properly - what do we mean by that?

In our view we need to ensure that there are concepts that practitioners can carry around in their own heads so that they can *tell for themselves* whether they are doing what they

are being asked to do, and so that they can tell for themselves whether they are doing well enough or not. We can do this by introducing high order outcomes that practitioners are being asked to achieve during the course of supervising each case.

There are broadly three separate but overlapping purposes to be achieved when supervising sentenced offenders of any age:

- Ensure they they comply with the requirements of their sentence
- Make them less likely to reoffend
- Keep to a minimum their *Risk of Harm to others*

Each of these purposes can be described using a range of terms, the different terms favoured in different organisations. For example, the terminology of the NOMS agency (National Offender Management Service) usefully uses the plain English terms of *punish*, *help*, *change* and *control*; *punish* equates to the first purpose above, *help* and *change* to the second purpose, and *control* to the third. This inspectorate refers to *constructive interventions*², which are aimed primarily at achieving the second purpose above, and to *restrictive interventions*³ which are aimed primarily at achieving the third purpose. But the specific language is less important than the idea that practitioners should be able to relate to those three broad purposes and also be conscious of how they can and will be measured. There are National Standards that prescribe the quantity, frequency and timing of contact that the individual under supervision must maintain in order to comply with the requirement of their sentence - and the National Standards also prescribe what the officer must do, and in what timescale, to keep track of whether or not they are fulfilling that first purpose as required.⁴

Reduced Likelihood of Reoffending (LoR as we sometimes abbreviate it) can be measured in at least two different ways. One is by measuring at the start of supervision, using a dynamic scale with numeric scores such as the one used within OASys, and then measuring at the end, and where there has been a change in the 'dynamic factors' in the individual's life that had been making that individual very likely to offend the progress can be logged as a reduction in that numeric score. Another option is to record achievement made by the individual during supervision that make that individual less likely to reoffend - for example, gain better accommodation or employment, reduce addictive behaviours or improve thinking skills. These are the constructive achievements that, when they happen, a practitioner will usually experience as personally the most rewarding.

But public protection is principally about the third purpose, and this has a qualitatively distinct and different performance measure. Here the outcome is *to be able to demonstrate that all reasonable action has been taken to keep to a minimum each individual's Risk of Harm to others*. Or, in plainer language, if anything bad were to happen, would the relevant public services be able to show that *they did all they could?*

² A *constructive* intervention addresses an individual's Likelihood of Reoffending (LoR), and is when the individual under supervision learns something that means that they are more likely to *behave more positively in future*.

³ A *restrictive* intervention addresses *Risk of Harm to others (RoH)*, and is when the authorities take action to *restrict the opportunity* that the individual has to *be of harm to others*.

⁴ Such National Standards applied at the time of writing this chapter, but ceased to apply after 2010.

It is worth mentioning here, in fairness to practitioners, that this is a striking example of something that is both simple and difficult: simple to say, and difficult to do. We can add here that this is also true for the task of measuring this work: it is simple for us to say that it is about judging whether staff did all they could, but in practice it is difficult to arrive at fair, consistent and accurate judgements for each item of work, and to aggregate those judgements accordingly - though that is what our inspectorate can do.

While on this subject of measuring public protection work by means of inspection, we will take this opportunity to add here that we have identified two distinct components to the work that we inspect - we call them the Joint Purpose and the Individual Contributions. Many people quite rightly say that for public protection work to be effective (and safeguarding for that matter) *everyone* has to play their part - they all have to talk to each other, and work together, and it's all a shared piece of work. And they're absolutely right, that it is only when people work together as an extended team that the team effort, or joint purpose, can be achieved; that is, all reasonable action is taken by all the agencies working jointly with each other to keep to minimum each individual's Risk of Harm to others. But that joint purpose is also made up of individual contributions to the team effort, each of which has to be in place in its own right if the joint purpose is to be achieved. For example, if the initial assessment by a probation or youth offending practitioner is inadequate the case might not even enter into the *joined-up system*. Inspectorates therefore need to spend some time looking at how well each component service makes its own individual contribution, as a step in the process towards assessing whether or not the joint purpose of protecting the public is being achieved.

Therefore we assess during our routine inspections the individual contribution to public protection made by probation and youth offending in each locality, and award scores accordingly. We do this in addition to contributing to joint inspections that assess how well the joint purpose is being achieved by all the agencies working together. As with any other team effort, there is a need to assess both how well each individual makes its specific contribution to the team effort and how the team as a whole works together: we aim to ensure that we cover both.

