Commissioning Special Interest Group Session 1 – interim update

Section 1 - people-centred and outcome-driven services

Key points:

1. **Referrals**

   - **Access to information -** participants reported that referrals often do not include the 'right' information needed to assess an individual, for example (but not limited to): a lack of adequate information in relation to a person's risk of serious harm; no previous convictions history; no information on what additional orders a person is on, i.e., a Sexual Harm Prevention Order. This can lead to keyworkers spending additional time on admin to request such information from the probation practitioner

   - **Assessments of level of need -** the current Refer and Monitor system requires a probation practitioner to provide an assessment on a person's level of need. Yet, the provider's assessment of the level of need often differs from that given by the probation practitioner. It was argued that by reducing the specifics of a probation referral, it would streamline the front end of the system enabling the provider to determine the level of need; through a more flexible referral system, providers would be allowed to assess each person more holistically

   - **Levels of referrals –** participants working in the drug and alcohol recovery space told the group that they are seeing less referrals and claimed that probation staff often don't seem to understand the pathways available and are not adequately identifying a person's need, and that the overcomplication of processes is stopping people from accessing the services they require

   - **Inappropriate referrals -** participants reported receiving referrals when a person is not ready to engage. This then impacts on provider targets. Similarly, individuals often don't understand what services they are being referred into and why

2. **Rigidity of system**

   - **Limited access to refer and monitor (R&M) -** pre-release teams aren't always able to refer via R&M. We also heard that handovers between the Prison Offender Manager (POM) and Community Offender Manager (COM) is not happening as often as it should, which causes further issues, particularly with regards to access the right information

about each individual. Participants therefore called for a wider scope for who can refer to R&M, given the pressure probation staff in the community are under

- **Lack of flexibility (amendments to referrals/inflexibility of RAR model) –** it was argued that there is a lack of flexibility in the R&M System in regard to making amendments, with providers unable to make changes to action plans once this has been agreed by the probation practitioner. Amendments would be able to reflect the changing circumstances and emerging complexities of a person's life. If changes in a person's circumstances do occur once the plan has started, a further referral will be needed at a later stage. Participants stated that this lack of flexibility hinders their ability to utilise their own expertise to determine the person's level of need. Additionally, activities completed by an individual as part of a provider's service, are counted by days. If a person wants to attend two activities on the same day, they are not counted in the same way towards RAR

3. **Outcomes**

- **Service user involvement -** the current contracts do not include KPIs around ensuring providers gather service user feedback. This means the experience of the service user is not incorporated into shaping and improving service delivery

- **Capturing progression -** the system does not capture what happens to people once they have completed their pathways, i.e., reoffending rates, therefore it is difficult for providers to show the impact of their work

- **Lack of consistency –** participants raised the issue of a lack of consistency in how outcomes measurements are set across probation regions.

- **Ineffective communication –** participants also raised the issue of a lack of communication between probation practitioners and providers regarding the outcomes for people they support

- **Incentivising collaboration –** participants believed that outcome measures should incentivise collaboration. The fragmentation of commissioning means providers are not working towards a common objective when working with a person. There is duplication in assessments and over adherence to process

- **Current contracts are input as opposed to outcome driven –** with a general consensus that the next generation of CRSs should focus on outcomes such as 'X% of servicer users supported into accommodation' as opposed to 'X% of service users seen within a specified timeframe'; this was believed to be key to driving improved outcomes for service users

Section 2 – Multi-agency delivery, processes and access to data

Key points:

1. **Access to the 'right' data/effective multi-agency delivery**

   - Participants claimed there is a lack of access to the 'right' data and that providers need better access to information on the rehabilitative interventions being provided by other agencies working with an individual in order to enable more effective collaboration

2. **Communication**

   - Participants stated that the back-and-forth nature of communication with probation practitioners due to lack of 'right' information in referrals, means workers are spending too much time on admin, and consequently affects providers' staff attrition rates. It was also argued that the R&M system should speak intuitively to other systems used by providers to avoid staff having to 'double entry' on to different systems

   - One suggested solution was the incorporation of better communication functions via the Refer and Monitor system, which would reduce admin for provider keyworkers and probation practitioners

3. **Rehabilitation Activity Requirement Days (RAR)**

   - Lack of understanding re the RAR model - participants reported that service users often did not understand the RAR model or understand that they needed to complete RAR days. This is not being sufficiently explained to individuals by probation practitioners or the courts

   - Reforms to RAR model - individuals might have a high level of need however are only allocated a certain amount of RAR days. There should be scope for grant funded additional or voluntary days beyond those that are enforceable. This allows for a 'whole person' and holistic approach to rehabilitation and reducing reoffending that goes beyond addressing criminogenic needs or offending behaviour

   - Pathway constraints - some participants told the group that they are not able to support those with higher complexity of need due to time constraints of pathways (maximum of 12-16 sessions), and so time is spent signposting individuals to other services

Section 3 – building a robust supply chain and incorporation of smaller specialist organisations

Key points:

1. Cyber security required by providers is costly and reduces providers capacity to subcontract to smaller providers

2. Smaller providers should be supported, wherever possible, to build capacity where it is needed

3. There should be a requirement for large providers (both public and private) to evidence the incorporation of specialist providers within service design, including through a mandated obligation to sub-contract to smaller specialist providers

4. A longer window is needed for the tendering of contracts as well as a more robust market engagement stage to facilitate networking and collaboration between providers

5. The challenge for specialist services commissioned outside of the criminal justice system – particularly dependency and recovery contracts – was also raised; this includes the issue of probation services not necessarily understanding what these services are and how they provide something different from local authority drug and alcohol-commissioned services; there was a fear that specialist services outside of the CJS-remit may be left out of the commissioning process, and that there needs to be a link so that people don't 'fall through the chasm of different policy silos'

6. Participants also raised the issue that the role of the probation officer 'isn't playing out', asking: how can we create a model that allows for person to have a caseworker?