



Merseyside Probation Board

ANNUAL REPORT

2006-07

Contents

INTRODUCTION

Aims of the National Probation Service.....	4
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Part 1: Annual Report

A: ENABLERS - Operational Review

Leadership	4
Policy and Strategy	4
People Management	5
Partnerships and Resources	7
Processes	8

B: RESULTS

Achievements by Area in 2005/06.	10
Customer Results	12
People Results	12
Key Performance Results	13

C: WORKLOAD AND ACTIVITY STATISTICS.....

14

D: NAMES OF BOARD MEMBERS AND OFFICIAL CONTACT LIST.....

15

Introduction

Aims of the National Probation Service

The National Offender Management Service (NOMS) has the clear objective to punish offenders and help reduce re-offending. The service ensures effective end-to-end management of offenders both in the community and in custody. Offender management forms the spine of NOMS; with a line from the Chief Executive, through the National Offender Manager to the Regional Offender Managers (ROMs) with clear accountability at all levels for reducing re-offending. This focus on accountability for reducing re-offending is crucial so that systems work which ensure that offenders receive the appropriate interventions whether they are in custody or in the community.

Part 1: Annual Report

A) ENABLERS

Operational Review

Leadership

The quarterly Middle Managers Conference days continued into 2006/07. The Head of Operations will normally convene the meeting and involve the Senior Management team (SMT) in setting the Agenda. The format of the sessions was reviewed late in 2006 and as a consequence some changes were made, most notably a concentration on the development of divisional management teams (DMTs) in break-out sessions rather than mixed staff groups. The aim of this is so that issues arising in the day are captured and taken on in detailed DMT work.

Performance issues are monitored by the Board and through Service Level Agreement (SLA) discussions with the Regional Offender Manager. Performance remains a standing agenda item for the SMT and are included in the Conference days. The Head of Operations meets once a month with operational Assistant Chief Officers to ensure that performance remains a top priority and is widely circulated across all teams via a system of league tables.

Senior Managers continue to endorse and champion specific improvement projects as identified in the Area Plan. They are accountable to the SMT for regular review and progress against outcomes. A structured mechanism for undertaking Improvement Projects, supported by associated document templates, has been introduced. Every project is supported by a specialist Project Support Officer who manages and collates the documentation centrally. We involve cross grade representatives in all projects where appropriate.

Policy and Strategy

All policy and strategy (either "Offender Services Policy Instruction" (OSPI) or "Employment Services Policy Instruction" (EPI)) is available to staff via the service wide communications system (Merseyside Information Centre - MIC) which makes them available for consultation and feedback at any time and allows a more proactive approach to regular review and evaluation. At the point of implementation all policies are subject to a defined date for review. This review is undertaken by the lead manager responsible for each policy as identified. All policies are given a front sheet according to designation which informs the reader of key pieces of information about the policy, including expiry date. These are placed, and updated, on the MIC for all staff to access.

Although information is circulated by NOMS/NPD on a quarterly basis, MPA takes steps to further update senior managers on current performance through the production of standardised and ad hoc statistics. A specialist team is dedicated to the production and analysis of this information. Divisional Assistant Chiefs hold responsibility for functional performance. The 'Performance Management Database' on the MIC allows all staff to access real time performance data over a range of activities on a team and individual officer basis. League tables are produced monthly to allow managers to see how their team is performing across a range of measures and encourages the sharing of best practice.

As an organisation MPA strives to constantly review and update the range of services we offer to offenders. This process includes analysing data held on our current caseload to identify offender need currently not being met. We have

developed and implemented a programme for offenders who commit race hate crime. In addition, based on the number of offenders with alcohol need we put in place an alcohol treatment programme. The research and information team produce regular offender profile reports, for example based on local authority areas in order to guide the development of services.

People Management

The service requires that every member of staff is subject to Supervision and Appraisal according to minimum standards and that this is recorded in a uniform manner. Where supervision and appraisal has not been undertaken measures are in place to address this and appraisers are held accountable. The Head of Operations undertakes regular reviews to ensure compliance and quality. Measures are taken where shortfalls are identified. An in-house IT system allows immediate access to Supervision and Appraisal records throughout the line management structure. The annual staff survey contains a specific section on Supervision and Appraisal.