This is all rather abstract, and given that we said we would focus on the doers rather than the commentators it is clearly now time to try to close in on what this means in practice. A key element of this is to be clear what it is possible for the doers to achieve. We aim to use the language that helps to set expectations at the right level. We say that when managing former offenders in the community it's not possible to eliminate risk in the community, but the public is entitled to expect that people will do their job properly. We go on to say that doing the job properly consists of taking all reasonable action (did they do all they could?), which we can judge by inspecting individual cases, and we aim to be both transparent and fair in the way that we arrive at such judgements. This approach indicates that we recognise that sometimes a catastrophic event will still occur despite the best endeavours of those in charge of the case, and that such a catastrophe should not necessarily be assumed to be a sign of failure - that is a question that requires a skilful and fair judgement to be made by whoever is reviewing the case.

This is a critical point, since many practitioners now understandably fear that if there is a death of a child, or a serious further offence, somebody like an inspector will come along, pick over the file, find a fault, and will always, with 20/20 hindsight, simply blame the practitioner. But that's not what this inspectorate does, - and we can evidence that that's not what we do, as in the example in the next paragraph. On the one hand we easily acknowledge why the fear exists. Many people have heard of our reports where we have

been critical of practitioners and managers - after all, we're not usually called in unless people think there was a problem in the first place.

But on the other hand, we can also point to our report in 2007 on the probation hostels in Bristol⁵, when we also reviewed a couple of cases where murder had been committed by people on licence. Although the practice wasn't perfect we basically said that in these cases *all reasonable action had been taken*, and it was pleasing (in a strange way) to find that this was actually reported in the *Sun* newspaper. They said that we "ruled that there was nothing to suggest that two murders committed by freed offenders could have been foreseen by probation officers".

This was not our precise wording of course, but it was right in essence about what we were saying. Our report on this occasion, plus the fact that it was reported in the newspapers, provides evidence that we do and will say if we think that practitioners have taken all reasonable action despite the ensuring serious further offence. However, this raises the question of how one makes that judgement that *all reasonable action* had been taken - what determines whether a particular piece of work passes that test? A checklist approach does not work. At first sight it might seem an attractive solution to try to identify all the components of a good assessment or other action, and then turn them into a checklist. Under this approach the item of work might be assessed according to how many of those components have been identified by the assessor as being present. But a quality job requires more than simply the presence of a number of desired components - something has to be functioning well. Inevitably it has to be *qualitative judgement*, made by a human being, which is needed to determine whether or not an item of work is performing its intended function. This is the core element of our inspection methodology - a team of inspectors and assessors making a whole series of numerous qualitative judgements of that nature.

Although there are some differences between our adult offending and our youth offending inspections, we expect the heart of our methodology to be broadly the same. Our whole case inspection process works by examining work with a representative sample of individual cases, and, with each case inspected, asking in relation to each item of work that was relevant to that case, the key question: was it done sufficiently well (or above the line, as we sometimes say). Where the item of work applies to the particular case there is a 'tick' for doing it *sufficiently well or better*, or a 'cross' for doing it *insufficiently well or worse*, and there's *no score either way* if that item of work wasn't *relevant to that case*. Each of those judgements is a qualitative judgement, not dependent on a rule book or a checklist or an algorithm to provide the answer, because ultimately such tests of sufficiency or of reasonableness have to be qualitative judgements.

We have to be as sure as we can that different inspection teams would make the same work in the same way, so we ensure that we train and quality assure, and thereby benchmark, a shared understanding among them. This enables them to draw a line consistently between sufficient and insufficient - between *good enough* and *not good enough*. Though it's not possible to achieve perfect congruence between different inspection team members, our efforts mean that we do have a sufficient level of consistency across our qualitative judgements. We also maintain constant attention to quality assurance throughout all aspects of our own inspection processes.

