

# We've set out to help you stop offending...

**.... now's your chance to tell us  
how we've done**

We want to know which parts of the work we've done together were of most use to you.

Please take a few moments to give us your views....

**We don't want your name -  
we won't know who filled this out.**



# About you

## Male/Female

(please cross out one of these)

## Age

How many children do you look after?

## Race/ethnicity

Please tick the boxes that best describe you:

White

Black Caribbean

Black African

Black other

Indian

Pakistani

Bangladeshi

Asian other

Chinese

Other

## ...and your nationality:

British

Irish

Other

Are you registered with a GP?

**Yes**

**No**

## Your sentence

Please tell us either the number of Unpaid Work hours:

and/or the length of Probation supervision:

or the length of your prison licence:

What year were you sentenced?

Which office did you attend?

It would help us to know what kind of offences you committed. (Don't forget, we won't know who you are) Please tick what applies to you

Violence

Burglary

Drugs

Fraud

Criminal damage

Theft

Drink/Drive

Robbery

Sex offences

Other

Did you complete the Order/Licence?

**Yes/No**

# 1. Being at court and being sentenced



When you were at court, did the Probation Service prepare a report about you?

*(Please tick one of the boxes)*

**Yes**  **No**

Did you get to read it before you were sentenced? **Yes**  **No**

If you did read it, did you think it was fair? **Yes**  **No**

Did you have much contact with Probation staff at court? **Yes**  **No**

Please rate Probation's service to you at court, and during sentencing. (Not solicitors, or judges or magistrates)

*(Please circle the word that describes it best)*

**Excellent**      **Good**      **Average**      **Below average**      **Poor**

What's the main thing we could improve?

## 2. Getting to know us and what to expect



When you first came to the Probation Office, did a member of staff explain how long your supervision would last?

*(Please tick one of the boxes)*

**Yes**  **No**

Did they explain what behaviour was necessary?

**Yes**  **No**

Did they explain that you should attend regularly, and what would happen if you failed to attend?

**Yes**  **No**

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Did you know who your Offender Manager was?

**Yes**  **No**

Did your Offender Manager change during your order?

**Yes**  **No**

If so, how many times?

Please rate us on how we helped you to get to know us, and to know what we expected.

*(Please circle the word that describes this best)*

**Excellent**

**Good**

**Average**

**Below  
average**

**Poor**

What's the main thing we could improve?

### 3. Making plans and keeping going

*(Please tick one of the boxes)*



When we started to work together, did you make a plan, with your Offender Manager, of the goals you would aim for? **Yes**  **No**

Did your Offender Manager review them with you regularly? **Yes**  **No**

How often? **Every month?**  **3 months?**   
**6 months?**  **Longer?**  **Never?**

Was this goal-setting and planning useful? **Yes**  **No**

Please rate us on the quality of supervision you received  
*(Please circle the word that describes it best)*

**Excellent**      **Good**      **Average**      **Below average**      **Poor**

What would have helped us to make better plans?

Did you fail to attend any appointments we made for you? **Yes**  **No**

If so, did you feel that you were dealt with fairly about it? **Yes**  **No**

If you didn't think it was fair, what was wrong?

## 4. Your dealings with us



Were you treated with respect by Probation staff?

Yes  No

Were reception staff helpful to you?

Yes  No

Do you have any particular needs which we should have taken into consideration? (these could include belonging to a minority ethnic group, or a particular gender, or if you are disabled, or need help with literacy, for instance)

Yes  No

If so, did we take these into account?

Yes  No

Did you feel able to talk to your supervisor about difficult issues?

Yes  No

Did you get support through any difficulties?

Yes  No

Please rate us on the quality of support we gave you

*(Please circle the word that describes it best)*

***Excellent***

***Good***

***Average***

***Below  
average***

***Poor***

What's the main thing we could improve?

## 5. Did you do Unpaid Work?

*Yes*  *No*

(If not, move to the next section)



Did you learn new skills? *Yes*  *No*

Will doing Unpaid Work help you get a job? *Yes*  *No*

Did you feel the work you did helped people?

*Yes*  *No*

Please rate this Unpaid Work element.

*(Please circle the word that describes it best)*

*Excellent*

*Good*

*Average*

*Below  
average*

*Poor*

What's the main thing we could improve?

## 6. Did you attend any of these programmes?

Yes  No

(If not, move to the next section)



*(Please tick the programme(s) you have attended)* **Think First**

**Drink Impaired Drivers**

**Aggression Replacement Training**

**Integrated Domestic Abuse Programme**

**Thames Valley Programme**

**One-to-One**

**OSAP**

Did you understand what was said? **Yes**  **No**

Did you find out new things about yourself? **Yes**  **No**

Did you learn new skills? **Yes**  **No**

Please rate the quality of programmes you attended

*(Please circle the word that describes it best)*

**Excellent**

**Good**

**Average**

**Below  
average**

**Poor**

What's the main thing we could improve?

## 7. Did you attend one of our drugs programmes? (DTTO, DRR)



Yes  No

(If not, move to the next section)

Has it reduced your drugs intake? Yes  No

Please rate the quality of this drugs element

*(Please circle the word that describes it best)*

*Excellent*

*Good*

*Average*

*Below  
average*

*Poor*

What's the main thing we could improve?

## 8. Numeracy and Literacy



Were you given the chance to develop your reading and maths skills? **Yes**  **No**

Did you learn enough? **Yes**  **No**

If you didn't get this chance, do you think you needed it? **Yes**  **No**

If you had this training, please rate its quality

*(Please circle the word that describes it best)*

***Excellent***

***Good***

***Average***

***Below  
average***

***Poor***

What's the main thing we could improve?

# 9. Employment and training



Were you unemployed at any time during your supervision?

**Yes**  **No**

For how long?

Were you on a training course during your time with us? **Yes**  **No**

For how many hours a week?

Did it last more than 4 weeks?

**Yes/No**  
*(Please cross one out)*

Did you have a job during your time with us? **Yes**  **No**

For how many hours a week?

Did it last more than 4 weeks?

**Yes/No**  
*(Please cross one out)*

If we helped you with employment or training, please rate our support  
*(Please circle the word that describes it best)*

**Excellent**      **Good**      **Average**      **Below average**      **Poor**

What the main thing we could improve?

# 10. Outcomes for you



Do you think that having this supervision has improved your future prospects?

Yes  No

Are you able to think through problems more easily?

Yes  No

Do you think your attitudes towards other people are more positive?

Yes  No

Have your views about committing crime changed?

Yes  No

*If yes, please tell us how. If not, please say why not.*

How useful has this supervision been in helping you not to offend?

*(Please circle the words that describe it best)*

***Extremely useful***

***Quite useful***

***Unsure***

***Not useful at all***

Do you think we could have managed your supervision better?

Yes  No

*If yes, please tell us how*

Overall satisfaction with us

*(Please circle the word that describes it best)*

***Excellent***

***Good***

***Average***

***Below  
average***

***Poor***