An enhanced local attendance management policy has been developed and implemented, building on and extending national requirements. A supporting training strategy was designed together with the design and building of an in-house IT system (EARS) to allow accurate collection and reporting of absence data. Regular training briefings are held for newly appointed managers to ensure thorough understanding and consistency of application of the policy. To ensure compliance with policy EARS is regularly monitored and reviewed and compliance reports produced for SMT on an annual basis.

Training is targeted at specific needs identified through the Supervision and Appraisal system, and the forthcoming local and national initiatives eg Leadership Training, Criminal Justice Act 2003 Training and Diversity training. Elective training is offered via a special feature within the MIC. Compulsory training is deployed to all staff through the line management structure and the introduction of a booking system ensures that any non attendees of training events are challenged by line managers. Attendance on all training is monitored by Staff Development Division and via Supervision and Appraisal.

A Performance Improvement Project (PIP), made up of cross grades of staff was set up to respond to identified areas for improvement under internal communication and staff satisfaction. This resulted in new instructions being developed for all staff covering a range of methods of communication eg the use of OSPIs and EPIs; team meetings and notes of team meetings; monthly written briefing for teams from Chief Officer and the Head of Operations; annual visit of the Chief Officer or Head of Operations to teams; use of the MIC; use of e-mail including management of office mail boxes; communication by courier or post; and the development of a staff suggestion scheme.

Diversity is seen as an essential and integral part of every service activity. All policy reviews are required to address the impact of the policy on diverse groups of service users and other stakeholders. All unit managers must review the activities of their unit annually in respect of diversity. All buildings are reviewed annually to identify compliance with the Disability Discrimination Act. All training is constantly reviewed to ensure compliance with the Diversity Statement which is integral within every course. MPA encourages and supports the creation and existence of local Diversity Advisory Groups eg Women's Advisory Group / Disability Action Group. Diversity issues are promoted throughout the year, and in particular through the holding of organised diversity events open to all staff. The Staff Survey contains a set of questions relating to diversity and equal opportunities and is undertaken annually. Results of reviews are used to make changes to policies and guide future initiatives eg monitoring of recruitment strategy in relation to diversity resulted in a change in advertising of vacancies, the development of a new application pack and the introduction of an online recruitment

process which is compatible with Assistive Technology. During 2006/07 performance against a number of ROM SLA targets broken down by gender, race/ethnicity and age was considered as part of the quarterly SLA meetings. Management review such diversity information on a regular basis to ensure equality of service delivery and to address any areas of apparent disproportionality. More recently the following equality schemes have been reviewed to ensure compliance to Equal Opportunities Legislation - Race Equality Scheme; Disability Equality Scheme and the development of a Gender Equality Scheme.

In terms of our approach to Health and Safety, the roll out of certificated training began during 2006. The order of the roll out was determined by a risk assessment of roles being fulfilled;-

- The SMT was trained to the Institute of Occupational Safety and Health (IOSH) "Safety for Senior Executives" standard;
- Key Middle Managers were trained to IOSH "Managing Safety" ;
- A number of other Line Managers have been trained in the Chartered Institute of Environmental Health's (CIEH) "Health and Safety Foundation" Certificate, with the target being that 90% of all Line Manager will be booked on this course by the end of the 2007/08 financial year; and
- Unpaid Work Supervisors have been trained the British Safety Council NVQ Level 1 Certificate in Health and Safety.

As the organisation moves towards Business Excellence in Health and Safety, the area will be in a strong position to achieve a Royal Society for the Prevention of Accident's (RoSPA) Gold Award in Occupational Health and Safety. As significant progress has already been made, it was judged beneficial to enter the awards for 2006/07, and find out what level the area has already achieved against the ultimate target of a Gold Award. On 30th March 2007, MPA was awarded a Bronze Award, which shows that significant progress has been made, but there is still room for improvement towards the Gold Award standard.

As part of the Audit programme for 2006/07 it was agreed that Internal Audit would carry out an audit of Health and Safety within the area. They were able report to the Chief Officer that Health and Safety and the associated processes and required procedures developed by the Health and Safety Advisor, is of a high standard. However the involvement and ownership of Health and Safety in MPA still requires embedding into daily activities and staff culture – as a result Internal Audit gave an overall opinion of "adequately controlled".

In August 2006, SMT adopted a paper clarifying the Health and Safety responsibilities for Assistant Chief Officers, Senior Probation Officers and Administration Staff. As part of this each member of SMT has been allocated a number of premises. These individuals are accountable for the health and safety of these buildings.

