



Interventions
Alliance

Holding Care and Balancing Risk: The Emotional and Organisational Demands of Working in a Women's Approved Premises

Full Report

October 2026

This research was conducted by the research team at Interventions Alliance.

Lead Researcher

Dr Kerry Ellis Devitt (Head of Research) kerry.ellis-devitt@interventionsalliance.co.uk

With support from

Jess Lawrence (Senior Researcher) jess.lawrence@interventionsalliance.co.uk

About research at Interventions Alliance

Research at Interventions Alliance forms part of the wider Research, Development and Communications team. As a vital part of the organisation, the research team advances evidence-based practice through original, exploratory research and by conducting and supporting thorough evaluation. Our work generates insights and evidence across the justice and social care sectors, helping to inform policy, practice and service development.

Our aim is to inform and influence the justice and social care sectors to advance the knowledge of practitioners, improve commissioning of services and outcomes for residents, participants and wider communities. Our expertise spans a broad range of topics, including tackling domestic abuse; the lived experiences of people involved in the justice system; the experiences of people living in supported housing; the experiences of families of justice-involved people; and the safety and wellbeing of criminal justice staff.

To cite this report

Ellis Devitt, K. & Lawrence, J. (2026). *Holding Care and Balancing Risk: The Emotional and Organisational Demands of Working in a Women's Approved Premises*. Interventions Alliance.

Acknowledgements

We are deeply grateful to the many individuals and organisations that supported this research. Our greatest thanks go to the staff, managers and CEOs of the participating women's Approved Premises. Thank you for welcoming us into your workplaces, giving your limited time to share your experiences, and helping us understand your world with such honesty, openness and generosity. We recognise what we asked of you in sharing these experiences, and this research would be far less meaningful without the trust you placed in us.

Acronyms

AP	Approved Premises
DA	Domestic Abuse
EL	Emotional Labour
CRU	Central Referral Unit
HMPPS	His Majesty's Prison and Probation Service
HMIP	His Majesty's Inspectorate of Probation
IAP	Independent Approved Premises
KPI	Key Performance Indicators
OPD	Offender Personality Disorder
PIPE	Psychologically Informed Planned Environment
PO	Probation Officers
SIN	Serious Incident
SPO	Senior Probation Officers

Contents

1.0 Introduction.....	6
1.1 Overview of Approved Premises	6
1.2 Background to the research	7
1.3 Aims and research questions	8
1.4 Report chapters.....	8
2.0 Methodology.....	9
2.1 Participants and participating organisations	9
2.2 Recruitment.....	9
2.3 Methods	9
2.4 Data collection	10
2.5 Analysis	10
2.6 Ethics	10
3.0 Relational practice and the emotional demands of working with residents in women's APs	13
3.1 Understanding the residents: Who are staff working with?.....	13
3.2 Relational practice, trauma-informed approaches and emotional labour	14
3.3 Chapter summary	27
4.0 System pressures, organisational demands and psychological safety in women's APs	28
4.1 Working within HMPPS frameworks.....	28
4.2 Competing demands and negotiating conflict: Challenges inside the AP	32
4.3 The importance of psychological safety (in teams)	35
4.4 Chapter summary.....	42
5.0 Sustaining the workforce: Support, wellbeing and resilience in women's APs	44
5.1 The crucial role of the team	44
5.2 Self-care, self-preservation and resilience	47
5.3 Staff development and organisational support structures	48
5.4 Building the AP workforce.....	51
5.5 The magic wand: What would you change?.....	53
5.6 What keeps you in the work?.....	55
5.7 Chapter summary.....	56
6.0 Overall summary	57
6.1 Revisiting the aims of this research	57

6.2	<i>RQ1 – What are the emotional demands of working with residents in women’s APs?</i>	57
6.3	<i>RQ2 – What are the system pressures and organisational demands facing women’s APs?</i>	58
6.4	<i>RQ3 – How do women’s APs build and sustain their workforce?</i>	60
7.0	Discussion and conclusion	62
7.1	<i>Discussion</i>	62
7.2	<i>Conclusion</i>	65
	References	67

1.0 Introduction

1.1 Overview of Approved Premises

The research described in this report concerns the experiences of staff working in women's Approved Premises (APs). However, before addressing the background to this research, it is useful to provide some opening context about the Approved Premises (APs) estate.

1.1.1 What are Approved Premises?

Approved Premises (APs), previously known as probation hostels, provide community-based accommodation and support to people posing very high or high risk of serious harm¹, usually on release from custody, but also including those on Release on Temporary Licence (ROTL), on bail or serving community sentences. APs bridge the gap between custody and community by providing rehabilitative activities and support for residents, and support public protection by providing enhanced supervision (HM Inspectorate of Probation (HMIP), 2026a).

APs are separate to prison and probation but work in collaboration with residents' probation officers. Residents are required by probation to reside at an AP and will be subject to curfews and other specific licence conditions. Placements usually last around 12 weeks, with longer terms of up to 12 months for specialist APs or enhanced security cases (HMIP, 2026a). APs provide round-the-clock supervision for residents; however, they also provide rehabilitative interventions and support residents' day-to-day activities and reintegration with the community. Although there are some variations in job titles and work patterns, core AP staff generally consist of residential workers (responsible for day-to-day tasks such as monitoring residents, issuing medication and responding to incidents, with shifts covering the AP's 24-hours of operation), key workers (responsible for holding caseloads, completing pre-arrival work and assessments, and providing individual support for residents), and managers (holding overall responsibility for the AP, from assessing referrals to managing staff and facilities) (Marston & Reeves, 2022).

The majority of APs in England and Wales are run by HM Prison and Probation Service (HMPPS). Some are psychologically informed planned environments (PIPEs), co-commissioned with the National Health Service (NHS) England, offering additional psychological support to residents as part of the Offender Personality Disorder (OPD) pathway. Some are independent APs (IAPs), meaning they are run by other providers (usually third sector organisations). Although IAPs are contract managed by HMPPS, they have more freedom in how they finance, staff and deliver their service in response to local need (Criminal Justice Joint Inspection, 2024).

1.1.2 The women's AP estate

There are currently only eight women's APs serving England and Wales. Five are IAPs, two are PIPEs and one is run by HMPPS (HMIP, 2026a). The women's IAP estate comprises Eden House (IAP, Bristol), Ripon House (IAP, Leeds), Elizabeth Fry House (IAP, Reading), Hestia Highbury (IAP, London), Adelaide House (IAP, Liverpool), Crowley House (PIPE, Birmingham), Edith Rigby House (PIPE, Preston) and Pankhurst House (HMPPS, Bedford). By contrast, there are 98 male APs²; 11 of which are IAPs, 10 are

¹ Women's APs can also accept medium risk cases (Moj, 2025)

² As of August 2026 (HMIP, 2026b)

PIPEs and the remaining 77 are run by HMPPS.

There are profound and fundamental differences between the resident cohorts in women's APs compared to male APs. The residents in women's APs often present with more complex needs, experiences of trauma and abuse and high rates of self-harm. Staff must therefore spend more time developing trusting and safe relationships with residents before they are able to engage in any rehabilitative work, despite having the same staffing model as the male AP estate (Criminal Justice Joint Inspection, 2024). Due to the small number of women's APs, residents are often allocated spaces far from their home area, meaning contact with their probation officers and other vital community and support services is harder to establish and maintain, resulting in further pressure on AP staff to meet residents' needs (Criminal Justice Joint Inspection, 2024).

Women's APs provide a varied selection of activities for residents to choose from, supporting practical, emotional and social skills (Criminal Justice Joint Inspection, 2024). A previous thematic inspection of APs found that delivery of rehabilitation and resettlement support services was stronger, more dynamic, inclusive and purposeful in women's APs than in HMPPS-run male AP counterparts (HMIP, 2017).

1.2 Background to the research

1.2.1 Research on working with women in the justice system

Previous research at Interventions Alliance (Ellis Devitt, 2020a) sought to explore the realities and demands of supervising women on probation sentences. The research found that female practitioners undertaking the 'Women's Lead' role experienced significant and specific demands in supervising women on probation. These demands were often different to those required in supervising men, e.g., needing more time to talk, having to adapt offence focused objectives to account for trauma-informed approaches, and from an emotional perspective, spending more time worrying about the women's safety due to women probationers' often intense vulnerability. The study also saw female practitioners talk of their isolation in the role, with probation services mainly focused on men and with most caseloads dominated by male probationers. The research shone light on the impact of emotional labour for these practitioners, and the related issues of vicarious trauma (Ellis Devitt, 2020b, 2024).

1.2.2 Research on women's APs

Though there has been other important attention given to the issues faced by women working with women in probation contexts (e.g., Burman et al., 2018; Goldhill, 2019; Rushton & Morley, 2024; Shepherd, 2022), so far, scarce attention has been given to the additional and unique challenges for justice practitioners working with women in AP contexts.

APs are one of the lesser-known areas of the justice system, and rarely researched (HMIP, 2026a; Reeves & Marston, 2023). Existing research on APs focuses on the male estate (e.g., Irwin-Rogers, 2017), although some papers (e.g. HMIP, 2026a) include representation from the women's estate. Where women's APs have been explored, it has been led by HM Inspectorate of Probation (HMIP), either alongside provisions for women in the wider justice system (e.g. Criminal Justice Joint

Inspection, 2024), or as part of the Approved Premises inspection programme³.

This lack of research indicates a significant gap in the knowledge base, where it is essential we are better informed. The following research project addresses this gap.

1.3 Aims and research questions

1.3.1 Aim

To explore the emotional and organisational demands of working in a women's Approved Premises.

1.3.2 Research questions

RQ1: What are the emotional demands of working with residents in women's APs?

RQ2: What are the system pressures and organisational demands facing women's APs?

RQ3: How do women's APs build and sustain their workforce?

1.4 Report chapters

This report begins with an outline of the methodology used in this research, including specific ethical considerations and a word on researcher positionality. The analysis sections (chapters 3, 4 and 5) are arranged by theme. Firstly, the relational and emotional demands of working with residents in women's APs, including how emotional labour is enacted. Secondly, the wider pressures and demands faced by women's APs, including the importance of psychological safety for staff. Thirdly, how teams were supported both by each other and by the systems around them, what keeps them in the work and what they want to see changed. These chapters are followed by a summary of the findings in relation to the research questions, and lastly a discussion and conclusion of the report.

³ The HMIP inspection programme of APs began in July 2025. The first of HMIP inspection of a women's AP (Eden House) took place in December 2025. Two further inspections of women's APs (Crowley House, Elizabeth Fry House) have since been completed, with inspections ongoing at the time of publication of this report.

2.0 Methodology

The following chapter outlines the methodological approach to this research project, including an account of the study participants, recruitment processes, methods of data collection, analytic approach and importantly the ethical considerations and actions.

2.1 Participants and participating organisations

This study included 25 participants from four women's Approved Premises (APs)⁴. Participants were made up of two Chief Executive Officers (CEOs), seven managers, and 16 frontline staff, with job roles including, key workers, case managers, residential workers, support workers, and one cook⁵.

2.2 Recruitment

Participants were recruited through the research team's existing relationships with the four participating women's APs. The implications of these relationships are discussed later in this chapter (see Ethics: author positionality). After initial meetings to discuss the foundations of the research, the lead researcher emailed representatives at each AP – three operational managers, one deputy manager and one CEO – to confirm their organisation's participation. Once agreement had been obtained, project information sheets and consent forms were sent to these contacts for distribution to frontline staff in their own AP.

Researchers contacted individual participants in different ways. The AP contacts confirmed their own participation directly with the lead researcher by email. Other participants were recruited through the relevant AP contact (e.g., the operational managers and the CEO). In one AP, participants contacted the research team directly. In two APs, managers sent researchers' contact details for interested staff members. In another AP, researchers attended the AP for a day of interviews, and staff had organised themselves into time slots depending on availability. In every case, participants were informed that taking part was entirely voluntary (see Ethics: standard ethical processes for further details).

2.3 Methods

Data from this study was collected using interviews, 23 of which were conducted individually and two as a pair. Semi-structured topic guides were used to explore themes around, 1) the emotional demands of working directly with residents living in women's APs, and the associated emotional labour, 2) the systemic pressures and organisational demands of working in and managing a women's AP, including an exploration into psychological safety in teams, and 3) how staff wellbeing was experienced, looking at support structures and individual and organisational resilience.

⁴ The four participating women's APs are all independent, and do not therefore include the one HMPPS only run women's AP or the two women's PIPE APs. However, we do not believe it would be helpful to frame this report solely as an account of staff experiences in just women's independent APs (IAPs) given that five of the eight women's APs in the UK are independently run, representing 62.5% of the whole women's AP estate. The experiences described in this report therefore relate to most of the women's estate. Of the non-participating women's APs, we were unable to contact the remaining IAP, and we decided not to contact the HMPPS AP or the two PIPE APs. Specifically with the PIPE APs, we understood that they may bring an additional, psychologically informed perspective to supervising residents, managing risk and supporting rehabilitation, and subsequently, that their distinct model may warrant a separate, more focused study, as discussed in the report's conclusions.

⁵ Some of the frontline roles were dual roles, so for example: key worker/support worker.

2.4 Data collection

Data collection mainly took place between January and March 2026. Nine participants were interviewed remotely via Teams and 16 were interviewed in person at their respective APs. Each interview was conducted by one of the two project researchers.

Remote interviews were scheduled with each participant by email, and a Teams link was sent in advance. For in-person interviews, researchers were provided with a quiet, private room at the participant's AP. The interviews were recorded on a password-protected device or recorded in Teams so that its transcription function could be used. Each interview was roughly between 60-90 minutes in duration.

2.5 Analysis

An inductive thematic analysis was used to explore the data, similar to that identified in Braun & Clarke (2006). After a thorough familiarisation with the data, initial codes were generated and transcripts were coded by the research team using digital highlighting and page comments. Codes were then sorted into main themes by the lead researcher (e.g., emotional demands of working with residents, systemic issues, organisational culture and psychological safety, and creating a sustainable workforce) and sub-themes (e.g., emotional labour, staff dynamics, support networks, and characteristics needed to do the job). This was then transferred into an Excel spreadsheet to act as a visual thematic map charting all the data. Themes were then considered together, ensuring they were supported by the data, and then 'defined and refined' (Braun & Clarke, 2006, p.87). The research team then reviewed and agreed the final themes and the data within them was analysed, constructing meaning and linking themes to form a cohesive narrative. This final tabulated analysis was then structured to form the main report.