⁵ HMIP (2007) *Not Locked Up, but Subject to Rules*. London: HMI Probation

This, therefore, is why we say that the way to measure the public protection purpose of supervision is by individual case assessment, a whole series of skilful qualitative judgements. In principle this can be done either by external independent inspection, as this inspectorate does now, or it can be done (additionally, but not instead) by carefully managed internal assessments - self-assessment - though we wish to make a major *caveat* about that. The clear benefit that self-assessment can bring is that regular internal reviews of cases can promote steady long-term improvement in practice through regular feedback and learning. Self-assessment is therefore potentially an excellent vehicle for self-development in public protection work. However, it does require discipline and organisation by the local managers and practitioners, and in particular it requires care to benchmark the judgements of quality. Setting too low a benchmark will have a detrimental effect on practice by normalising poor practice - and will lead to disappointment when the independent inspection comes round! Setting too high a benchmark will risk debilitating the practitioners by making them feel that it is impossible to achieve effective practice.

In particular, our strong *caveat* to the managers in both the probation and the youth offending services is not to use self-assessment of public protection as a local performance measure or target. There is too strong a temptation to focus on total scores, and to try to influence those scores, when the purpose of self-assessment should be to stimulate learning and improvement in case practice. Performance measurement using this approach will need to be made externally. Self-assessment should be used for self-development only, and not for performance management. So our message to practitioners and managers - the doers - is that success is when you can demonstrate with each case that you have been taking all reasonable action. We know that it is impossible for you to eliminate risk completely, but it is possible for you to take all reasonable action. To express that more fully, you should identify and carry out all the actions (especially *restrictive interventions*) that could reasonably be taken in each particular case, so that the opportunities for that individual to inflict harm are kept to a minimum - reviewing that work regularly.

This is sometimes called 'defensible decision-making'. Some people hear that as a very negative term, fearing that it simply about watching your back - but in our view it is a positive test, as Professor Hazel Kemshall⁶ illustrates in her material on public protection work. The idea of defensible decision-making confirms that it is perfectly possible for a practitioner to make a carefully considered thought-out decision, find in subsequent events that it didn't work out and a catastrophe happened - and yet we might come along and arrive at the judgement that it was a reasonable action or decision to make at the time, as we did in the Bristol hostels case cited earlier. Later on in this chapter we say more about the evidenced practice that is more likely to lead us to come to such a judgement. Furthermore it is a *qualitative judgement* as to whether or not they are doing it *well enough*: a whole series of them about a whole series of items of work, as relevant to each individual case. But what are these items of work? Well, with each case, the headline items we cover are:

- Assessing and planning the case sufficiently well
- Intervening sufficiently well
- Responding to changing events and/or new information sufficiently well
- And thereby: achieving sufficient outcomes

⁶ Hazel Kemshall has written, co-written and co-edited numerous works on the subject since 1996, such as Kemshall, H. (2003) *Understanding Risk in Criminal Justice*. Buckingham, Open University Press.

With public protection and safeguarding the outcome is *being able to demonstrate that took all reasonable action*, and so on, with the particular case.

What we are describing here, and further below, is a different kind of *performance culture*, but it is one that complements rather than conflicts with the quantitative performance measures employed by NOMS and by the YJB (Youth Justice Board). Too often a performance culture in the probation or youth offending world has been wrongly interpreted as having a very narrow meaning, consisting solely as a context within which targets are met and standards adhered to. But when we, as an inspectorate, talk or write about a *performance culture* we mean to describe something rather broader.

We completely understand the need of NOMS to manage probation performance to common standards and to promote constant improvement. National Standards and the targets linked to them have been important in showing that the probation service has moved forward in recent years and has the ability to measure its work to some extent - but only to some extent, because quantitative measure do not have the capacity to speak of quality. Having a narrow performance culture in place which recognises the need to work within standards and strive to achieve targets undoubtedly has a value, but it needs more breadth. Some probation areas (now Trusts) had gone a long way down the 'narrow' road, sometimes learning how to meet targets even at the cost of reduced quality. Typically such areas have not fared well when subjected to our inspection regimes, when we apply our largely qualitative judgements. Our point is that the kind of performance culture that is solely about meeting quantitative targets is a fragile one that will not make for improved quality in the longer term. We seek to promote a broader concept of performance culture by employing our system of qualitative judgements.

This raises that bigger issue about the role of independent inspectorates which we can only touch on here: in essence we believe that our work can add value in a way that *complements* rather than *conflicts* - because the very highest performing areas recognised both by NOMS centrally and by us as an inspectorate manage to achieve well against both types of measure. With probation and youth offending work, if both practitioners and managers are committed to the highest professional quality then the likelihood is that they will, almost incidentally, be doing well against the more quantitative measures too.