These achievements and concerns, along with the forward plan to move the organisation towards Business Excellence in Health and Safety, are discussed in more detail in the Review of Health and Safety Performance in 2006 paper, which will be presented to the MPA Board in May 2007.

Partnerships and Resources

The SMT oversees partnership working arrangements via regular Partnership Standing Group meetings. Strategic responsibility for partnerships is assigned to an Assistant Chief Officer in order to provide a consistent and committed overview of this work and to ensure that we get value for money from providers. Service Level Agreements are drawn up with each partner organisation to ensure that these agreements support practice requirements with day to day management and development being the responsibility of designated Middle Managers. Staff are seconded to work alongside partnership agencies where appropriate. The quality of these arrangements is reflected in the area having received recognition in the International Criminal Justice Awards.

The agreed budget is devolved to responsible budget holders. These budget holders plan expenditure and monitor outgoings in conjunction with the Finance Section. Monthly reviews of expenditure against budget are reported to budget holders, with performance against budget reported being reported to the Board at these intervals from September onwards. The Board is keen to ensure that spending is contained within budget and will ask for corrective action if required. The service is subject to a full range of internal and external audit, the latter of which extends to an annual Value For Money (VFM) Assessment.

The most significant achievement in 2006/07 surrounded the implementation of a replacement Payroll/ HR system. This should assist in providing the Board with more accurate financial information in addition to improved analysis of absence management.

The Property Panel have met regularly to ensure that the estates portfolio and services offered there are appropriate for need. The official opening of the North Liverpool Centre in 2006 and the release of several older offices saw the successful culmination of several years work and planning. Elsewhere, the work of the Panel involves contact with estates and facilities management providers in order to negotiate area requirements and identify new developments. The work of the Panel is supported by a Property and Purchasing team within the Finance Section – in addition this team manages the purchase and distribution of supplies and can demonstrate areas of good practice in promoting value for money eg recycling of confidential waste, computer monitors, computer consumables and mobile handsets; procurement of stationery.

The national IT strategy is enhanced by MPS to develop a local area technology strategy. This local strategy outlines targets for the management, distribution and service of technology. The dedicated local IT staff maintain a detailed and comprehensive technology Asset Register. In addition, this specialist unit is responsible for rapid bespoke application development, which it designs and implements after scoping meetings with users to identify operational need. Clear processes are in place to maintain and manage the Asset Register in order to conform to national regulations which are an important element of financial control.

Each member of staff is required to complete a purpose-designed form stating their understanding and acceptance of the Information Security Policy and IT related issues, which must be countersigned by their line manager before access to the IT network is given. During 2006/07 considerable progress has been made in the implementation of Information Security policies required to retain GSI accreditation. In particular the formal introduction of a clear desk policy and the deployment of photo ID badges for all staff. A dedicated in-house IT helpdesk support service is provided to all users during office hours.

Merseyside Area is committed to providing staff with access to relevant and pertinent information, and also to contributing to the development of probation services and relevant theoretical approaches. The Organisation resources an extensive specialist library which is staffed full time and can respond to staff requests for information. It maintains a stock of a wide variety of books and journals related to practice. It is evidence of Merseyside's commitment to knowledge management and improvement that resources are allocated to this initiative. Similarly, Merseyside Area is unusual in that it resources two full time specialist research staff who provide a bespoke and wide ranging service.

Processes

Business processes are identified and designed through the completion of a task brief which involves setting objectives, talking to other Areas, and the input and involvement of a cross grade staff group at each stage in the design and implementation of a new process. The establishment of the Business Development Unit within the region means that there is more opportunity now to develop and design processes in consultation with regional colleagues and in a consistent manner. During 2006/07 such work was undertaken in respect of Unpaid Work processes, and further work is planned in respect of Accredited Programmes. In addition an internal PIP undertaken in 2006/07 produced a high level map of current business processes and identified which of these had been mapped in detail. Further work is planned to bring existing maps into a single format and to prioritise currently unmapped processes. Specialist staff are employed to support process design and ensure innovation in business process planning. Blockages and inefficient business processes are identified by ongoing review of activity and regular self analysis approaches, for example the EFQM self assessment. The specialist project support staff are responsible for advising and supporting Senior Managers in setting out a required programme of activity needed to secure changes and amendments to processes. Meetings are arranged with cross grade staff attending and feedback from these meetings is used to redesign business processes, which are implemented and reviewed. Feedback is taken at each stage of the process design from a range of staff. This feedback is used to alter the design of the business process. At implementation stage the process and relevant results are monitored for efficiency and efficacy. Problems are taken back to the working group and re-evaluated in order to update the processes under review. The business process is subject to a maintained cycle of written review, which is completed and evaluated within the working group, and records are kept by the assigned Project Support Officer.