2.6 Ethics

The ethics for this project were multifaceted. They are addressed consecutively in the following sections.

2.6.1 HMPPS National Research Committee approval

Approval for this project was sought from the HMPPS National Research Committee. An application was submitted in November 2025, and approval was granted in January 2026.

2.6.2 Standard ethical processes

Voluntary participation and right to withdraw: Although most participants first learned about the research through a manager, all were clearly informed that participation was entirely voluntary. Participants could change their mind or withdraw at any time up to and including the interview. These rights were set out in an informed consent form and a project information sheet emailed to participants before their interviews.

Informed consent: At the start of each interview, the researcher restated the purpose and conditions of the study and read the informed consent statements aloud. Participants were then asked to confirm that they understood the consent terms and to provide recorded verbal agreement to take part. They were also given the opportunity to ask any questions before the interview started.

Protection of participants, confidentiality and anonymity: Interviews were conducted sensitively, recognising that participants were being encouraged to discuss the emotional demands of their job. Participants were informed they could take breaks and could navigate away from, or even decline to answer, any questions that made them uncomfortable. Researchers also emphasised that the interviews would be confidential and that any quotations used would be anonymised.

Transparency, empowerment and ownership: Participants were sent a draft of the research findings and were invited to offer comments, corrections or amendments, in advance of the completion of a first full draft of the report. This was to ensure nothing went into the public domain before it was signed off by participants and their organisations. Researchers first shared the draft with participants in early August 2026 and then sent a follow-up email in September 2026. Participants were given an initial four weeks to reply, with the follow up emails ensuring everyone had an opportunity to respond. The draft findings were shared with participants before anyone else outside of the research team.

2.6.3 Protecting against identifiability

Only eight women's APs operate in England and Wales, and four participated in this research. And as discussed earlier in this chapter (footnote 4), all were independent women's APs. Participants also likely knew which colleagues from their own AP were taking part, either because a manager had helped arrange their participation or because they saw the researchers with them at the premises. As such, certain actions have been taken to protect against identifiability.

To reduce the risk of participants being identified, both within and outside their organisations, job titles are grouped into two broad categories. Quotations in this report are therefore attributed only to a 'manager' or 'staff member'. 'Manager' includes CEOs, operational managers, deputy managers and others responsible for overseeing part of an organisation. 'Staff member' includes any role involving direct, frontline work with residents.

2.6.4 Gender neutral language

Though this report is predominantly an account of women practitioners working with women in APs, it has been a deliberate decision by the authors to use (mostly) gender-neutral language. Notably, the term 'residents' is used rather than women, recognising that trans men also live in women's APs, and that participants refer to their work with trans men using he/him pronouns. It was also decided to keep the participant quotations gender neutral too, so instead of using she/her we have used they/them. Or more commonly, we have just referred to the person's job title. This second decision was made in recognition that we did not ask for participants' pronouns at the point of interview.

However, understanding this work through a gendered lens, specifically, by centring women's experiences, is essential and firmly embedded in the analysis.

2.6.5 Researcher positionality: A word from the authors

Finally, we acknowledge our positionality as authors. We conducted this study as employees of Interventions Alliance (IA), one of the organisations operating a women's AP in England and Wales, and significantly, one of the participating APs. Although we regularly research our own services and interventions and follow organisational policies on impartiality and integrity, we recognised that IA's role gave us a particular perspective on this research. Our commitment to ethical practice therefore required careful consideration of how we worked with the other participating APs. Most importantly,

we maintained consistent communication throughout the project and, as noted above, gave all participating APs ample opportunity to comment on the report. We regard this commitment as ongoing. Crucially, we also recognise that the issues raised in this report are not confined to any single AP but are experienced across all the women's APs involved in this research.

3.0 Relational practice and the emotional demands of working with residents in women's APs

This first analysis chapter examines the demands of working with residents living in women's Approved Premises (APs). It considers how staff understand residents' complex histories, needs and risks, and how they shape everyday practice within a 24-hour residential environment. In particular, this chapter explores the centrality of relational practice, trauma-informed approaches, boundary-setting and emotional labour, showing how staff are required to offer care, consistency and compassion while also managing authority, risk and institutional expectations.

3.1 Understanding the residents: Who are staff working with?

To understand the relational and emotional demands placed on staff, it is first necessary to consider who they are working with, and the forms of need, risk and vulnerability residents have in the AP environment.

Participants noted that justice-involved women, and especially those in APs, present with a complex range of needs, risks, and dependencies. These commonly include pervasive mental health difficulties, near-universal histories of trauma, experiences of vulnerability and harmful relationships, substance misuse issues, patterns of self-harming behaviour, child loss and separation, and significant physical health needs. As a result, many women have a substantial need for emotional engagement and support from the professionals working with them.

Residents also face relational challenges, including complex dynamics with other residents. Many know one another from prison, bringing additional interpersonal tensions and risks that staff must manage. Together, these factors create a workload and emotional demand that participants consistently described as qualitatively different from that found in men's settings, despite often being resourced at a similar level. As one manager summarised, *"Sometimes one woman here is [equivalent] to four or five men"*.

Women's APs were portrayed as operating in fundamentally different ways from their male counterparts. Staff described residents as requiring significantly higher levels of ongoing emotional, relational, and trauma-informed support, making the work considerably more intensive and resource-demanding. Consequently, the practical requirements of delivering gender-responsive casework were substantial, while the emotional impact on staff was wide-ranging.

Having outlined the complexity of residents' needs, this chapter now turns to how staff respond to those needs in practice, and specifically to the relational, trauma-informed and emotionally demanding work involved in building and sustaining supportive working relationships with residents in women's APs.

NB: This first chapter draws almost exclusively on the views and experiences of frontline staff members i.e., support workers, residential workers, key workers, and case managers, rather than

managers or CEOs, recognising that direct work with residents is the primary focus of their role⁶.

3.2 Relational practice, trauma-informed approaches and emotional labour

Against this backdrop, one of the most crucial aspects of working in a women's AP was the ability to build trusted relationships with residents. Staff described relationship building as central to almost every aspect of their work: enabling engagement, supporting safety, encouraging compliance and helping residents to feel recognised rather than simply managed. Importantly, these relationships were not understood as informal or incidental, but as a core element of trauma-informed practice and a key site of emotional labour.

3.2.1 Building trusted relationships and working in trauma-informed ways

Good relational practice is essential when working with people on probation. It involves developing professional relationships characterised by trust, respect, empathy, collaboration and appropriate boundaries. Evidence indicates that positive professional relationships can enhance engagement, motivation and the wider desistance process, with relationships often being *"more influential"* than any single intervention or technique (HMIP, 2025). This is particularly significant when working with justice-involved women, who typically enter the criminal justice system with significant and overlapping experiences of abuse, violence and victimisation (Burman et al., 2018; Bloom & Covington, 2008), meaning that trust in professionals and institutions may be particularly difficult to establish.

Staff described relationship building in many ways. In the first instance, this was simply about being kind and interested in the residents. As one staff member noted: *"it's just remembering something about them... they appreciate the fact that you have taken an interest."* This was also said to have benefits of increasing rapport.

Kindness was also in being responsive to residents' feelings. Specifically, taking steps to address things they might find uncomfortable or even distressing. As a participant noted:

I made Chicken à la King in my first week here and someone said, 'don't cook that again. We always get that in prison'. So, I'm like, OK, so I now do chicken and mushroom sauce, just the same thing, but it's not called Chicken à la King!

In this sense, just a simple rebrand enabled relief from the impact of negative associations.

Staff largely framed their work in terms of a commitment to trauma-informed practice. Trauma-informed practice is grounded in an understanding that exposure to trauma can have profound effects on an individual's neurological, biological, psychological, and social development (Office for Health Improvement & Disparities, 2022). It is underpinned by six key principles: safety; trustworthiness; choice; collaboration; empowerment; and cultural consideration. Or similarly: safety, trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice, and choice; and cultural, historical and gender issues (SAMHSA, 2014). These principles guide

⁶ One of the staff members interviewed was the cook at an AP, thus direct work with the residents was not the main focus of their role. However, their views are rightly included in this section as they discussed how their role also involved relationship building and managing dynamics with residents.

practice in ways that foster healing and recovery while minimising the risk of re-traumatisation or further harm.

Staff talked of the need for sensitivity and flexibility in their practice, ensuring activities were undertaken with resident's wellbeing in mind. Though it was essential that tasks were done, e.g., inductions, keywork, welfare checks and so on, it was equally important to do them whilst acknowledging everyone's preferences, past experiences and sensitivities. Again, this approach was seen to have benefits by way of building rapport, but staff also noted its value in being able to increase compliance. For example:

I really try not to be too pushy with the questions... I think generally that helps in terms of your relationship because they don't instantly feel like you're pushing them to do something they don't want to do. And you're like recognising their emotions and trying to work with them around it.

Being sensitive and flexible was felt to be particularly important around inductions, where there was a requirement to conduct Support and Safety Plans (SaSPs; a structured tool assessing residents' feelings of safety, distress, self-harm or suicidal thoughts) within 48 hours of arrival. As one staff member noted:

we're talking to these women about self-harm and suicide... some we haven't spoken to before. I know it's got to be done. I understand the reasons, but I'm always so mindful when I'm asking that question, like, you just met me, 'do you feel like killing yourself?'

As such, staff deployed certain strategies to ensure this was not an overly intrusive process for residents, e.g., "breaking it down into sections" and typically, leaving it as the last point of induction. Generally, though, it was about walking the resident through the process with compassion and sensitivity. For example:

I always say 'a lot of this can be very repetitive and I understand that I might be asking you the same question multiple times. This is how it's been laid out. This is how I'm just going to follow it. If at any point you want to have a break or step out for a second, that's OK, but it's something that has to be done...' just letting them know that that's the process is kind of a bit more reassuring.

Staff also highlighted the importance of consistency. Given that many of the residents had experienced significant instability and inconsistency in their lives, staff viewed providing a stable and dependable presence as a key aspect of their commitment to supporting them. As one staff member explained it, "being that North Star for somebody". This consistency was also said to be important due to many of the residents' previous negative experiences with justice and social care services. There was said to be a need to "restore trust" in professional relationships. As one staff member explained:

A lot of women have mistrust in services through their own experience, so being a reliable, consistent professional for them is really important.

Working in trauma-informed ways also involved responding sensitively to residents' specific experiences of trauma. One example was the care taken during welfare checks, a process in which AP staff enter residents' rooms to check on their wellbeing. It was noted that where residents may have experienced violence, sexual abuse in childhood or adulthood, or domestic abuse, welfare checks were conducted with particular attention to their emotional safety. As one staff member explained:

when we knock on the door, we'll introduce that we're opening that door, so they know who's coming in... it means that if someone's had a history of, I don't know, domestic violence or people coming in their bedrooms and doing things that are not very nice, I'm introducing myself and they know who's coming in, then they know they don't have to be scared.

Staff also spoke about approaching welfare checks as a collaborative endeavour, so residents “*know what's going on*”. Staff described working with residents to find out what worked best for them and ensuring they took that forward with their practice. On finding the best way to undertake roused responses, one staff member commented:

Some of the ladies are like, 'yeah, just shake my arm, that'll wake me up. I'd rather you do that than shout at me. Shouting at me would upset me'. Other ladies are like, 'please do anything before you shake my arm...'. There was one lady who, she suffered quite badly with ligaturing and self-harm, and when she was in distress, she didn't want to be stood over. She'd prefer that you crouched beside her, and to the side, so you weren't making eye contact, and you were sort of introducing yourself saying who you were, making your presence known, but being to the side of her. And that made her feel more comfortable.

Changes like this were felt to make all the difference to residents' wellbeing, and as such made for much safer and more trusted environments.

3.2.2 Challenges of balancing authority and care

Relationship building also came with challenges. For frontline staff, this was often in finding a happy medium between being caring and supportive and being a figure of authority, with the requisite institutional power. As one participant described it, “*making sure someone feels held and contained*” while balancing “*a lot of authority*.” For some, this was an uncomfortable position to occupy:

I don't like sort of bringing to attention the power imbalance 'cause it's really difficult basically having these conversations with them and then they may disclose something throughout our conversation. And then if I go back and tell probation about something that they've said, they're blindsided.

In a particular example, one staff member described the challenges faced where substance use might be read as an infraction of AP rules. Reflecting on their previous work as a Substance Misuse Worker at a charity, they commented:

Before, my sole role was harm reduction and support, whereas in this role I feel that I have an extra responsibility of like adherence to the punitive measures that come with breaching rules and behaviour issues. It's been an adjustment for me... in every session, what they disclosed to me regarding substance use, it's going to be fed back to probation.

Relational practice, in these instances, was made more difficult as staff sought to reconcile conflicting parts of their professional identity.

3.2.3 Empathy and understanding as a requirement of relationship building: Emotional labour in action

Building trusted relationships, and working in trauma-informed ways, meant that staff also needed to engage in significant emotional labour. Emotional labour, a term characterised by Hochschild

(1983), explains the process of managing one's emotions, and the emotions of others, as required by certain professions. As Phillips et al. (2020) note, the intention might be to hide an emotion that may be considered inappropriate in the circumstances or *"to invoke an emotional response in the person with whom someone is interacting"* (p.5). Emotional labour subsequently involves 'display rules', for example: 'surface acting', where the workers inner feelings differ to the emotions they are displaying; 'deep acting', where the worker makes an effort to align inner feelings with the emotion they are displaying; or 'genuine emotional response'. With the latter, there is natural alignment between the worker's feelings and the emotional expectations of the organisation, however emotional labour is still required as emotions must be regulated to be displayed appropriately (Phillips, 2020).

One way in which staff spoke of emotional labour was through the need to actively listen to residents, and in doing so, show empathy and understanding. For example:

I think listening to them and just being that, bringing that space for them to be able to express how it's making them feel and then supporting them in managing those emotions in a healthy way and saying, you know, 'I get it. Like, this is a really scary time for you. I understand that. You're here, you're safe, you're not going to be street homeless. Something will come up'.