What does that look like in practice? Well, starting at the beginning of that process: with each case, as a key part of the initial assessment, we want the practitioner to have identified any potential public protection or safeguarding issue in that case. Then to have assessed its nature: who is at risk of harm? (Self? Identified other? Others in general? Specific groups?) How likely is it that something will happen? What degree of harm is likely to take place if it does happen? What might trigger it? And is this someone who shows other signs in his other behaviour when he's about to do something harmful? All of this is a whole practice training session on its own. Then, equally important to assessment, comes *planning*. In both probation and youth offending work we inspectors find that practitioners are better at assessing *what the problem is*, and not so good at saying *what they plan to do about it* - a practice point from our inspection where we frequently find that improvement is needed. Saying what you plan to do about it (planning) and then doing it (implementing) is what we refer to as *management*, as distinct from assessment, of *RoH*.

We stress this distinction because we have long had concerns as an inspectorate that much attention was being given by some managers to the assessment of offenders and rather less to their management. This is probably true of both likelihood of reoffending (criminogenic need) and *RoH*, but the consequences for public protection are generally

more serious in relation to *RoH*. We welcomed both OASys and Asset, the assessment systems for probation and youth offending work respectively, which we saw as a major step forward in the assessment of individuals under supervision. However, both systems appear to have been stronger in promoting assessment and classification, and weaker in promoting effective planning. There was a period in the probation world when the main emphasis by many managers was on assessment, linked to apparent assumptions that if we sort out assessment, good management will automatically follow. To counter this, we have continually stressed that what is required is specific attention paid to both effective assessment and management of *RoH*, and we welcome the fact that this now more widely recognised within both probation and youth offending work.

For in a system where so much emphasis is often given to getting an accurate assessment, there are inherent dangers. For example, there is some comfort in having worked through a detailed and comprehensive *RoH* assessment process and come up with a classification of low, medium, high, or very high *RoH*. This classification decision can bring a feeling of satisfaction and, falsely, of a task completed - something that is potentially appealing to busy staff and can boost morale. However, although we have sometimes found it seen in this way, such a classification should never be seen as an end in itself, and should instead be seen as the first step in a longer process. What we therefore seek in addition is the answer to the 'so what?' question - we are looking for consequent action. In other words, where are the clearly articulated and enacted interventions that flow from the assessment? Too often we have found this piece of planning work to be either entirely absent or flawed. Sometimes there is simply no match between the assessed level and nature of *RoH*, and the interventions lined up to address and mitigate it. Time and again in our core inspection programmes since 2003 - about a third of the time on average - we have found that the quality of supervision / sentence planning needed to improve markedly. There undoubtedly needs to be a much better connection between *assessment* and *management* of individuals under supervision - with practitioners being better supported in doing both.

Ministers, officials, journalists and others often ask us the reasons for the shortcomings in quality of practice. It is therefore worth mentioning here that there is almost always a strong desire by staff to do a good job, but often some uncertainty in how to do it. When we inspect we usually meet staff who want to do the very best job they can. This has been true in both the community and custodial settings. There are few people who do not care about the quality of their work or who are resistant to improving it, so why does their standard of work sometimes fall short? Our frequent conclusion in response to that question is twofold: they have not been shown what doing well it looks like, and/or they are unclear about their own professional boundaries in carrying it out.

Most people, when given a clear picture of what good practice would be in a given situation, will willingly aspire to it. Often, however, there is little peer-learning, scant dissemination of good practice through teams or the wider area, and insufficient input from managers to raise the levels of practice among their staff. There may be understandable reasons for all of these factors existing (see below), but the result can be stagnation in terms of practice improvement and a negative culture in relation to staff application to the job. An enduring issue that we find on inspection when we interview staff in relation to the cases they manage is that they are uncertain about the parameters of their role and responsibilities. That is, they have a general understanding of what being a probation officer is about, but are unsure how proactive they can be - particularly in relation to the control part of their job, and they are not always confident about how to work alongside fellow professionals from other disciplines.