The Area has several mechanisms in place to continually monitor processes and inform service improvements. We have undertaken EFQM self assessments annually since 2001, and submitted to external assessment in 2006 for which we were awarded finalist status in the North of England Business Excellence Awards. The Area has used the areas for improvement arising from these assessments to drive change and innovation. We also regularly survey our customers and staff and review our standing policies. Our most recent EFQM assessment resulted in identifying a number of areas for improvement in respect of 'People' which are now being progressed under our 'Achieving Excellence' programme. Responsibility for improvement projects is assigned at SMT level and taken forward via a cross grade implementation group. Dedicated Project Support Officers utilise a Business Improvement Process 'Toolkit' to further the aims of any project. All staff and customers are surveyed annually in order to give them the opportunity to offer suggestions for improvements. Outcomes of these exercises are circulated widely in order to inform the whole staff group of changes made.

MPA is proactive in its efforts to ensure that the business processes we employ are as efficient and effective as possible, both for us and for our customers. We measure the success of our processes in a variety of ways, both through internal performance measures and feedback measures from customers. We focus on not only the content and nature of our outputs but also on the delivery of them. Performance targets are measured not only in terms of our achievement, but also in terms of our delivery. We obtain information from our external and internal customers to measure how we are

delivering our services to them. Performance is subject to monthly review by the SMT and quarterly review by the ROM through the SLA and the Board.

There is a local initiative in place to ensure best service and equality of service to all offenders. This is achieved by collecting perception information from offenders in various situations, for example, on visits to probation centres, completing programmes, completing drug treatment, or after unpaid work. Questionnaires used are designed after a comprehensive literature review carried out by research staff, review of the customer survey report completed by NOMS/NPD Research Information Exchange representatives and also examination of other area questionnaires.

MPA is concerned that its processes for the delivery of services can continue in the event of incidents which may interrupt our ability to deliver. During 2006/07 a Performance Improvement Project was set up to address gaps in current Business Continuity Planning and these have now been addressed. In particular as well as enhancing the generic business continuity plan for field teams, each section at Headquarters has now developed a bespoke continuity plan.

B) RESULTS

Achievements by Area in 2006-07

Improvement Priority	Progress
<p><i>To improve the range and scope of the data we collect. That data should be analysed to enable action to be taken to improve performance</i></p>	<p>The issue identified was not so much to do with data collection but the way we analyse it and present performance information. A cross grade working group, including colleagues from HR, met during the year to consider the range of performance information which could be further segmented and where possible benchmarked against performance from other external organisations, i.e. non probation. As a result of these meetings a template for a twice yearly segmented performance report has been developed. The first report covering the period October 2006 to March 2007 will be produced in July 2007.</p>
<p><i>To improve the effectiveness of MPA training provision. The Areas Supervision and Appraisal Process will identify training needs and feed into the Areas Staff Development Plan.</i></p> <p><i>Individual Training needs are met within available resources.</i></p> <p><i>An impact assessment tool will be developed.</i></p> <p><i>Training plans are in place for all new initiatives.</i></p>	<p>The Research Unit undertook an evaluation of the impact of one training programme as part of the development of an impact assessment tool. The report from this evaluation was delivered in April 2007.</p> <p>A new system for staff to be booked onto mandatory training was introduced in the year. The Head of Operations has brought two reports to the Senior Management Team analysing levels of attendance and absence at training events.</p> <p>The Chief Officer has instigated work on a Staff Development plan, asking Divisional ACOs to identify training needs in their Division which have arisen through the Appraisal Process.</p>
<p><i>To obtain an increased knowledge of the drivers of staff morale, to review current provision for reward and recognition of staff, and to consider new methods to acknowledge good performance, and improve staff morale.</i></p>	<p>A project group was set up to look at the area of staff morale and a report was submitted to SMT outlining recommendations for consideration. These included a review of staff induction, a review of the quality of supervision and appraisal, introduction of a staff suggestion scheme.</p>
<p><i>To enhance the role of PICT Unit to ensure a consistent and uniform approach to business process mapping and review to ensure continuous improvement and achievement of targets taking into account customer needs.</i></p>	<p>A small group met during the year to consider the current approach to business process mapping. The work of that group resulted in the development of a high level map of all MPA Business Processes, the identification of existing detailed process maps and gaps. A report of this work went to the SMT in March 2007 with recommendations for further work on a standard approach to process mapping using the Control ES application and for a schedule of mapping exercises to be developed.</p>