Staff also noted that listening should lead to follow-through. As one staff member said, *"listening and hearing them, yes, but trying to then provide what they need."* This was also seen to have benefits in decreasing the risk of issues or problems getting worse: *"then they can come to you and disclose other things before it escalates."*

Enacting empathy was also an emotional labour in that staff had to consciously avoid forming negative judgements about the residents, particularly in relation to their offences. Rather than drawing conclusions based on the crimes they had committed, staff worked to maintain a non-judgemental approach and focus on the women's individual circumstances and support needs. As one staff member said of the risks of knowing too much at the outset, *"it can impact in the way I interact with them... I can be then less, you know, empathic."*

Empathy was also described as being more organic. Rather than enacting empathy as a means to do the job, staff described empathy in terms of a 'genuine emotional response'. Such occurrences were often around staff finding understanding in the residents' offending, and for some, placing themselves *"in their shoes."* For example:

I don't blame them [for their crimes] because some of the lives that these women have led is so devastating...I don't know how I would be in that situation.

I felt sick, just when I'd seen her name and read the first bit, and then, I remember it was 89 pages, her file, and I read the file, and by the time I got to the end of it I could have cried... that could be me in that situation.

Emotional labour within relationship building was also explained in the requirement for, seemingly, limitless patience. Staff spoke of often having to say the same things to residents several times over, all the while remaining calm, neutral and professional. For example:

There are times where you do get frustrated and want to bang your head against the wall, but you can't let that affect you when you're talking to the next person, or the next person. You have to separate out. Even when you're talking to that same person again. Even if they are frustrating and you've told them the same thing 10 times, you've got to say it again and just... still support them.

The need for patience was also reflected in residents repeatedly raising the same issues or engaging in recurring conflicts with one another. Staff described the emotional labour involved in responding to these situations, emphasising the importance of remaining attentive to residents' perspectives while managing their own feelings of frustration. This often required 'surface acting', whereby staff suppressed or concealed negative emotions to ensure that residents did not feel that their concerns or emotional responses were unwelcome or problematic. For example:

This is the 700th argument you've heard about the washing up, and that can put a drain on you sometimes...but you have to bear in mind, like this is really important for them right now. So it could be sort of like, having to pay attention [to that] as well as to your own reactions to things, pay attention to your own feelings. Because you don't want the residents to feel like they're a burden. Or you don't want [them] to know that you're actually quite angry with them right now. And that can be hard as well.

Finally, staff recognised that, for many residents, being in an AP was a new and potentially daunting experience. This required emotional work, and again, staff sought to hold in mind the perspectives of residents and conduct their practice from that point of view. As this staff member observes, "it's going to feel very different if you're living here, compared to if you're a member of staff. I try to reflect on that."

3.2.4 Navigating self-harm: The emotional requirement to absorb pain

Working with residents in women's APs also meant significant exposure to trauma and, often too, the ongoing management of residents' self-harming behaviours. And this was said to have a notable impact on staff mental health. As one participant reflected, "self-harming is something that does trigger a lot of us", and another: "until you've seen somebody's arms sliced up, and they're doing it in front of you, it's a totally different ball game".

Several staff offered vivid and emotionally charged accounts of witnessing residents' self-harm and dealing with its aftermath. These accounts highlight the profound emotional impact such incidents could have, while also illustrating the expectation that staff continue providing care and support in the moment, despite their own distress. Participants described situations that were both practically demanding and emotionally overwhelming, requiring them to manage risk, respond to residents' needs, and regulate their own emotional reactions simultaneously. For example, one staff member recalled an incident in which a resident was making ligatures and, "asking us to choose which ligatures she should use." While another participant described the experience of responding to a self-harm incident and then having to carry on with their day.

He⁷ was self-harming, and I'm going to have to clean up and do first aid, where there's blood everywhere... having to just carry on with that and be like 'no, it's fine', like, you know, and him like crying his eyes out and apologising for even doing it, and for you to see it. I think a lot of people don't realise that we have to be prepared for that. And we have to just get on with it and just act like it's fine.

Indeed, even where there was just the threat of self-harm, staff were still required to act accordingly. And again, this took time and emotional energy:

if they do mention things like, 'it's made me want to kill myself, I just want to go and take a massive

⁷ Resident was a trans man, hence the pronouns "he/him"

hit and be asleep', or whatever, that is a concern, and we have to log that. Because if we didn't log that, and then they did do that, that's a massive failing on our part.

These experiences underscore the emotional labour involved in responding to self-harm within AP settings; not only the practical responsibilities associated with managing such incidents, but also the challenge for staff in containing their own emotional responses in order to remain present, calm, and supportive.

3.2.5 Coping with disappointment

Emotional labour was also evident in how staff experienced and processed disappointment, much of which centred on residents' recall to prison. Absconding, being deemed *"too high a risk to themselves and to others"*, and substance misuse within the AP were among the primary reasons cited for recall. Staff described a range of emotional responses, including frustration, exhaustion, sadness, and helplessness. One staff member recalled *"cry[ing] in the manager's office"* following their first experience of a resident being recalled, while another reflected on the challenge of not *"taking things personally."* As they explained:

I think that's really hard to deal with sometimes... you put all of this work in and it doesn't go the way that you picture it. And it's so disheartening, isn't it?

Even where staff consciously attempted to maintain professional distance, recalls often affected relationships with residents. As one participant noted, *"especially if it's been a really short recall... that relationship just isn't quite the same."* Staff recognised the complex circumstances underlying residents' relapses, breaches, and recalls, acknowledging that many had been *"entrenched in this lifestyle their whole entire life"* and could not *"realistically"* be expected to change quickly. Nevertheless, disappointment remained a recurring emotional response, particularly when significant progress and potential appeared to be undone by a return to prison.

Such feelings were especially pronounced in cases involving substance misuse. Staff described residents' tendency to conceal or deny their drug use and the frustration that followed when they witnessed the consequences unfold. As one participant explained, *"you just see them going down, and you can't do anything about it."* Another staff member contrasted their experiences in the AP with a previous role in a community-based service, suggesting that relapse felt considerably more emotionally intense within the 24-hour environment of APs:

...watching them make poor decisions feels more intense whilst working here because you could have like quite a, what you think is a meaningful productive key work session or substance misuse session with them. And then you find out they've smoked crack in their room that night... that decision feels a lot stronger and lingers over you more intensely than when I was working with people on the streets.

Importantly though, staff were able to find some reassurance in understanding relapse and recall as an expected part of residents' broader journeys of change. A commonly used phrase in explaining this was simply that *"this was not their time"*. For example:

Sometimes you can see residents coming in and it's clear as day that they are not quite there yet... it can be like you're hitting your head against the wall, a brick wall. But... that doesn't mean that we don't try.

All I have to know is that I've done everything I can. And if they do come back or they do need anything, just be open for that, and don't judge on what happened last time.

In these examples, desistance was explained as a process rather than an event. By taking this perspective, staff were also better able to contextualise setbacks such as relapse and recall, and to some extent, help distance themselves from the emotional impact.

3.2.6 The potential for physical harm

Risks to physical safety, and the impact of that on wellbeing, was something staff spoke least on when it came to exploring the emotional demands of working with women. Though it was recognised that manifestations of anger and frustration did happen (e.g. shouting, arguments or kicking doors etc.), it was also noted that intense emotions rarely saw physical abuse or violence. Aggression was characterised as emotional or situational rather than a constant physical threat, with several noting that shouting was rarely “directed” at the staff member and was not “a personal thing”. Though it was said residents might “lash out”, it was not uncommon for them to then reflect and later apologise. One staff member interestingly characterised this ‘react, reflect and course direct’ process to be of value in helping with developing residents’ empathy.

I'd say 95% of the time, they come back and they say, 'I'm really sorry'... or if they've had to leave and they come back, they'll come back and say, 'I'm so sorry for how I acted', or they'll come down and say 'I didn't mean to speak to you like that before'. But that also shows that they do see us as humans as well.

Although examples of concerns relating to physical safety were provided, these accounts were typically offered by key workers and case managers when reflecting on the experiences of support and residential workers. In particular, they referred to out-of-hours shifts, where staffing levels were reduced, and only two staff members were on duty during nights and weekends. Within these accounts, risk was often framed in terms of staff being outnumbered by residents.

3.3 Setting and maintaining boundaries

Though building trusted relationships was core to relational practice, setting and maintaining professional boundaries was also paramount. Staff and managers spoke of endeavouring to create relationships which were caring but safe, warm but not over-familiar, and supportive without rescuing. Boundaries were felt to protect both residents and staff.

When discussing the need for professional boundaries, staff highlighted the risks of being perceived as occupying roles beyond their professional remit, such as a counsellor, therapist, rescuer, or friend. They emphasised the importance of maintaining clear boundaries while remaining compassionate and empathetic. Staff also noted that residents can be highly attuned to staff vulnerabilities, with one participant explaining that, “if they see that you're stressed or there's something going on with you, they'll feed off that.” Relatedly, some staff suggested that residents may identify and exploit inexperience, with one commenting that “some residents, unfortunately, will see less experienced staff, and use that to their advantage.” Newer staff were compared by one staff member to being like a supply teacher at school, where their authority may be more readily tested. Consequently, participants stressed the importance of remaining professional, vigilant, and self-aware.

3.3.1 Self-harm and the need for boundaries

Though self-harm and suicide attempts are very real aspects of women's AP life, participants spoke of them also as ways in which residents might exert emotional control. As one staff member commented, *"they can be quite manipulative with their self-harm."* For example:

We have one [resident] that was, all weekend she'll be fine. I come in on the Monday and she said, 'I wanted to kill myself over the weekend'. I was like, 'have you told anyone?' 'No, no, no'. And I'm like, 'I'll speak to the staff and they're like, yeah, she said she's absolutely fine over the weekend, [just] waiting for me to come in on the Monday and then releases all this thing about self-harm.

Providing further detail, the staff member explained that residents might make such disclosures when they felt comfortable with their keyworker and wanted their attention. However, in this case, the staff member perceived the disclosure as *"not genuine"*. This nevertheless had implications for practice, as staff emphasised that every disclosure of self-harm or suicidal intent had to be taken seriously and responded to appropriately:

You can kind of get a feeling that maybe they're saying this out of, something's happened and they're just saying it, but you have to treat everything [seriously], obviously because it's such a massive risk.

Others talked of similar patterns of planned self-harm behaviour where the resident would actually enact self-harm to draw-in, and sustain, the attention of staff. As this staff member comments:

He⁸ would say that he would only do it at a specific time, that he knew that his safe people were on site, so he felt safe enough to be transparent... I love that, you know, he feels safe enough to open up... but for us as staff, it was very, very draining [...] towards the end it started playing into these manipulation tactics as well.

Reflecting on the learning from this experience, the staff member emphasised the risks associated with insufficient professional boundaries. Adding, *"[residents] play with your heart and go off your emotions"*, describing the emotional *"trap"* staff could easily fall into. For this participant, maintaining professional boundaries was seen as important for ensuring that emotional responses did not compromise professional judgement.

3.3.2 The risks of becoming reliant on certain staff

Staff also described how unclear or inconsistent boundaries could contribute to residents becoming overly reliant on, or attached to, particular members of staff. This created challenges not only for the individual staff member, but also for the wider team, as it could make it harder to share support consistently and maintain collective responsibility for residents' care. For example:

I think residents that have maybe been here a few times and know the longer standing staff will gravitate towards them sometimes.

It definitely seemed like she'd sort of developed an attachment towards me because I was her key worker and we'd worked through those crisis plans together. And so she started saying, 'I'll only let [X] do this. I'll only let [X] do that'. And that became difficult for me to manage. But I also think it

⁸ The resident was a trans man, hence the use of the 'he' pronoun.

was unfair to the other members of staff, because it's like they're good at their jobs, and someone's refusing to let them help her because she's created this attachment with me.

Correspondingly, participants also noted that staff could inadvertently place themselves in difficult situations, for example, where a staff member might “*prefer dealing with one resident over another.*” Reflecting on the potential consequences of this, one staff member explained:

because, then they'll say, well, this staff member let me do it and this staff member didn't and whatever, and then that causes problems between staff. Or other residents, they'll say, well, 'you let her do it, why can't I do it?'

Participants emphasised that inconsistency in staff responses could lead to tensions both among residents and between staff members. More broadly, there was a clear sense that professional boundaries were important for everyone involved and that boundaries were understood to work both ways.

3.3.3 Parent-child dynamics

When discussing boundaries, staff often described relationships with residents in terms of an imagined parent-child dynamic. As one staff member explained:

I think we can come to represent a lot of people in people's minds. You know, when you're trying to motivate them to get out of bed, like maybe you're the nagging mum that day, you know.

Some staff also described using the same skills and techniques with residents that they used with their own children. In these instances, the parent-child dynamic was more explicit in the parenting approaches and strategies being adopted. For example:

If we need to correct and disagree with them, we will do that. I have no problem with disagreeing. I'm a mum. I'm a mum of four kids. So you know that's the best training... It's not going to leave this room until we've sorted it out and then if you're happy with it, then we can move on.

Parent-child dynamics were also evident where staff perceived residents as having experienced a lack of care, guidance, or stability during childhood. In such cases, staff described stepping into a parental role to effectively fill this gap. As one participant noted, this was necessary “*because a lot of them have had really disjointed family structures growing up.*” Indeed, this was seen as a way to “*enforce the boundaries that they should have been taught from a young age.*”

Such approaches were considered important in preparing residents for independent living, particularly where impulsive or reactive ways of interacting with others could create further difficulties. As one staff member explained:

If they were to talk to a GP or the job centre the way that they're attempting to talk to me, it's not going to end very well.

However, staff also emphasised the importance of keeping such dynamics in check. While parenting strategies could be useful in certain circumstances, they should not come at the expense of residents taking responsibility for themselves. As one staff member said, reflecting on working with their resident:

You could see from his⁹ presentation, he was stuck in this child-mode where the professionals around him would kind of be like the parents because he didn't have that from his childhood. And although that naturally plays on your heart, [it's] also making sure you're boundaried and you're not kind of overstepping any lines. Rather than me acting as a parent, you know, it's an adult-to-adult conversation and interaction.

Reflecting on this, another staff member commented that: *"people invite you to different dynamics and different attachment styles."* Good relational practice involved being aware of these dynamics and exercising caution in response to them. As one participant explained, recognising and naming what was happening made relational challenges *"just a little bit easier to navigate, because you see what's happening."*

3.3.4 The challenges of visibility: The requirement of staff to always be 'on'

Finally, boundaries were spoken of in terms of the physical space. The 24-hour environment of APs mean staff are always visible to residents, and subsequently, are always expected to engage and respond. This made establishing and keeping boundaries that much more difficult. As these comments illustrate:

We have weekly key work sessions with them. And I say weekly, but it's more enough daily with them because I'm in their living environment.