Often this uncertainty shows itself in relation to individuals who represent a *Risk of Harm to others* - most particularly sex offenders, domestic violence perpetrators, child safeguarding cases, and other cases with identified victims who may be at risk. We have found many instances where the proper need to respect the confidentiality with which victims are rightly treated by the probation area or youth offending team manifests itself as a total lack of communication between offender / case managers and victim liaison staff. This silence represents a misunderstanding of the primary need in such scenarios - to preserve victim safety at all costs. Similarly we still sometimes hear probation staff saying, 'I didn't know I could contact the Domestic Violence Unit' or 'I've never thought of exploring the possibility of doing a joint home visit with the police'. Also, probation staff are now required to demonstrate much more proactively a concern for children's welfare in all cases - not just those in which the index offence relates to child abuse. Frequently we find that they are unaware of the implications of this, and when asked describe themselves as ill-equipped and anxious.

In contrast, it is undoubtedly the case that the very best probation and youth offending practitioners we come across on inspection have in their armoury of skills and knowledge an ease in working creatively with partner agencies, and a confidence about their own role and its boundaries. When these elements are embedded, practitioners feel comfortable talking about their own responsibility for managing a case well. It is perhaps worth reiterating here that the majority of public protection work that we inspect, usually over two-thirds of it, meets the level of quality that we are looking for.

Accordingly, one of our core aims as an inspectorate is to promote continuous improvement as an integral element of that wider performance culture discussed above. We don't directly manage the work we inspect (of course), but our inspection practice can help to enable continuous improvement. What can help practitioners and their managers to improve the quality of public protection practice? Earlier we touched on the problem of prescribed procedures from a strategic perspective - why at first they can seem a good idea, but in practice usually prove not to be. From a practitioner perspective, 'rules' can sometimes help to set a framework, but they certainly don't ensure good practice. We don't want practice that *follows the rules, but misses the point* - we need to grow a much more positive and responsible performance culture than that.

The well-managed cases we have seen during our inspection and *RoH* inquiry work rarely have 'the rules' as their bedrock. Instead they have a practitioner who is exercising sound judgement and being alert and responsive, often in conjunction with other practitioners as well as their own managers. These are some of the behaviours of someone we could call the perfect practitioner. In our hypothetical world, what does the perfect practitioner look like? What are their characteristics? Two important set of factors apply here: first, the personal and professional attributes, and second, a productive and supporting work environment. Let us deal with these in turn. On the personal and professional front, the perfect practitioner has a commitment and desire to work to the highest level of quality and strive for continuous improvement. They are open to increasing their knowledge and enhancing their skills throughout their career. They are well organised and order their workload and their diary so that they work efficiently, taking a short time to carry out straightforward tasks and devoting enough time to more demanding work. They recognise the importance of good planning - both in relation to their own administration and in relation to their management of the individuals under their supervision. They are mindful and reflective - traits that are too often seen as a luxury or as optional extras. They

proactively seek to work to changing levels of RoH, and responsive in managing it. They are able to accommodate a heavy workload without lowering their standards.

Their day-to-day practice is better than those practitioners who do an adequate job, adhering to standards and meeting targets, but who rarely impact on an offender's future behaviour successfully because they do not see the whole picture. The perfect practitioner has a perspective beyond the office setting, and understands that their task is not simply to keep in touch with the person they see reporting to them in the probation office each week or each month - often a compliant, sanitised version of the reality. This practitioner realises that their task is to manage the offender who exists outside of probation premises - this might be a very different person indeed.

There is a need to be able to hypothesise as follows: what kind of person is this when I'm not with them? Is what I see typical of their behaviour? How would I test that out and seek evidence that would give me a fuller picture? Is it possible that I see them on their very best behaviour? What does their very worst behaviour look like and who is subject to this? How might my practice alter if I were to try and impact them outside of the office rather than just inside?

This holistic approach certainly involves digesting the sometimes gruesome details of witness statements, CPS documents, and the Judge's sentencing comments in order to grow the picture of the offender. It means working alongside victim liaison staff to protect victims and potential victims. It means challenging the views of colleagues and partnership professionals if their views differ from your own, so that between you the true picture can emerge. It will usually mean visiting the offender at home. New opportunities are afforded both by the NOMS offender management model and by YJB requirements that prescribe a much greater degree of joined-up working between staff based in prison and those based in the community than has been common practice in recent years. Staff *inside* and *outside* can jointly compile a more detailed picture of an offender than they have ever achieved before, maximising the likelihood of safe and productive containment post-release.