<p>To assess and improve the effectiveness of MPA communication model to ensure that leaders communicate effectively with staff on what is to be done and how, and that leaders consult with and listen to the views and concerns of staff</p>	<p>A cross grade project group met during the year to draw up a set of proposals under a Performance Improvement Project (PIP) to respond to identified areas for improvement. These proposals were circulated on MIC for comment and following a period of initial consultation they were confirmed for implementation in March 2007 and published on the MIC.</p> <p>These requirements cover a range of methods of communication; the use of OSPIs and EPIs, Team meetings and notes of team meetings, monthly written briefing for teams from Chief Officer and head of Operations, annual visit of Chief Officer or Head of Operations to teams, Use of MIC, use of e mail including management of office mail boxes (although this appendix is not yet available and will be circulated for comment as soon as possible) , communication by courier or post and staff suggestion scheme.</p>
<p>To ensure that MPA has in place all the necessary up to date policies to instruct work in line with national, regional and area priorities, and to have in place a system for the review and continuous updating of those.</p>	<p>The procedure published in March 2007 resulted from the work of a cross grade performance improvement project group and had been subject to wider consultation during 2006/07. The procedures developed include a statement of principles and processes to be followed for policy development, communication, implementation and review and are intended to improve and systematise performance of MPA in relation to a range of policy and practise requirements.</p>
<p>To develop and oversee the implementation of effective strategies to improve the compliance of offenders with the PSR process and with Community orders</p>	<p>OSPI on compliance issued in March 2007. SMS texting project started in Wirral DRR and, from June 2007 will commence in other pilot teams.</p>
<p>The development, evaluation and appropriate implementation of the National Workload Measurement Tool (NWMT) in Offender Management Divisions</p>	<p>Significant problems have been encountered in populating the electronic NWMT model from local IAPS case records, and at this stage the service continues to monitor the situation which can only be resolved at national level.</p> <p>In the meantime the service is utilizing the points scoring system that was originally developed by Paul Holt amongst others. The tool uses two variables to assign a points score to particular activities depending on the tier level of the case and whether the case is managed in custody or the community. The tool sets a nominal total points score that offender managers are deemed to be able to handle. By comparing the points available with the points required the variation can be equated to full time members of staff. The advantage of the system is that all of the information is currently available and it is simple to understand and maintain. It is a system that is gaining favour in several probation areas</p> <p>At the same time the local NAPO branch is using a sample manual pilot system using national timings.</p> <p>The intention is that by using both the "Points" and the "Timings" system we may get the best of both worlds</p>

CUSTOMER RESULTS				
Reference	Performance Targets / Measure	Area 05/06 Outturn	2006 / 07	
			Number Actual Target	Percentage
PT 2	Performance Target 2 85% of victims to be contacted within 8 weeks of an offender receiving 12 or more month's imprisonment for a serious sexual offence.	89%	391 / 420	93%
PT 8	Performance Target 8 Skills for life: 1737 starts Awards	1644 (109%)	2536 / 1737 271	146%
PT 9	Performance Target 9 543 Offenders placed into employment.	256 (46%)	683 / 543	126%
PM 6	Performance Measure 6 434 Offenders placed into employment which is retained for 4 weeks.		484 / 434	112%

PEOPLE RESULTS				
Reference	Performance Targets / Measure	Area 05/06 Outturn	2006 / 07	
			Number Actual Target	Percentage
PT 12	Performance Target 12 Regionally set employment targets for minority ethnic staff.			
PT 13	Performance Target 13 95% of ethnic monitoring data on staff and offenders is returned on time and using the correct (Census 2001) classifications.	87%		98%
PT 14	Performance Target 14 Staff sickness not to exceed an average of 9 days per member of staff per year.	11.0	11.70	