I think because they can see us sat in that office, it's almost like, 'when she's there, I'll go speak to her'.

Before I do anything related to my job, before I even mentally consider my job started, there could be a resident in the smoking area asking me to address something that is ongoing for them... And I'm like, I've just navigated some parallel parking. I need a minute.

Staff also spoke about the challenges of working where residents lived, in terms of always being seen to be available. One staff member noted residents would show up at the office hatch *"every 5 to 10 minutes"*, meaning that there was always *"something happening that we need to kind of be on our feet for."* The impact of this meant that staff were always feeling one step behind:

So you're breaking off, having to remember what you're doing, then going back to it. And then other people asking you, 'have you done this, have you done that?'

In finding ways to cope with the constant demands of the role, staff emphasised the importance of being clear about their boundaries. This included explaining to residents when they were busy, reassuring them that they would return to their concerns, and ensuring that residents did not feel forgotten. However, even when setting such boundaries, staff remained mindful of how this might be experienced by residents and expressed a strong desire to provide the best possible support. As one participant explained:

I always remind myself that what I'm going through is so minor compared to what these women have gone through, and I don't want to let them down.

Boundary setting, when it came to constant visibility, was thus not experienced as a detached or

⁹ The resident was a trans man, hence the use of 'his' and 'he'.

impersonal process. Rather, staff remained emotionally invested in residents' wellbeing, even when they were unable to respond immediately to their needs. Managing these competing demands appeared to require ongoing negotiation between being available and supportive, while also recognising the practical limits of the role.

3.4 Intersectionality and relational practice

This chapter has, thus far, explored the emotional demands of working with residents in women's AP settings from the perspective of the staff as a unified group. However, it is important to also understand how AP work is experienced for staff with different identities and characteristics. As such, it is useful to consider experiences through an intersectional lens.

Crenshaw (1989) introduced the term intersectionality to describe the ways in which Black women are oppressed by social structures which place them in terms of their gender or their race, but almost never as both. Intersectionality considers how all aspects of an individual's identity (e.g. gender, race, class, sexuality, disability, etc.) intersect and reinforce one another. An intersectional perspective provides an important framework for exploring the social world, acknowledging how particular forms of oppression are not necessarily experienced separately but rather intersect in everyday life. Intersectional theory considers the processes involved in understanding privileges and inequalities, and as such promotes an investment in seeing things from the perspective of 'the other'.

3.4.1 Age

The intersection of age and professional identity was generally not seen to be a huge problem by staff, though it was something that they occasionally had to navigate. This was typically explained in terms of younger staff working with older residents, where their age was often contrasted with perceptions of capability, knowledge or experience: *"they may see my practice as, I'm not adequate enough."* As one older staff member noted of their younger colleagues, *"straight away [they] get looked at by the residents, 'are you sure they're staff?'"* Such comments were then said to become reasons for residents to enact resistance. For example:

Being in that position where, you know, someone maybe double your age and being like, 'I am not going to, I am not hearing anything you're going to say'.

I think when it's younger, really younger workers, they'll look at them and be like, 'well, you can't tell me what to do, you're young'.

In response to this, younger staff spoke of countering resistance to their age by demonstrating firmness, confidence and signposting to their own experience. This was practiced through drawing on authoritative communication styles, which made clear where the boundaries lay. As this staff member says:

If they're being rude about [our age], you say, 'that's not appropriate'. And you address it. And by saying that and addressing it, you're already showing them.

Though less common, age dynamics were also said to be at play with older staff working with younger residents. As one staff member commented, *"I'll talk to them about a relationship, 'is it sexual?' And they're like, 'I feel really silly because I feel like I'm talking to my mum'."* Though more perhaps a point of humour than an actual issue per se, such interactions again point to the ways in which perceived age differences affect the professional relationship.

3.4.2 Neurodivergence

Several staff also communicated having to navigate professional work alongside their own neurodivergent cognitive processing. Where neurotypical staff might find the unpredictable and bustling environment of the AP par for the course, neurodivergent staff sometimes found it harder to manage. For some it was in navigating noisy, busy workspaces (this issue is discussed further in Chapter 5). For others, it was in trying to ensure they were meeting residents' and colleagues' needs in a context where there were many competing demands, and multiple tasks to be completed. As this staff member commented:

I get more upset worrying that I've let people down, that I've let residents down and I've let staff down. If someone asked me to do something and I haven't done it, or, because of my ADHD, my brain [doesn't] work like normal people. I could do 12 jobs at once, and I'll not finish all 12 jobs. I'll finish six, have started the other six, not done these bits, forgotten this or whatever.

Though this staff member noted their processing style allowed them to manage crises quite easily, they also observed that unexpected changes to established routines could throw them off kilter: “I could deal with like the most traumatising incident and be fine but I'll cry if the bus goes the wrong way, because I don't like the change in the route.” This highlights how neurodivergent staff could be highly capable in some high-pressure situations, while still finding disruption to routine emotionally destabilising.

3.4.3 Race

Staff accounts also reflected issues around the intersection of professional identity with race. For one white staff member, their experience was around having to check their own assumptions and privilege when it came to understanding a Black resident's lived experience. The staff member referred to their own “misstep” in an interaction with a resident who was worried about being discriminated against by landlords because of the colour of her skin. As the staff member reflected:

My immediate response was like to do the sort of like, mum soothing thing, and obviously in my position, as a white person, I haven't had to really think about that before. So I was like, 'no, no, no, no, no'. And I caught myself for saying it. And then I was like, 'actually, there are some people out there and, you know, I just didn't want you to feel disheartened, but actually at the same time, I'm not going to sit here and tell you that you shouldn't feel that way'.

Reflecting on the learning from that experience, the staff member commented:

It is like a difficult thing to navigate and pay attention to like, your own positioning. And that was like the learning moment. [...] In sort of like the desire to soothe and like, you know, support, you immediately be like, 'no, that can't be'. But actually, sometimes like, yeah, that is the case.

Staff also spoke about this from a resident perspective too. Specifically, the impact for residents of colour in not always having staff who “can relate to their situations.” For some APs, where the staff base was predominantly white, this was seen to create relational challenges.

Another white staff member spoke of incidents of racism and bias from residents against staff members of colour. They commented on “a couple of times” noticing that Black staff, particularly on night shifts, “cop a lot from residents because they're checking them overnight.” As she observed:

They'll sort of like target the Black member of staff with verbal aggression, over like a white member of staff... We definitely do see it play out.

Finally, a Black member of staff shared their experience of navigating a relationship with a resident whose offence history included racially aggravated assault. And importantly, where there was also evidence of a lack of remorse. The staff member described reading the resident's case notes, and the detail had appeared unexpectedly. On the impact of this, the staff member commented:

I thought that that might be a trigger so, I tried to prepare myself, you know, like let's see if we can build a relationship and see where that goes [...] I think I was preparing for it to be a negative situation. So then if it was, I kind of like protected myself a little bit.

As they continued:

If she isn't receptive, if she doesn't want to talk to me, she'd rather speak to someone else, then kind of stand firm in that, and just be like, you know, this is the support and this is what it is. That was my approach kind of going forward.

Though the staff member ultimately described a positive outcome, where a mutually respectful relationship was established, it is significant that the staff member commented that they would not have done this, had this occurred in their personal life. As they shared, *"I think I probably would have just rather stayed away."*

On being asked whether they had spoken with their manager about this, and specifically, whether they had received any support in processing what this might mean for them, the staff member commented, *"I didn't even think to flag it."* They concluded:

I don't know why I didn't. I didn't really bring that up with anyone, which is quite interesting. But it was something that, when I knew she was coming in, it was kind of going on in my head, but yeah, I don't know. I think maybe I just thought it was kind of more a 'me' issue in that, that was something that I had to go through.

This poignantly underlines the considerable additional emotional load that, in this case, Black members of staff engage in to do an already demanding job. With this staff member, navigating racism in their relational practice was expressed as both an expectation of their role and their sole burden to carry.

3.4.4 Being a parent

Finally, staff described relational practice through an intersectional lens by way of being a parent. Though some saw this as a benefit in their work: *"I actually think I've become more empathetic, more resilient and more patient since becoming a mum"*, others struggled. As this staff member reflects:

One of the first files that I read [was] a woman that tried to kill herself and her child. And my first day I was like, what am I doing here? I can't do this. You know, she's tried to kill a child... I never judge [now]. But that first day, I was judging, being a mum. How can you hurt your child?

Struggles balancing parent identities were also seen where it came to the devastating backgrounds of the residents and knowing this could have been the reality for their own child. This was particularly profound for one staff member whose children were adopted. As they reflected: *"you just*

can't imagine your kid going through it, and how they'd react."

The impact of contrasting the knowledge about residents' childhoods with their own children's experiences was also reflected by a manager, noting the emotional toll this took:

...thinking about those residents' experiences, and relating that to your own children, and actually, 'gosh', you know, they [the residents] weren't safe when they were 5,10,15, you know, and just thinking then about your own life, it is quite humbling.

The perspective afforded by being a parent was ultimately placed as both a blessing and a curse. Though it could increase empathy and understanding, it also brought greater risks of emotional harm for staff.

3.3 Chapter summary

This chapter has shown how working in women's APs is highly relational and emotionally demanding. Residents often have complex and overlapping needs, including trauma, mental health difficulties, substance misuse, self-harm and difficult relationships. As a result, staff do more than manage accommodation and rules, they build trusting relationships and use kindness, consistency and trauma-informed approaches to help residents feel safe and supported.

At the same time, staff must balance care and empathy with authority, boundaries and risk management. Responding to self-harm, relapse and recall to prison can be emotionally difficult, particularly when staff have invested significant time in supporting a resident. Professional boundaries are therefore important to prevent staff from becoming overly involved or taking on roles such as friend, counsellor or family member.

The chapter has also shown that staff experiences are influenced by their own identities, including age, neurodivergence, race and parenthood. Overall, working in women's APs requires staff to continually manage the emotional and relational demands of supporting residents while maintaining professional boundaries and protecting their own wellbeing.

4.0 System pressures, organisational demands and psychological safety in women's APs

In the previous chapter, the emotional demands of working in a women's Approved Premises (AP) were explored, considering what relational practice looked like in these contexts, and what the particular emotional demands were for the staff undertaking the work. In Chapter 4, attention now turns to the wider pressures facing women's APs, considering the many complex moving parts involved in delivering a safe, reliant and cohesive service.

4.1 Working within HMPPS frameworks

While Chapter 3 located the emotional demands of women's AP work primarily in staff members' direct relationships with residents, participants also described significant emotional investment in another, less immediately visible, aspect of the role – working within HMPPS frameworks. This section therefore extends the analysis from the relational demands of resident-facing practice to the organisational and system-level conditions that shape that work. Participants explained these pressures through relationships with probation colleagues, the high demands of process and procedure related administration, and the reconfiguring of practice brought about by the introduction of the Central Referral Unit (CRU).

4.1.1 Relationships with probation

Staff and managers revealed certain tensions when it came to characterising their relationships with probation, and this was often related to misaligned beliefs of what women's APs should be responsible for. Specifically, participants were frustrated that the AP was often seen by probation colleagues as being able to provide limitless, specialised care for even the most complex and challenging of cases, ultimately placing APs as a high-risk catch-all service. For example:

I have literally heard these words come out, from SPO's [Senior Probation Officers] mouths, many times, saying, 'but you're an AP, so that's why you're there. You're there to deal with the high-risk people'. And I don't think they kind of get the nuance of that. It doesn't mean we're just the kind of dumping ground for absolutely anybody who no-one else is willing to manage. (Manager)

when [probation colleagues] don't know I'm from an AP, they're like, 'yeah, I've been told that they're too risky for an Approved Premise'. I think yes, because we're not bodyguards... (Manager)

Of most frustration was that probation was felt to drop out of the picture when a resident moved into the AP. Though staff were quick to recognise the demands facing Probation Officers (POs), as this staff member commented, *"I think they do an amazing job, and they have a crazy amount of caseloads compared to us"*, it was also noted that contact with the resident suddenly *"relaxed"* as the probation requirement for monitoring subsequently became the responsibility of the AP. As these participants comment:

...some think, 'oh, they're at an AP, that's fine'. And then it kind of falls to us. We are 100% happy to help but sometimes it can feel draining because it can feel like they're not really kind of playing their role. (Staff member)

A lot of them, we feel that... not lose interest, but once [residents] are here, probation are not as quick to respond, because they think that they're here, so they don't need as much input, which is not the case at all. (Staff member)

Though the impact of this was felt on a personal level, as one participant noted, “*It can feel quite lonely for us*”, it was also seen as a disservice to the residents, where POs were felt to “lose sight” of what was going on for them.

Empathy and understanding

However, alongside these perceived divides and tensions, there was also understanding. Probation colleagues were recognised as working under significant pressures, including ongoing service changes, high caseloads, and limited time. Indeed, many participants had previously worked as POs or Senior Probation Officers (SPOs) and were therefore acutely aware of these challenges.

Most notably, participants recognised the constraints within which probation practitioners were required to operate. AP work was described as more relational, holistic, and continuous than probation work. They were able to develop a broader understanding of the individual, seeing not only risk and offending behaviour, but also strengths, vulnerabilities, daily routines, coping strategies, and moments of crisis. Progress, too, was often more visible in APs, emerging through everyday interactions rather than solely through structured supervision. In contrast, probation work was characterised as time-limited, target-driven, and shaped by enforcement responsibilities, which could position probation practitioners as the “*bad guy*” in residents’ eyes. Where AP staff could remain alongside residents through difficult emotions and ongoing challenges, probation colleagues were understood to have more limited opportunities to provide this level of sustained support. As one manager notes in comparing her own experience as a former PO:

Often in probation you had not very much time at all to do anything. You'd have to talk about something deeply emotional, potentially incredibly traumatic with somebody and then like you say, they leave the office and that's kind of it essentially for my role in that moment. Here, that's obviously not the case. I think the positive side of that is that you get to go on that whole process with that woman, and you can support and see that being followed through.

Ultimately, although accounts from staff and managers frequently referred to tensions within probation-AP relationships, these were typically framed through an appreciation of the different constraints, responsibilities, and opportunities afforded to each service.