No practitioner, however capable, is immune from collusion with offenders on their caseload, but with professional discipline (and proactive challenge from confident line managers) much can be done to avoid the frequency of this. Sometimes probation and youth offending staff suffer quite simply from being too nice. Even in these times when professional probation training has long since been removed from the sphere of social work, many staff are attracted to the probation service because of their desire to help, to make things better for both offender and the public. This is neither surprising nor, of itself, problematic. The legacy of a welfare-based system is a long and enduring one - still some practitioners equate their role with seeing the best in people. But the perfect practitioners are those who who can enact the control part of their task without feeling they have sold out in the care part. All over England and Wales that tricky balance is being successfully achieved by determined probation and youth offending practitioners who understand their public protection role properly. But, as we have already indicated, good management and a supportive working environment also have a key role in the work of the perfect practitioner. We will therefore now look at certain aspects of direct practice management, and then the vexed question of resources and workloads.

To start with, the perfect practitioner will only function at their very best if they are actively supported by their immediate manager. This requires having in place a first-line manager who understands and enacts the three-pronged approach to line management and supervision: staff development, staff support and staff accountability. Such a manager has

in person sufficient knowledge and skills of offender management to be able to promote high quality work in their front-line staff, including by being alert to and challenging practitioner collusion, as already mentioned above. This is not the place to produce an exhaustive list of positive traits, but our point here is that robust, well-trained and supported first-line management plays a key role in supporting effective front-line practice.

There is probably insufficient acknowledgement that those managing offenders often have a difficult and sometimes unpleasant task, and so it is good when we find that an organisation has taken care to promote good first-line management. We have found some of the best quality practice where the local organisation has done this, and taken the professional support of their staff seriously as an ongoing need to be met. For example, when we inspected offender management work by Leicestershire and Rutland Probation in 2007 we were pleased to find additional professional supervision and/or support sessions were made available to those staff managing high *RoH* cases and sex offenders. But there are further specific ways in which wider management can make effective front-line practice either more likely or less likely. Taking first the example of MAPPAs (multi-agency public protection arrangements), where these have worked effectively they have contributed towards improvement in the management of some of the most challenging offenders. It has, however, been a steep learning curve for many probation and youth offending bodies, and also for prisons, to establish how best they should contribute to them. Some of the issues outlined above about practitioners lacking confidence in partnership working have not helped. On occasion the perceived bureaucracy of MAPPAs has deterred potential referrals. The gateways into MAPPAs have not always been clearly understood by staff and the profile of cases within MAPPAs has been skewed.

However, probably more than all of these has been a failure by many of the managements involved to recognise the centrality that practitioners need to have within these arrangements. Perhaps because there is a need for middle and senior managers to be involved in MAPPAs anyway, the presence and contribution of the practitioners at panels has too often been seen as unnecessary and has even been discouraged. - often citing resource constraints. In our inspections we have frequently found that MAPPAs minutes were not finding their way on to the main case file - that is, the practitioner in charge of the case was not even being told what actions and decisions had been agreed in their absence. This dislocation has been extremely unhelpful in the past and has sometimes left practitioners and managers alike in an indefensible position when something has gone badly wrong. Fortunately, more recent inspections have shown improvements in MAPPAs and a greater clarity about what they are for and how they operate, though further improvement is needed - a task for managers.

An equally important task for managers is how to respond effectively when a catastrophic event takes place, classically a serious further offence (SFO) committed by an individual under current supervision. When a high profile SFO takes place local management face number of difficult handling issues. A lot of energy is understandably expended in dealing with concerns from politicians, the media and the public. However, just as important are the handling issues in relation to the staff group itself. We have seen one or two probation areas (now Trusts) which, even several years after the event, are still living with the consequences of an SFO that had originally been dealt with within a *blame* culture rather than a *learning* culture. This made local staff very cautious and risk averse, anxious about getting it wrong, often leading them to err on the side of caution when making their assessments of offenders under supervision. This can result in an overestimate of the classification of *RoH* in a particular case, followed by a failure to identify necessary interventions that matched that classification (unsurprisingly!). Ironically,, this can leave

practitioners *more* rather than *less* exposed to later criticism, because of the resulting recorded mismatch between assessment and interventions. Therefore, despite the obvious difficulties, it is a key task for managers to promote a *learning* rather than a *blame* culture in their organisation, while not compromising on accountability and continuous improvement.