KEY PERFORMANCE RESULTS				
Reference	Performance Targets / Measure	Area 05/06 Outturn	2006 / 07	
			Number Actual Target	Percentage
PT 1	Performance Target 1 90% of risk of harm full analyses, risk management plans and OASys sentence plans on high / very high risk of harm offenders are completed within 5 working days of the commencement of the order or release into the community.	86%	494 / 515	96%
PT 3	Performance Target 3 90% of risk of harm screenings / full analyses (as appropriate) and OASys sentence plans completed on Prolific and other Priority Offenders (PPOs) within 5 working days of the commencement of the release into the community.	90%	168 / 179	94%
PT 4	Performance Target 4 90% of PSRs to be completed within the required time i.e., <ul style="list-style-type: none"> ▪ On the day requested for fast delivery PSRs to magistrate's courts, ▪ within 15 working days for standard delivery PSRs to magistrate's courts, ▪ within 10 working days where the offender is remanded in custody. ▪ by the date set by the commissioning court for Crown Courts. 	96%	5124 / 6365 1259 / 1403 2150 / 2993 106 / 298 1609 / 1671	81% 90% 72% 36% 96%
PM 1	Performance Measure 1 40% of court reports to be fast delivery.	Not previously required.	1402 / 4684	30%
PT 5	Performance Target 5 1628 successful completions of unpaid work.	1856 (99%)	1932 / 1628	119%
PT 6	Performance Target 6 Initiate breach proceedings in accordance with National Standards within 10 working days in 90% cases.	90%	311 / 346	90%
PT 7	Performance Target 7 Compliance: the proportion of arranged appointments which the offender attends in the first 26 weeks (target % to be determined after quarter 1 results become available).	Not previously required.	20156 / 25195	80%

C) WORKLOAD AND ACTIVITY STATISTICS

Commencements by type of order / licence					
	2006/07	2005/06	2004/05	2003/04	2002/03
Total Community Orders	6311	5964	5881	5402	5134
Total Licences	1108	1174	1476	1528	1627

Caseload at 31.03.07 compared to 31.03.06					
	2007	2006	2005	2004	2003
Total Community Orders	6114	7037	6333	5844	5188
Total Licences	1106	1396	1131	1009	884

Reports produced	06/07	05/06	04/05		03/04		02/03		
	All Courts	Crown	Mags	Crown	Mags	Crown	Mags	Crown	Mags
SDRs/PSRs	5560	1452	4230	1916	3747	1225	3661	2106	4136
FDRs/SSRs	1456	58	2041	50	1736	37	861	32	606
Total	7016	1510	6271	1966	5483	1262	4542	2138	4742

Community Punishment hours ordered/worked (CPO and CPRO)					
	2006/07	2005/06	2004/05	2003/04	2002/03
Hours Orders	327093	346494	300109	265853	262890
Hours Worked	247164	229142	194688	175864	191027

Victims: the total number contacted within 8 weeks of sentence				
	2006	2005	2004	2003
Number of Victims	420	360	397	386
Victims Contacted	391	316	387	373

Data for each year relates to April to December as final quarter for 2006/07 not yet available

D Names of Board Members & Official Contact Address

Established under Section 4 of the Criminal Justice and Court Services Act 2000. Board comprises Chair, twelve members, the Chief Officer and the Lord Chancellor's representative – a total of 15;-

Mr Nigel Mellor (Chair of Board) (resigned 31st March 2007)

Mr John Stafford (Chief Officer)

His Hon. Judge Swift

Mr Ron Barker JP (resigned 31st March 2007)

Mrs Linda J. Bloomfield J.P. (Chair designate)

Ms Muktesh Kakar J.P.

Professor George Mair (resigned 31st March 2007)

Miss Sheila Malone JP (resigned 31st March 2007)

Mr Stanley Mayne JP (resigned 31st March 2007)

Mr Ian Moncur

Councillor Steven Munby

Mr Alfred Salami (resigned 31st March 2007)

Professor Peter Toyne

Mr Tony Walkling

Miss Dominique Webb

All current Board members can be contacted via the following address and telephone number:

National Probation Service for England & Wales – Merseyside Area
Burlington House
Crosby Road North
Waterloo
Liverpool, L22 0PJ
Telephone : 0151 920 9201 Fax : 0151 949 0528