4.1.2 KPIs, reporting requirements, and the relentless task of admin

The administrative demands of reporting, recording and demonstrating meeting KPIs (Key Performance Indicators) weighed heavily on both staff and managers. Participants suggested that the focus on what might be counted, audited or evidenced, often appeared more valued than the provision of meaningful support for residents, or what enabled staff to do the work well. As one manager reflected:

It's just so frustrating. I feel like the things that are the focus with senior leadership in probation are actually, 'let's look at occupancy' like 'let's look at KPIs'... and you're trying to send this message of, actually that feels really precarious. It feels unsafe, you know, we're putting staff in a situation which really isn't OK... People aren't really interested in the resident's experience or how staff are, it's, 'is occupancy high?' and 'are you meeting your KPIs?'.

One of the strongest themes was the frustration of constant, repetitive, and what sometimes felt like “pointless” administrative work. Frontline AP staff, in particular, were frustrated by the duplicative nature of the work, and the need for recording and updating in multiple places. This was intensified by frequently changing recording systems, unexplained requirements, and reports, which several participants suspected, were either not read or not acted on. As these participants comment:

I think people can cope with being busy and stretched, but the real stress comes when actually it's pointless, you're going through the motions and you're breaking your back to [meet a KPI], but actually it has no impact on anything. (Manager)

There's so much re-recording. Like some things are recorded in two or three places... it's obviously for a reason. We don't get told the reasons, but it's obviously for a reason. (Staff member)

The burden of repetitive recording, coupled with limited feedback about its purpose or impact, contributed to frustration, reduced morale, and a sense that organisational priorities were increasingly disconnected from the realities of frontline practice.

4.1.3 CRU and referral issues

The most critiqued aspect of process, however, concerned the adaptations required following changes to AP referrals, and specifically, the introduction of the Central Referral Unit (CRU). The CRU comprises the national function responsible for managing referrals and allocations to all APs. It was introduced for AP placements in January 2024, replacing the previous system in which referrals were sent directly to individual APs (HMIP, 2026).

Out of our control; Out of our hands

Managers, in particular, expressed frustration and concern about what the CRU changes had meant for their autonomy. Where previously APs were able to make their own assessments of risk and appropriateness when it came to referrals, now it was, as so many commented, out of their control:

I can't assess the suitability of referrals, which is quite challenging in lots of different ways because you sort of feel like you're not in control of your own destiny (Manager)

Though there were broader comments on the impact of this in terms of the challenges of “letting go”, the frustrations of now “battling over” referral decisions, and the sense of being “undermined in that judgement”, the main impact was felt in what it meant for resident safety and wellbeing. And this was mainly expressed through narratives around the inappropriateness of referrals.

Inappropriate referrals: Residents with serious, complex and multiple needs

Most comments around the inappropriateness of referrals related to cases where the resident’s level of need was seen to outweigh the APs ability to meet and manage it. This raised fundamental questions about the limits of what an AP could safely and appropriately provide. The issue was not that staff were unwilling to work with complexity, but that some referrals appeared to assume the AP could absorb needs that required specialist mental health, substance misuse or crisis support. As one manager put it, residents could be “so complex” that staff were expected to manage situations despite not being mental health practitioners. This placed staff in what they described as “a very fine line between what’s safe and what’s not.” As this manager comments:

They just don't really get it, you know, [that] there's a woman that is constantly self-harming and she's in custody and she's on a 15-minute obs [observation], you know, or in a cell on the glass door with somebody sitting outside it. And they decide an AP, with two members of staff after 5:00 at night, is the most suitable place for that person to go. (Manager)

It was also noted that referral decisions may focus narrowly on whether an individual can theoretically be managed, while overlooking the cumulative impact. Managers emphasised that they were not only managing one resident's risk, but *"the whole environment."* This was felt to matter where residents may require intensive observation, be using substances, or pose risks both to themselves and others. The pressures were felt through the AP being asked to function as a safety net for gaps elsewhere in the system, while staff remained acutely aware that the wrong placement could put residents and staff at risk. As this manager comments:

We're left managing serious health issues, sometimes in a way which we're not equipped to do, and if somebody's kicking off, you know, you're then relying on the police coming in a timely way. So I think it's just that sense of, yeah, this might just be down to us. (Manager)

Inappropriate referrals: Out-of-area residents

Also commonly seen as inappropriate were the 'out-of-area' referrals. Though it was acknowledged that sometimes this situation was unavoidable due to the limited number of women's APs coupled with the wide geographical spread of where residents were released from prison, AP allocations were still often thought of as a *"bums on seats"* or *"tick-box"* exercise, with availability seen as more important than whether the placement was meaningful or workable for the resident concerned. Participants suggested that proximity to home, existing services, probation relationships and community links were not treated as central to decision-making, despite being seen as crucial to achieving better outcomes. There was a sense that residents were being moved through the system rather than supported within it.

Out-of-area referrals also added to the problem of getting people to the AP in the first place. The journey from prison was said to be fraught with risk, resistance and uncertainty, as residents were required to make their own way. Managers noted even when taxi arrangements were made, that still didn't ensure they would arrive. For out-of-area cases, these risks were elevated.

Lots of these women are out of London cases. They've been given £70 in a train ticket. Some of them have never navigated the underground, and they don't have phones... (Manager)

Being placed far from home was also seen to weaken or even prevent access to the very networks that might support residents' stability, including local mental health teams, adult social care, Probation Officers and familiar community services. Participants emphasised that out-of-area placements made getting access to services *"ten times worse"* due to services seeing the resident as only temporarily present. This short-term status was felt to leave the residents effectively between systems; physically located in one area, but still administratively and relationally tied to another.

I don't think consideration is even given to whether that is the right thing for that person... I know Probation Officers are incredibly busy, but the referrals are so last minute, and it doesn't feel like they've even necessarily given anything else a thought. It's just, 'oh gosh, this person's coming out, they need somewhere to live'. It doesn't matter if they end up in an AP like 300 miles away from home. Whereas actually maybe going somewhere else in the home area with the right support might achieve a far better outcome for that person. (Manager)

Though all this was an emotional challenge for the residents, the impact on staff was also heavily felt. Having to make up for such gaps in provision saw staff experience intensified workload and responsibilities, and a reduced ability to tailor support. Participants also described finding themselves with the additional task of managing residents' anxieties around travelling long distances and negotiating unfamiliar areas. For example:

If I call them on video call and they're coming from far away and they're like, I don't even know where Reading is. And I say, well, it's about half an hour from London. And then they panic straight away, because London to them is like massive. (Staff member)

Essentially, the outcomes of out-of-area referrals saw increased demands on staff as they endeavoured to connect residents with essential local services, ensure distance-travel practicalities were met, and on an emotional level, seek to alleviate the anxieties regarding long distance travel.

Expedited referrals

Finally, participants spoke of CRU processes increasing the likeliness of short-notice referrals, late referrals and emergency referrals. Where before, referrals would be discussed and agreed at AP level, now they came electronically through the CRU and could arrive at any time. This was said to cause problems where sometimes they would come in with a very short window for APs to do the required pre-release work, e.g., introductory phone links with future residents in prison, preparing plans and familiarising themselves with case notes. For example:

And now with the CRU, we get a lot of last-minute referrals, like we got one yesterday for tomorrow. But I'd gone home, so I had to pick that up this morning and try and get everything done, which kind of makes it difficult. There's no time to contact the prisoner, like we can't discuss anything with them before they come. (Staff member)

The impact of this left staff feeling they couldn't "give [residents] as much", and that they were "not as prepared" as they wanted to be, resulting in increased levels of stress, and a feeling of needing to juggle priorities to ensure due diligence regarding resident care.

Ultimately, inappropriate and short-notice referrals were seen to double workload, increase staff stress and reduce safety in the AP. Though it was recognised that there was often no other choice when it came to placing a resident, with one manager noting they would act similarly if put in that position: "if I was a senior manager in Probation... I would also be pushing the Approved Premises to accept them", the reality was the managerial responsibility to ensure the safety and protection of all persons under the AP roof (staff and residents alike) was now a considerably harder task.

4.2 Competing demands and negotiating conflict: Challenges inside the AP

Though there were numerous practical and emotional demands for staff and managers outside of the AP, there were also issues within. Indeed, the intensely hard-working environment of the AP, meant that, quite understandably, there were challenges across the staff group. And this often manifested in complex team dynamics.

4.2.1 The challenges of shared workspaces

The main office in the AP operates as, quite literally, a central hub of activity. It is the first port of call when residents (or anyone else) enter the building, the last when they leave, and the main place where residents go to seek answers, help or support. For many APs, this is also the place where staff are required to do their admin, phone work and planning.

As such, the main office was a considerable pressure point. It was described as busy, often interruptive and for some, incompatible with the concentration required for undertaking emotionally demanding work. Though some were more resigned to the potential for challenge in this environment: *"you put five different people in a room and there's going to be tensions"*, others saw it as directly obstructive to their work:

The problem is putting [all the] case managers in an office, where that is the hub of this building, and I'm expected to do my work in there... I have to isolate myself to work. (Staff member)

The level of chaos in the office! I'm sat reading OASys. I'm reading about trauma. We're trying to read, you know referrals, you can imagine what we're reading, and then you've got somebody talking about just what they're doing at the weekend, like really loud, over your desk. (Staff member)

This environment was particularly challenging for neurodivergent staff, where environmental stressors were experienced through significant sensory thresholds. This saw some staff retreat in order to recalibrate compromised nervous systems, and other staff having to act more quickly than they might otherwise to avoid sensory triggers.

(On having to navigate their autism in the workplace) I will be on the brink of tears and because I cannot, I don't know how to verbalise how I'm feeling without feeling like I am just going to scream at [colleagues]. And that's not professional. So I will have to hide in the bathroom just to compose myself... (Staff member)

In other workplaces, I've had judgments for being neurodivergent... I like certain noises and I don't like other noises. Like, the beeping of the doors, I hate it. The ringing of the phone, I hate the noise. So, I always answer the phone quickly. And [colleagues] do make a joke about it, like, 'oh, if you can't get to the phone, [X] will answer it first'. But that is sort of like, it makes me more comfortable. Because it's like a positive of me being... not normal. (Staff member)

Though in the case of the latter staff member, their trigger avoidance strategy was framed as an opportunity to improve interpersonal relations and as such their own comfort, it also highlighted the particular issues faced by neurodivergent staff in trying to adapt to busy and stressful environments.

For another staff member, the complexity of team dynamics was expressed through the discourse of care. Being committed, attentive and proactive signalled professional integrity. When colleagues were perceived as less engaged, for example being on their personal phones for noticeable periods of time, the staff member experienced this as both practically burdensome and ethically troubling.

Because I care, I expect the same sort of standard of care from everybody else... So when things aren't done to a certain standard or somebody wasn't supported the way that they should have been, I find that really difficult. (Staff member)

Managers also recognised this intensity of care but framed it as something needing careful

management. They described the “*big personalities*” of their staff, and an admiration for how deeply they care, but also noted the propensity this had for creating clashes and interpersonal strain.

4.2.2 A united team; A divided team

Although the AP staff model functioned as a unified workforce, there were sometimes divides within the AP staff group, for example, between support workers and case managers (where the roles were distinct), day staff and night staff, and permanent staff and agency staff.

Staff participants referenced this topic largely through concerns about role responsibilities i.e., who was seen to be doing what, hierarchy (some staff feeling that certain roles were privileged over others), and workload. However, managers presented their comments through the lens of organisational and managerial complexity.

The most significant divide was between permanent staff and agency staff. Frontline staff accounts of tensions with agency workers reflected concerns about diligence and the subsequent increases in workload. As one participant explained, “*I overcompensate for their lack of care, and I'm left doing everything... responsible for everything on the system.*” Managers, however, saw tensions between permanent and agency staff as a matter of safety.

I have been told by my staff that, with some agency, they don't feel very, what's the word, safe. The agency worker could be incredible, but because they don't know the rules here, they don't know what the women's triggers are, what trauma they've been through, you know, what crime they've committed, the permanent staff will just be like, 'I'll deal with it, I'll deal with it'. (Manager)

I remember being here for the overdose and I was on with another member of staff and she was permanent and I didn't even have to ask [the permanent staff member] to do anything. She was so good. And she said the same to me. It was just, teamwork. There were no issues. We sorted it all out. She survived. But yeah, if I was on with agency, I'd be thinking, what do they know? (Manager)

The, understandable, lack of knowledge among agency staff regarding organisational procedures, alongside a limited familiarity with residents' histories, risks, and triggers, was ultimately viewed as increasing risk and reducing safety. Despite managers acknowledging the essential role that these staff play in meeting need in the AP: “*we can't function without agency [staff]*”, the divide between permanent and temporary staff was understood not simply as an interpersonal issue but as a structural challenge with implications for both team functioning and resident wellbeing.

4.2.3 Hormones, menopause and the gender-specific dynamics of all-women teams

Several participants explicitly linked challenging team dynamics to working within an all-women staff group, citing factors such as perimenopause, menopause, hormonal changes, and emotional intensity. Staff described these issues through their own embodied experiences, for example, “*[my] perimenopausal brain fog is thick*”; through observations of others' experiences, such as “*menopause isn't just for the [residents]*”; and, among those able to compare their experiences with male APs, through reflections on the particular challenges of managing staff and resident dynamics in an environment characterised by ongoing hormonal changes.

...because it's a whole women's team, there's quite a lot of hormones flying around at different times and different stages of life and we're all like, 'oh my God'. (Staff member)

I suppose one of the big differences is it's an all-female staff team, so the emotions and energy that come with that are obviously different [than in a male AP]. (Manager)

It's a lot more emotionally charged [compared with the men's AP]. I don't want to blame all female staff but that comes with a lot of additional issues. (Manager)

Although negotiating complex staff dynamics in high-intensity, high-risk environments is already a significant undertaking, doing so where professionals were also having to navigate biological fluctuations and changes in their own bodies made things just that much harder.

4.2.4 The emotional impact of managing staff dynamics

Such complex team dynamics saw managers feel the emotional impact of it all. Their accounts suggested that managing staff dynamics was not limited to resolving practical issues, but involved absorbing distress, anger and trauma while continuing to hold responsibility for the functioning and safety of the AP. Phrases such as “*absorbing*”, “*soaking up*” and “*taking on*” staff emotions ran throughout their accounts, positioning managers as emotional containers for the wider team, often with little space to process their own responses. This created a sense of isolation, where managers felt expected to remain available and supportive, even when they themselves were exhausted or overwhelmed. Accounts revealed the hidden emotional labour of management i.e., protecting staff, residents and the service while carrying the personal cost of that responsibility.