It is worth acknowledging here an unattractive current fact of life. When an SFO or similar catastrophe occurs, more than one organisation is often actually at fault alongside the probation service and this is usually acknowledged in the official review - but almost always probation suffers disproportionately in the wider public debate and at the hands of the media in particular. What is rarely articulated successfully is the fact that probation is disadvantaged by having a less tangible and easily understood role than, say, the police or prisons. Blame is perhaps easier to attach to such a body, and its role is certainly trickier to defend. In recent years, it has therefore been especially difficult for probation to deal with the aftermath of a high profile SFO within the learning culture we are proposing here - a fact that has made life at times extremely tough for probation staff and managers.

To some extent youth offending has experienced similar difficulties, but it is striking to us that the media has not yet developed the wolfpack mentality in relation to youth offending that they have directed towards probation in recent years (and they did for social services and/or children's services from the mid-1970s onwards). We can reiterate there that the role of HMI Probation with such catastrophes has been to emphasise since 2005 that risk cannot be eliminated but that people should do their job properly. We aim not only to help managers and practitioners to learn lessons when practice has been deficient, but also to define and promote effective practice in terms of what it is possible to achieve. Although we continue to be willing to undertake individual case reviews where appropriate, we find we can better fulfil those aims when we undertake inspections of representative samples of cases.

In relation to the role of management, that leaves the outstanding issue of resourcing and workloads to consider at this point. Debates on this subject have sometimes been polarised between a claim that resource limitations and unrealistically high workloads make it impossible to undertake effective *RoH* practice, and a counter-claim that resource issues are completely irrelevant here⁷. Such polarised debates obscure some mundane truths. On the one hand, it is a convenient but erroneous myth to claim that adequate resource would guarantee adequate standards of case management. This is quite simply because resource is far from being the only, or even primary, factor promoting good practice. Average numbers of cases per practitioner are in probation over double that in youth offending teams and services, and there are some variations between individual probation and youth offending teams, but we have found it hard to identify any direct correlation between levels of resourcing and quality of practice. Even where we inspect the work of hard-pressed teams of practitioners we find that some make good active purposeful use of the (sometimes very limited) available time that they can spend with each individual under supervision, while others retreat into a kind of 'passive diarising' of the contacts they are having with each case.

However, having made that point, we would also acknowledge that it would be difficult even for our perfect practitioner to flourish in a working environment that was seriously under-funded over a very prolonged period of time. The mundane truth is that, except at

⁷ An example was the exchanges reported in the media between the former Chief Officer for London Probation and the Justice Secretary in June 2009 following the conviction for murder of Dano Sonnex.

the extremes, while favourable levels of resource and workloads can make effective practice more likely to take place - and thus unfavourable levels can make it less likely - there is no direct causal relationship between resourcing and effective practice. Most of the time, the focus of our inspection findings is not principally about the need to spend more time on each case. More pertinently it is on how the existing time being spent with individuals under supervision could be used more effectively.

We will illustrate this point with an example, a probation officer - we shall call him John - who was newly qualified and managing his first sex offenders. During inspection he was able to convey his evident interest in the work and his commitment to doing a good job. He described managing a rapist - we shall call him Bob - who on one occasion turned up for his appointment looking much smarter than usual, well groomed and wearing new clothes. John remembered noticing this transformation, and we could see that he had even noted it in his contact log records. However he did not fully consider the potential significance of this change to the Risk of Harm posed by Bob - there was no *consequent action*. A more experienced officer would have heard alarm bells ringing. Something had prompted this change in Bob - what was it? Could it be that he was planning to try to forge relationships with women again? Did he already have a specific women in his sights? John had a vague idea that this new fact mattered but had no idea in what way. He almost asked himself the 'so what?' question, but then came nowhere close to answering it. Had he been managed more tightly and supervised more capably he might have teased this out with his manager - as it was, this only emerged through a conversation some months later with an inspector. And the remedy involved making better use of the time already being spent on the case.

HMI Probation and the other public service inspectorates all believe that a key purpose of inspection generally is to promote service improvement. That is why we have aimed to address the doers here, rather than the commentators - doers being managers as well as practitioners. Therefore, in relation to the specific topic of public protection, we very much hope that our words, and the practical experience of our current inspection practice, will confirm for practitioners and managers that they are not being 'set up to fail' by a system of regulation working on '20/20 hindsight'. On the contrary, we hope that they will be encouraged to believe that our 'all reasonable action' definition of success is achievable, and one that will be recognised when they achieve it. Accordingly, they will find that they can in fact 'achieve the possible'.

AMB/KW 2009