There's a huge emotional impact from working in these environments. And personally, again absorbing it from the staff. So when you're seeing the staff crying and upset, you know, I say to them, 'the only thing I have in my gift is to do your shift for you'. So, you take a break and I'll work your shift. And there is nothing. I've got nothing else to give. So I've done that on umpteen numbers of times. And then I've sat in my chair and cried when they've gone home and thinking, 'Oh my God, I really don't want to do this tonight'. But there's no choice for that, you know... it is a huge responsibility to carry, really. But there's always going to be, at some point a cost for that, and I'm not naive to that. (Manager)

Indeed, managers acted as both leaders and emotional supports, absorbing the distress and pressures experienced by their teams while maintaining responsibility for the safe and effective running of the service. The collective impact of this role often came at a personal cost, revealing the emotional burden, isolation and resilience involved in managing complex and demanding environments.

4.3 The importance of psychological safety (in teams)

Psychological safety in teams refers to a shared understanding that employees can speak up, ask questions, make and admit mistakes, offer ideas and disagree without fear of interpersonal consequences (Edmondson, 1999). Psychological safety promotes performance and problem solving, improves work experiences (including reducing stress) and influences leadership (Edmondson, 1999, Edmondson & Bransby, 2023). It is also crucial in working environments where quick decision making is critical (Lawrence, 2025).

Psychological safety was understood by participants as essential to doing the emotionally demanding work required in an AP. It enabled staff to learn from mistakes, process traumatic incidents, regain confidence, and speak openly without fear of judgement or blame. Staff accounts

showed that mistakes or serious incidents could have lasting effects if they were not talked through in a timely and supportive way, while managers linked psychological safety to staff wellbeing, decision-making, initiative and the ability to respond effectively in emergencies. Psychological safety was therefore not presented as an abstract concept, but as a practical condition for safe practice. Specifically, that staff needed to feel listened to, cared for, trusted and supported, so that they could remain confident, emotionally regulated and able to provide effective care to residents.

However, though explanations of psychological safety illustrated its importance to individual wellbeing, and the crucial role it played in the smooth and safe running of women's APs, there were notable challenges in its enactment and presentation. In better understanding the nuances involved, the following analysis explores psychological safety from the perspective of frontline staff and managers separately.

4.3.1 Unpacking psychological safety: Frontline staff

Making decisions and taking initiative

Decision-making and initiative emerged less as a straightforward psychological safety concern, and more as a consideration of competent practice. Frontline staff generally framed the ability to make decisions, act independently and use professional judgement as essential to the role. However, this was not experienced evenly. For newer staff, initiative was shaped by perceived risk, role confidence and organisational response. They were also more likely to hesitate when decisions carried potential safeguarding, medication or self-harm implications, or when they felt unsure how their judgement would be interpreted afterwards.

It really depends on the situation like and what the consequences could be. And I would always weigh them out on my own and think about it if I want to take on that responsibility of getting it wrong or not.

Newer staff also spoke about the drive to prove themselves. The issue was not simply whether they were permitted to make decisions, but whether they felt secure enough to be seen making them.

I feel like there's an element of when you start a new job that in, especially in these types of job roles that you do need to prove yourself as someone who is a reliable person, who cares a lot about safety and like safeguarding and stuff. So I guess I'm still in that period of, you know, wanting people to learn that about me.

Accounts saw a tension between being expected to exercise initiative and fearing blame, criticism or reputational damage if a decision was later judged to be wrong. This appeared particularly salient in situations where boundaries between everyday judgement and managerial approval were unclear. Even perceived low-risk decisions, such as responding flexibly to a resident's request about changes in lunch arrangements, could become uncertain when staff received mixed messages from colleagues about what should be escalated. Such internal conflicts were, in turn, heightened where managers were not readily available, and decision making stalled due to doubts around the appropriateness and necessity of consultation.

...and then I'm sat there thinking, is this an appropriate thing to call an out of hours manager about or is it something that they would expect me to use my initiative with?

As such, psychological safety concerns were less about experiencing consequences for having acted

rashly or in error, and more about having the confidence to know where initiative and independent thought would be most welcomed.

The importance of voice and action: Feeling unheard, overlooked or excluded

Line-managers were spoken of highly by staff. As will be explored in Chapter 5, they were felt to be receptive, non-hierarchical and often a great source of support for staff. But the intense and demanding environment of the AP world meant that needs were not always met, and individual issues were not always recognised.

Where some psychological safety issues were apparent resided in examples of staff not feeling heard, or feeling like their concerns were being minimised, overlooked or not properly understood. For example, participants described occasions where attempts to manage office noise and distraction were met with responses that focused on how coping strategies might be perceived by colleagues, rather than on the underlying need for support. This left some staff feeling that their concerns had been minimised or insufficiently understood. Such accounts also suggested that managerial communication and support were not always experienced as consistent across staff, with differences in tone and sensitivity contributing to perceptions of “unequal” treatment. Indeed, where concerns were redirected, minimised or handled inconsistently, psychological safety was compromised as staff became less confident that they could raise difficulties and receive an equitable, supportive response.

In one example, a staff member spoke of feeling like their concern about a lack of office space was not being properly acknowledged. Importantly, when considering this through the lens of psychological safety, the issue for the staff member was not in feeling unsafe to speak up. Conversely, they remarked on feeling fully *able* to speak without negative consequence. Rather, the issue was in the initial problem not being adequately acknowledged or acted on.

Staff member: ... just because I say something doesn't mean anything's gonna be done about it.

Researcher: So, it's the follow-through that's missing?

Staff member: Yeah! [...] When I feel stressed, I tell management this. My feelings are not a secret to people, but nothing changes... I think you're right. I think it's the follow-through. And that's probably why I'm a bit more reluctant to bother raising things now.

Concerns about psychological safety were not only linked to feeling unheard or overlooked, but also to where staff felt their voices were seen to matter. For some, this stemmed from caution around the consequences of speaking up. As one participant explained, “*I wouldn't fully express my opinions to anyone in here now. I'm not that silly.*” For others, the issue was more that their views were not sought at all. Indeed, feeling overlooked was a particularly raw issue for one staff member. They described their frustration at being left out of a debrief process, despite being involved in the incident that led to it. Although feedback was communicated later, the staff member felt they had been given no opportunity to contribute their own perspective on the events:

Because I think we were told that certain things weren't done like properly... [but] we need to be involved in a debrief conversation. It can't just be 'this is what you should have done'.

The participant went on to note the potential this had for creating future problems:

So then maybe some people don't talk about it. And then when another incident arises, then it's difficult to manage.

The suggestion being, when opportunities for reflection and discussion are not provided, staff may suppress concerns or avoid talking about difficult experiences altogether. This was felt particularly acute for newer staff, where speaking up might be perceived negatively: “... they might think that [others see them] as weak or something...”. By making the process universal, better psychological safety was felt to be achieved as no-one would be left feeling exposed.

Feeling unsafe or unsupported in the team

Whilst colleagues were generally seen as a huge source of support (again, see Chapter 5 for further details), complex team dynamics, challenging shared work experiences, and differing expectations and attitudes towards the emotionally intense world of the AP, sometimes affected how staff members perceived one another, and subsequently how psychologically safe they felt within their team. Experiences ranged from questioning whether they could depend on each other to get tasks done, through to concerns around the robustness and adequacy of “safe (work) spaces”.

For some participants, concerns about psychological safety manifested in situations where they felt their practice was being questioned. As an example, one staff member spoke about being involved in an incident where a resident was ligaturing. Though she described feeling like she and her manager handled the situation appropriately and safely, she expressed frustration upon coming in to work the next day and being questioned by colleagues about the decisions made:

I remember someone was just saying, 'why didn't you just cut it off her? Why don't you just make her take it off? I knew she was physically safe, and if I try and force her to take it off and then she assaults me, she's going to have another charge on her name and I'm not helping anyone.

...and you have like two or three people going, 'I would have done it this way. I would have done it that way!'

For this participant, the team response felt unhelpful. Retrospective comments about what others would have done differently were experienced as critical rather than reflective and did not acknowledge the risks that the staff member had been balancing in the moment.

A lack of psychological safety in teams was also experienced in group reflective practice. Complex staff dynamics and not wishing to contribute to discussions because of feeling detached and disinclined to listen to the opinions of others saw some staff disengage from what might otherwise have been valuable discussion. For example:

I wouldn't be scared to say something but I probably wouldn't bother... and that's not great. [...] and that does have an effect on how useful that particular provision might be.

Issues relating to psychological safety within group reflective practice also emerged where staff attempted to explore tensions and unresolved issues within workplace relationships. One staff member described using a reflective session as such, but to poor effect, “that [was] not received well.” Rather than fostering greater openness and understanding, the experience left them feeling less psychologically safe than before.

For participants, the value of reflective practice depended on whether speaking up led to

understanding, repair, or meaningful change. When staff anticipated that disclosures would be met with defensiveness, dismissal, or negative consequences, reflective spaces risked losing their intended purpose and, in some cases, became counterproductive.

In a third example, a staff member revealed not feeling safe and supported by their colleagues following a serious incident which took place outside of the AP. The participant spoke of a resident taking direct steps to end her life, with the staff member in question having to manage the situation remotely. On returning to work the morning after the incident, the staff member was dismayed at the apparent lack of care and acknowledgment. As she explains:

I went into the office and said something to somebody first, who was quite dismissive... and I was like, actually, I wanted you to say, 'are you OK?', I just wanted to hear [them] saying, 'are you okay?'.

What was needed was not a formal intervention, per se, but a simple recognition of impact. Such an example points to a wider theme of emotional labour being normalised, even minimised within the team, where staff may be expected to carry distress without receiving much needed interpersonal care.

Perceived limitations of organisational support

Concerns of psychological safety were also pinned to the perceived shortcomings of support. Some staff saw certain forms as tokenistic, inadequate, or unsuitable for their individual needs. For example, services such as PAM Assist¹⁰ were said to be available but were suggested as somewhat of an afterthought or a “tick-box” service. They were also seen, by some, as hard to navigate. As one participant commented:

The last thing you want to do when you're maybe not happy about a situation is then try and figure out how to get in contact with someone.

The staff member contrasted this with showing empathy for how residents might feel trying to navigate sources of help and support in times of need:

I feel like it gives you a bit of sympathy for when the ladies have to call 111 and they have to tell about five different people their traumas... just to get an appointment that's three weeks in advance.

Staff also saw problems with support in terms of accessibility, with some noting that in-person support services were often only available at times that conflicted with their work schedules, limiting their usefulness: “they do have a psychologist that comes in every other [week], but I don't work [that day].” This was also felt to be a problem with staff who did shift-work, where a serious incident might have occurred and the staff member might be left waiting four days, until they were back at work, to receive support: “You sort of feel like you've missed the boat with speaking to people about stuff.”

Staff also discussed issues with group reflective sessions. Though the practice was felt to be important, it was the group setting which some staff saw as the problem. One staff member talked of “dread[ing]” them due to feeling uncomfortable, “because people don't really talk”. Their experience saw such sessions being used for staff to complain or air personal grievances, rather than engaging

¹⁰ PAM Assist is an employee assistance programme (EAP) providing confidential wellbeing support to employees for work-related and personal difficulties. It is delivered by PAM Wellbeing, a workplace health and wellbeing provider ([PAM Wellbeing - Workplace Wellbeing & Neurodiversity Solutions](#)).

in constructive and informative discussion. Countering this, the staff member instead advocated for one-to-one sessions.

Of more concern for staff were the perceived limitations of support following a serious incident. Two participants, from two different APs, described feeling dissatisfied with the management response following serious incidents involving residents' self-harm. One highlighted that aftercare was insufficient, while the other perceived inconsistencies in the support offered to those involved:

The debriefings don't always take place either. I mean, you get someone who asks you if you're OK... but it's quite easy to say, 'yeah'... especially when you're with other people and other colleagues.
(Staff member)

Everyone else was getting 'are you alright? Really sorry about that, are you ok?' but me and [my work partner] were left still at work the rest of the day... How come we're not sent home and given counselling? We were here too. (Staff member)

Another staff member described being required to continue with duties following a distressing incident. Specifically, the staff member was directly involved with an emergency response following a resident's death and was later tasked with clearing out that resident's room. Although this may have reflected operational requirements, the participant felt that the emotional impact of the incident had not been adequately considered:

I walked into a woman dead... And then I was made to pack up her room two hours later, after she'd been picked up. After I was part of the paramedics, I was part of the CPR, I was told to go out and buy two suitcases and pack up all of her stuff... It's just stuff like that... 'go pack the room up'. Not even considering that the woman had died and that I'd been part of it.

Organisational support, in this instance, was seen as wanting because of a failure to acknowledge the emotional consequences of a difficult incident. For this participant, the expectation to continue with incident-related tasks shortly afterwards contributed to a sense that their support needs had been overlooked.

Where contractual demands eclipse staff wellbeing

For one staff member, psychological safety was shown to be eradicated entirely. For this participant, management focus on KPIs, contract requirements and achieving targets, left them feeling scrutinised, questioned and with a lingering fear of negative consequences. As they comment:

I used to think I was in this job for the long run, but I'm burning out now. It's changed a lot. And I know that's with everywhere, but it's just, I feel like it's less focused on maybe the people and it's more about 'you've got to hit these targets, you've got to do this'... and if anything's missed, it feels like it's the absolute end of the world. Like, I remember starting here and saying, 'there's not much that we can't work through. Don't ever worry about making a mistake. There's nothing that we can't fix'. Whereas now, if you make a mistake, you worry what the outcome is like, what the impact is going to be [...] When we try and take responsibility, we're questioned on it, a lot, and judged and pulled up on decisions that we were left to make, and if management don't agree with that, be questioned on it... and it's then our fault.

In this account, the staff member speaks to how contractual and performance pressures can reshape the emotional conditions of AP work, turning responsibility and initiative into sources of

anxiety. In doing so, psychological safety was undermined not only by a lack of support, but by an organisational climate in which the staff member felt monitored, exposed and personally accountable for decisions made under pressure.

4.3.2 Unpacking psychological safety: Managers

For managers, issues around psychological safety were often located beyond the AP itself, arising instead from how APs operated within the wider HMPPS system. In exploring this, it is useful to return to AP managers' relationships with their probation colleagues.

Questioning professional judgement

As explored previously, accounts of tension and conflict with probation staff, and probation processes, were not uncommon, and though many acknowledged the significant pressures facing the Probation Service, the impact of these interactions left some feeling undervalued, marginalised and somewhat disconnected.

One recurring source of tension concerned disagreements over decisions made within the AP. In one example, a manager spoke of the fallout with Probation when a decision was made to “pull a bed” (i.e. ending a placement earlier than planned) due to a resident's behaviour. Though the decision was made from the point of view of protecting the safety and wellbeing of other residents and staff, the psychological safety issue was that the manager was left feeling that their decision was not respected, not trusted, and that their professional judgement had been called into question.

You know [the resident's] behaviour was such that in the end, we just couldn't manage her... we gave [Probation] a week's notice that the bed placement will come to an end. But for me, it was really distressing because the SPO then got in contact and was quite derogatory about me, and my job, and my role, and my risk management skills, and it really impacts on you... And you think actually, I've come from Probation. I've worked 20 years, you know. And here you are. You think it's OK and acceptable to take chunks out of me and tell me that I'm this and I'm that, and I clearly can't manage risk.

Similar concerns emerged in relation to room-sharing. Here, managers described frustration that their assessments of what was practical, safe, and appropriate within the AP were sometimes challenged. For these participants, room-sharing was not simply an operational issue but one that raised concerns about resident wellbeing, staff safety, and the principles of trauma-informed practice. Underpinning their accounts was a desire for greater trust in their professional judgement and local knowledge.

If we say people can't room share it's not because we can't be bothered to have two people, or that we only want one because we're being lazy, it's because we've assessed that it's not working, you know. Have the trust in us.

Concerns about professional judgement being called into question were raised by other managers too, particularly where probation processes appeared to conflict with concerns about AP staff and resident safety. In these accounts, managers felt that their expertise was discounted, despite extensive experience in the sector.

We've got, between the operations manager and I, you know, over probably 29 years of, being here [at the AP] jointly. Like, we know what we're talking about and we're not trying to be tricky people,

but we want people to be safe. Because it feels like actually, that's not really cared about.

What appeared particularly significant in these accounts was not simply disagreement itself, but what repeated experiences of being questioned or mistrusted meant for the managers involved. Several described how continual challenges to their judgement generated uncertainty and self-doubt, even when they remained confident that the decisions they had made were appropriate.

I guess when people question your judgement, you start to doubt yourself. When it's constantly done, you say 'gosh', is it me? Have I made the wrong decision?' And often, no I haven't made the wrong decision... Yet, it makes you feel sometimes, you know, you start to get nervous.

In this way, psychological safety was affected not only through evident criticism, but through the cumulative effects of feeling mistrusted. While managers continued to exercise their professional judgement, for some, the repeated questioning of their decisions undermined their confidence and increased anxiety around future decision-making, particularly in situations involving risk, safety, and accountability.

Psychological safety within the wider organisation

Though problems around psychological safety for managers largely related to external factors, for some the issues were closer to home. Decisions higher up within the organisation around spend and supervision priorities became examples of where some managers felt their individual contributions were undervalued. One explained this in terms of senior management decisions to not pay out-of-hours overtime, and another in terms of not prioritising wellbeing discussions during supervision, despite that particular issue being previously flagged as problematic in past supervisions.

Also compromising psychological safety, was feeling senior management sometimes overstepped in their role, however well meaning. For managers, the responsibility felt for the safety and wellbeing of everyone in their APs was a huge undertaking and was only made possible through relying on their own experience, knowledge and leadership. When responsibility lines became blurred, managers saw it as a potential for risk.

I also don't need [senior management] getting involved in every single little thing that happens because I need the team to respect me and see me as their manager.

While managers appreciated the immense value of senior management's experience, guidance and support, good psychological safety for them meant being given the space and authority to do what was needed, and through the lens of their own evaluation of need.

I've been a manager for years... I know enough to know that, I know what I need to do. And I know what I need to do for [my staff]... so when I tell you these things... I don't need you to do anything. I just need you to understand.

4.4 Chapter summary

This chapter shows that the emotional demands of working in women's APs are shaped not only by relationships with residents, but also by wider organisational and system pressures. Participants described challenges linked to HMPPS expectations around risk management, accountability, referrals, performance monitoring and partnership working.

Relationships with Probation were particularly complex. While staff recognised the pressures faced by probation colleagues, they also experienced difficulties around communication, responsibilities and expectations. APs could sometimes feel like a “catch-all” service for highly complex cases, placing additional pressure on staff to manage risks and needs that may extend beyond what the setting can safely provide.

Administrative and contractual demands, including KPIs, reporting and recording, also contributed to frustration and reduced morale. Referral processes created further challenges, particularly where placements were out of area, made at short notice, or involved significant mental health, self-harm or substance misuse needs. These pressures increased staff responsibility for managing risk and residents’ distress.

The chapter additionally highlights the importance of team relationships and psychological safety. Although staff often valued strong relationships with colleagues, close working environments could create tensions around workload, communication and different roles. Managers experienced additional emotional pressure in managing both operational demands and staff wellbeing. Overall, the chapter argues that organisational pressures, team dynamics and system-level demands significantly affect staff wellbeing and their ability to provide safe and effective support. Psychological safety is therefore essential for staff to feel supported, make decisions and manage the challenges of AP work.

5.0 Sustaining the workforce: Support, wellbeing and resilience in women's APs

Chapter 4 examined the system-level pressures facing women's Approved Premises (APs) and explored the implications for staff psychological safety, highlighting both organisational and interpersonal factors that shape workplace experiences. In contrast, Chapter 5 adopts an appreciative inquiry perspective, focusing on the strengths, practices, and cultural features that support safety, respect, resilience, and wellbeing. It explores what works well, what is valued by frontline staff and managers, and where opportunities exist to further strengthen positive workplace cultures.

5.1 The crucial role of the team

As explored in Chapters 3 and 4, the AP environment can be highly intense. Emotions run high, and expectations and demands are everywhere. As such, the role of the team is paramount.

5.1.1 Support from colleagues

In characterising colleague relationships, frontline staff and managers spoke of shared humour: *"you can be dealing with like a horrific incident and then half an hour later be giggling"*, collective morale: *"we keep each other positive"*, and an unspoken commitment towards checking in with each other, or debriefing, after a difficult situation or a hard day. Of the latter, so natural was this process, it was often said to be done without thinking:

Everybody always checks in with each other. When you come on shift, when you leave, everyone does it without realising. It's just a matter of course that we do that... (Staff member)

Participants described their colleagues as being emotionally intelligent and mindful of one another. Space was given in moments of stress and overwhelm. As one staff member noted: *"I'm able to say to the team, like whoever's in the office, I just need a bit of a break."* And time and energy were provided where connection or feedback was sought. Indeed, giving and receiving reassurance was a highly valued attribute of team dynamics. For example:

If I have a really difficult conversation with one of the residents, [my shift partner] would walk in and say, 'how was that conversation?' Or 'what happened?' And then I'd vent to her. I'd let it out. And I'm like, 'do you think that was okay? Like, I don't know, thinking about the conversation, do you think what I said was fine?'. And it's like having that reassurance. (Staff member)

Of note, reciprocal feedback was strongly valued by managers, where uncertainty around decision-making could carry significant consequences:

I don't think it matters how long you've worked in the Approved Premises, there'll always be something new you come across and it's great just to get somebody else's perspective on it at one time. Otherwise, it does feel a lot of pressure sometimes in the decisions that you have to make. (Manager)

Participants also noted how important colleagues were in terms of shared experiences. Where, for

example, family and friends, might be willing to listen, confidentiality restrictions meant they could not speak freely about how they were feeling due to not being easily able to explain why. As this staff member noted:

I think it's difficult because you can't explain to somebody why you're feeling a certain way... with any kind of confidentiality or anything like that, even if you're really, really broad. And with it being broad, it then isn't going to help how you feel. Do you know what I mean? It just doesn't work. You just can't say it, you know? And so I think that's why it's so important that you have that support within your job.

Interestingly, how participants spoke about their teams differed somewhat, and to some extent, was observable as differences across the APs. For some, support was described as a feeling of total emotional safety. One commenting, “I can literally go in that office and cry to them. I don't have to hold it in.” And another stated, “everyone is really supportive of you, they will give you a cuddle if you want a cuddle.” Whereas others communicated a more stoic understanding of one another:

I feel like we can read each other quite well... if somebody goes in the back kitchen and doesn't come out, you know they're having a cry. And you know that people are there and that's absolutely fine. And it doesn't have to turn into a, a big issue, it's just like you're having a shit day, fair enough. (Staff member)

However, irrespective of how participants explained their unique colleague relationships, the message was the same. Without that solid team, the work could literally not be done. And for that, they were hugely grateful for one another.

That's one thing that I always say to the team is that if it wasn't for them, I don't think I could do this job, because if you don't have a solid foundation with your team, you can't do your job to the best of your ability... (Staff member)

5.1.2 Support from line-managers

Line-managers were felt to be another core source of support. They were said to be accessible, approachable, compassionate and understanding. For some, the line-management experience saw warm and conversational relationships. For example:

It's just feeling like, like having an open-door policy, just going in, I can go in and be like, 'oh my goodness, you're not even going to believe what just happened'. [My manager] is like, 'what happened, tell me'. And we'll like just sit down, and I'm like, 'this just happened and I don't know if I can cope with this' and I will just vent to her. (Staff member)

For others, it was more that managers saw and understood the pressures staff were under and made accommodations and allowances to support their wellbeing. This was commonly expressed through examples of being given space for reflection, or time out or time off when stakes felt high or situations too intense. The following quote captures this feeling well:

I know that if I cannot be anymore at work today, because it's too much, I can safely go and say that, and I will be told, 'please go home and look after yourself and don't come back before you are able to'. And I know there'd be absolutely no repercussions or questions asked. And that is the main thing, right? (Staff member)

Line-managers were also said to be facilitating psychologically safe working environments through supportive, inclusive and nurturing practice. Though there were some differences of experience (as explored in Chapter 4), many staff gave examples of where they saw it happening well. For some it was in their manager's collaborative and inclusive approach:

My manager will ask me my thoughts on situations and how I feel about, if a certain situation were to arise, what do I think? So say, for example, somebody's expressed that they are feeling like they want to harm themselves and they disclose that to me. I would then tell my manager and then we would sort of collaborate on how frequently we're going to check on them, and she would ask, 'well, how do they present, what do you think?'. And then I would suggest a time, and she would trust that I've made the right decision. If I hadn't, she would say so. And I would completely trust her opinion and her expertise as well. (Staff member)

For others, it was in feeling safe to speak up, either in raising concerns or offering alternative perspectives. As this staff member notes: *"they listen and they take on board what we say... I feel confident that I can go and speak to my managers and they will listen."* For some staff, this was feeling able to speak up about concerns or be encouraged to take initiative. For example, one staff member described proposing a change to group timings to improve resident attendance. Although the change was ultimately unsuccessful, they reflected positively on having been trusted to explore alternative approaches: *"it didn't work... but I was given that flexibility to look at other ways of getting engagement."* Others spoke of being made to feel empowered in their work and confident in their role. One participant spoke on this, contrasting their current positive experiences with a line-manager from a previous role where psychological safety felt compromised at every turn:

When I first came, I kept like knocking on [the manager's] door and be like, 'oh, can I come in?' And she was like, 'you know you don't have to do that'... my brain was just like, always having to knock, always having to kind of tell my old manager, like, step by step, 'oh, I've done this, I've done this, and I've done this', and just kind of like being criticized... [My current manager] is so reassuring like, 'you've got this', 'you make your own decisions'. 'You don't need to come to me about it'. 'You decide for yourself what you think is right'. It's kind of having someone let you, not make mistakes, but kind of, learning about yourself as well. There's been situations that I definitely have handled very wrong, but that's how you learn from it. That's how I feel like I'm able to balance and know what to do in certain situations. (Staff member)

Reflecting on the experience, the staff member concluded: *"... that feels so much safer now. It really does"*.

Psychological safety was also evident where managers demonstrated awareness of, and responsiveness to, staff members' individual needs and identities. One participant described the value of having a manager who understood and accommodated needs associated with their autism:

...she'll give suggestions on how to like manage things, especially with [being] autistic, I sit at the office and sometimes some of my colleagues are so loud and I cannot cope... but she makes those reasonable adjustments for me as well, which I really appreciate. (Staff member)

In these examples, psychologically safe management practices helped staff feel recognised, understood, and valued.

Managers also spoke positively about the support they received from their own managers, describing relationships characterised by trust, openness, and again, psychological safety. They felt

able to speak candidly about challenges and generally felt supported in their role. While some concerns were raised (as discussed in Chapter 4), the majority of comments reflected a sense of being valued and understood. This was particularly evident in the flexibility afforded to managers through arrangements such as compressed hours, flexible working patterns, and opportunities to work from home. Given the unique demands and responsibilities of managing an AP, the ability to adapt working patterns to balance professional and personal commitments was highly valued.

5.2 Self-care, self-preservation and resilience

Participants also spoke of self-care and personal resilience. Indeed, when asked about how they specifically look after themselves in such an emotionally demanding job, they listed a wide range of activities and techniques, including: mindfulness practice; yoga; journalling; puzzles and games; audio books; shopping; socialising; listening to music; sport and exercise; counselling and coaching; and eating well. A few also talked of smoking or drinking, joking at this slightly less healthy approach.

There were also references to support from family and friends, with several participants commenting on having family in justice, social or housing services themselves, thus better able to understand the pressures they were under. However, for the most part, (as explored earlier in this chapter) this form of support was said to be deliberately limited because of confidentiality, and respect for residents' personal lives and private histories. As one participant said: *"it's not my story to talk about."*

Interestingly, many participants spoke of having an ability to simply *"switch off"* from the emotional impact of the work. This was either through being in post a long while and learning this skill on the job: *"I've been here 19 years, so I had a lot of, you know, practice."* Or through experience in other jobs or services, such as the police or army, where demanding or intense work was the norm:

I'm quite hardened to things... it takes quite a lot for me to become, feel emotional. It can be exhausting, mentally and physically, but I kind of switch myself off to it a little bit. (Staff member)

Staff also made a conscious effort not to take work worries home with them lest it interfere with their personal lives. For example:

I just have this ability here to be able to just go, 'right, okay, it's that time. I'm going home', and I don't stress about it at home, which I think is really important. Because otherwise, if you thought about all the things you've had at work when you go home, it's going to really impact on your life. (Staff member)

Indeed, talk of *"compartmentalising"* was frequent, with several describing having two very distinct sides to themselves. As this staff member comments: *"I've got a work identity. I've got my home identity. Those very rarely meet.... Because it's got to be protected."*

Participants also talked of little things they did in the workday to escape emotional overwhelm. Several described taking a walk around the block to clear their heads or escaping to the toilet to just get a little downtime: *"if I just need somewhere to go without hearing anybody else's voices."* Others, however, talked of engaging in *"non-thinking"* tasks, such as organising or tidying. For example:

...I like sorting out stationary cabinets. Especially if you've had a hard time of things, and you've had an incident, having that half hour to yourself, where you can just organise a cupboard is actually really nice... you're sort of having that breather.

For some, the strategies to protect themselves were in the more deliberate avoidance of letting trauma in. As the following example demonstrates, though the risk of emotional impact was everywhere in AP work, staff could decide for themselves where the line needed to be drawn:

I know not to read the notes, the details, just before I go [home], because I don't want it to be the last thing I read when I'm about to switch off duty... protect my brain by, you know, there's helpful and professional curiosity, but then it's the aspect of just self-torturing. I don't need to read the CPS [Crown Prosecution Service] documents. I can read the summary. It's just too distressing then for me. I need to know from the risk management point of view, good enough details, but don't need to know everything... like if you read it, you cannot unsee and unread it. That's the thing. (Staff member)

And finally, staff and managers spoke of the huge value humour had in alleviating stress or emotional load. As one staff member noted, it's just *"a great way of coping."*

5.2.1 Emotional labour and self-preservation

Notably, self-preservation was also discussed in terms of emotional labour. Though staff working directly with residents were constantly engaging in, for example, enacting empathy, listening, and 'deep acting' (e.g., imagining how the other might feel and drawing on the appropriate emotions and responses in that moment), they saw this as means to distance themselves from emotional harms. Instead of absorbing trauma and intense emotions, they simply sat with them, ultimately better protecting both themselves and the resident. As these quotes illustrate:

I don't take on their emotions now, because that's really unhelpful for them, because both of us are going to be sat there, upset about something, and I'm supposed to be the responsible [one] that's trying to help [them] navigate this problem. So, no, I don't. I don't think I take on their emotions. I hold them in mind and say, 'my goodness, I can't imagine how you're feeling about these situations', I think it's just working out the things like, you know, what's my responsibility and what isn't. And navigating emotional boundaries as well. (Staff member)

To give people, you know... to show some empathy, you can't drown in their words because that's too suffocating emotionally, but you still have to know how to show it as well. And feel it. (Staff member)

Notably, there was a real sense of personal responsibility in answers to questions around self-care and self-preservation. As one staff member noted:

But it is also our responsibility, individually, to manage our own self, our health and wellbeing. And if we do feel that we are able to continue, that's good. But if we need some breaks, then obviously, annual leave and sick leave and stuff. We have to utilise what we do to manage, and to make sure that we're able to get back in to work the next day.

Though the job was understood as emotionally demanding, the sense was that staff must also strive to do what they could for themselves to counter its effects.

5.3 Staff development and organisational support structures

The wider organisation also played an important role in supporting staff. In recognition of the complexity and demands of the work, the broad range of competencies required, and its emotional

impact, access to professional development and practice support was regarded as essential.

5.3.1 Supervision

Supervision was highly valued by staff members. It gave time for contemplation and processing, and for stepping back a little from the demands of frontline practice. The one criticism was that it could be more regular. One staff member noted there would be less need for debriefing if supervision was more reliable and consistent.

In outlining what made for good supervision, staff talked of being listened to, having the chance to talk about their progress and development, and being afforded the space to explain things in their own time and in their own way. On exemplifying what good supervision might look like, one staff member said:

I sat down with my line-manager and she showed me the screen of what she was writing, of what I was saying. And we went through it together and we edited it. [She said], 'Is this how you meant this? Is this what this is?'. And I think that is perfect... while you're speaking and opening up about something it can throw you off quite a lot, and then when you get that back you're like, 'that's not really how I meant to say that' or you know, or you feel like it might be getting used against you, and really you're just trying to get everything out because you haven't had a supervision in so long, you know. I think that's really important. (Staff member)

Managers, however, talked of supervision more in terms of facilitation. And specifically, what they did to ensure its value to staff. This included drawing on reflective practice techniques. As one manager noted, it's about finding out, "how they're feeling, like how's their mental health and what are they thinking of an incident?" or being more attuned to trauma triggers and the subsequent impact on staff behaviour: "[learning that] if they're acting in a certain way, I know that they've either been triggered or something's happened." Echoing frontline staff's emphasis on reflective rather than purely case-management/resident-focused supervision, managers understood the importance of centring staff experiences in order to better support staff wellbeing.

5.3.2 Programmes, processes and sources of help and support

Staff and managers also listed the various support routes that were available at APs. These included daily debriefing, case-formulations¹¹, post-incident debriefing sessions, mindset coaching, reflective practice, massage, clinical supervision, chaplaincy teams, and the Offender Personality Disorder (OPD) psychologists¹². Staff also noted PAM Assist, but most seemed to have not accessed it or were a bit indifferent to it.

Reflective practice, case-consultations and engagement with the OPD psychologists were identified as the most valuable sources of support for staff, contributing significantly to skills development, enhancing professional practice, and providing opportunities to reflect on and manage challenging cases. For some it was in offering practical help. For example:

I was quite stressed about starting group [sessions] up at the beginning... I'd never actually run a group before. So I was like freaking out a bit and I spoke to [the OPD psychologist] about it and she

¹¹ A framework used by psychologists to identify and understand why a particular person's difficulties and offending-related behaviours may have developed, and what might help change them.

¹² Psychologists working within the OPD pathway. The work can be consultative and formulation based, as well as directly therapeutic.

was really helpful and sorted out one of the trainee [psychologists] to come and do the group with me, which is just incredible. I was so grateful for that. (Staff member)

She prints off all of these different techniques for us to manage our emotions and also things that we can help then use with the residents... all of these useful sources. (Staff member)

And for others, it was in the value of having space to think through cases or incidents, or offering a place to unpack and process difficult experiences:

...we went through one of the SINs [serious incidents] and we just debriefed about it... it was so helpful and we all spoke about things from people that were there during the day, then people that were there during the night, and then you know how it all happened and how we felt about it and what we could have done better. (Staff member)

I feel like we all, just felt like a relief, you know, like, 'I've said it'. Like, 'I've spoken about it at all'. It didn't need to be like a deep emotional thing. It was just like someone else is aware of what we've just experienced and someone has done it in a really psychologically, trauma-informed way. I was like walking out of it, like 'ah, that was so nice'. (Staff member)

Indeed, reflective practice was placed as crucial in ensuring problems were left at work, and that they helped alleviate the emotional weight of the job. For example:

There's burnout in lots of jobs, but you'd be burnt out in no time if you didn't speak and be open and honest. Sometimes in reflective space, I've sat and I've spoken and then I'm like, 'should I have said that?' Because nobody says anything, but... I've got to deal with it at work. I can't take it home. (Staff member)

Although some staff expressed reservations about group reflective practice, often due to group composition and team dynamics (see Chapter 4), the majority viewed it as a key strength that supported more effective, safer, and more confident practice.

5.3.3 Learning the job: Training and shadowing

Support was also how organisations prepared staff for the job. Training, for example, was often mentioned, and was seen to be in relatively good supply, with lots of in-person as well as online options. Access to training was also seen to be good, with management in full support of further training requests: *"If ever I ask for training, I always get it... I've never been turned down."* For some, the organisation was also celebrated for responding quickly to need, for example, following SINs (Serious Incident Notifications):

We had an incident where some staff got assaulted, and from that we got some [specialist] training... that was really, really good, because the staff were all offered that. And it was a really good training. (Staff member)

Most preparation for the job, however, was said to be in learning from others. Shadowing was common practice, so staff might *"see how situations are handled and modelled."* Both managers and staff noted the importance of this given the gravity of the situations staff might be dealing with on any one day. For example:

...because of some of the decisions that they have to make, or things they have to do, the

consequences are quite huge, potentially. So I think it's really important just kind of, during that kind of induction time with us [to] shadow and see those opportunities. (Manager)

Getting shown what to do and then being observed doing it ourselves is quite important because we're not going to have the staff like, especially managers, over our shoulder all the time. (Staff member)

Ultimately though, participants were clear that you could only train and prepare so much:

A new situation will pop up every other month that no one's combated before and you've all got to sort of work together to deal with it... It doesn't really matter, your training, when you're actually in the situation. It's different when it pops up. (Staff member)

The dynamic and demanding environment of the AP meant that, when it came down to real situations, teamwork and the ability to process and adapt quickly to change were the most valued aspects of a staff member's skills.

5.4 Building the AP workforce

Frontline staff and managers also spoke of what they felt made for a good and resilient workforce. This meant examining who was best suited for this work and how this work might be understood across a practitioners' wider career journey.

5.4.1 What makes a good staff member?

In explaining their role, and AP life, participants continually referenced what they saw as the qualities needed to work in a women's AP. Participants described women's AP work as requiring a distinctive blend of resilience, empathy, calmness, judgement, boundaries, confidence and commitment. Both frontline staff and managers emphasised that technical skills can be taught, but the "right" values, instincts and interpersonal approach are harder to develop.

A strong women's AP worker or manager was framed as someone who can remain calm in highly pressured, emotionally charged and sometimes dangerous situations. Staff were said to need resilience, "thick skin" and the ability not to take anger, rejection or difficult behaviour personally, while still responding with care and compassion. The role was said to require people who can think quickly, use initiative, manage crises, and prioritise physical safety, mental welfare and team support.

Empathy and non-judgement were central. Participants felt AP staff must understand women's trauma, substance use, offending histories and compounding needs without reducing residents to their offences or behaviours. Good communication, listening skills and the ability to adapt one's style were seen as essential, particularly when discussing sensitive or uncomfortable topics.

As discussed in Chapter 3, boundaries were also repeatedly stressed. AP staff were said to be friendly but not friends, caring but not over-attached, and clear about safeguarding and risk responsibilities. Managers particularly valued candidates who combined compassion with realism i.e., people who want to support change but do not believe they can "fix" residents.

5.4.2 Getting the right people in

Managers also discussed characteristics in terms of what they looked for in interview. Criteria

focused less on direct AP experience and more on values, instincts, confidence, relational ability, emotional resilience and fit with the team culture. Some managers described using scenario questions and trial visits to assess whether candidates could engage with residents and cope with the environment. Overall, the role was portrayed as “*not for everyone*”. It was said that staff need to genuinely want to do the work, believe in residents’ capacity for change, and have the emotional maturity to survive and sustain themselves within it.

5.4.3 ‘It’s OK for the job to be a stop on the career pathway’

On the retention of staff, participants reflected an understanding that the work might not be forever. And this was even amongst frontline staff who had been in post for many years.

Participants framed women’s AP work as deeply purposeful but difficult to remain in indefinitely. Some staff recognised that, for their own wellbeing, the role could not be a long-term career. Indeed, both frontline staff and managers repeatedly used the phrase “*stepping-stone*” to describe how they saw it. As one manager commented:

Unless you’re older, and you just think, I just want a job that I enjoy, you know, you’re not going to stay. You’re going to take the experience and then move on and train. (Manager)

Repetition, emotional strain and the risk of burnout contributed to a sense of needing to move on before the work became unsustainable. There were also practical issues cited, especially around shift patterns, making achieving a work-life balance quite difficult.

A key issue was around limited career progression. Support workers/residential workers may enter for experience, particularly younger or early-career staff, but opportunities to move up were seen to be restricted when senior posts were relatively stable and/or rarely became available. As a result, AP work was seen by many to function as a valuable training ground rather than a clear career pathway. Pay and charity-sector conditions also shaped this, with commitment to the work often outweighing financial motivation. Interestingly, managers, themselves, talked of what they saw as a time-limit to their roles, with one noting: “*I don’t know whether I could be doing it forever because it’s tiring*”, and another, “*I won’t stay here forever... I want to go do other things in the future.*”

Unfortunately, staffing issues, and relatively fast staff turnaround saw an impact on long-staff members, with the latter having to fill the gaps, and having the constant challenge of training new recruits. As this staff member comments: “*sometimes you can be like oh god, that’s somebody else I’ve got to train... when everything else is busy, that’s the last thing you need.*”

However, for managers, having staff move in and out of the AP was also framed as a positive, because they saw themselves as investing in people. The skills learnt in an AP were so vast that they could take people in all different directions, and that could only be a good thing. For example:

I hire them knowing that they’re going to go, you know, because I want them to be the best that they can be. (Manager)

We’ve got to be proud of [staff moving on] because that shows what excellent training we have. What great skills people can learn, and actually, we’re helping them in their career. So, you know, we should be proud of that. I mean, it’s a pain (laughs), but we should be proud of that! (Manager).

5.5 The magic wand: What would you change?

In one of the final questions, staff and managers were invited to share one thing they would change, either about how women's APs were viewed across the sector, or what they would want to see in strengthening the workforce. They said:

5.5.1 Supporting effective practice through staffing and role clarity

At a day-to-day practice level, frontline staff and managers identified a need for greater clarity and consistency in staff roles. Participants expressed concern that staffing shortages often required individuals to cover multiple functions, leading to uncertainty about responsibilities and role boundaries.

There were also calls for increased staffing levels during night shifts, where the current two-person staffing model was perceived as creating heightened risks for both staff and residents. As this staff member comments:

There's been some really severe self-harm incidents. Which, when you're hands on, and you know you have to deal with that, with maybe one other member of staff on a night shift, it's quite a lot because literally if anything else happens at the same time, you are just spread thin, and you know you can't leave that person in that moment.

5.5.2 More support routes for staff wellbeing

Participants also identified a need for improved support for staff wellbeing. Practical suggestions included the introduction of a dedicated “wellbeing hour”, during which staff could step away from operational demands to engage in restorative activities such as walking, yoga, or anything that was not work-related. The aim was to create protected time for staff to decompress and reconnect with themselves within the working day. One staff member, reflecting on a similar initiative in a previous role, noted that having formally allocated time made it easier to prioritise wellbeing and led to tangible benefits.

Participants also highlighted the need for more specialised and accessible forms of psychological support, particularly clinical supervision and in-house provision. There was a view that staff wellbeing and coping could be strengthened through more consistent, structured opportunities to process the impact of work, especially following serious incidents. One staff member suggested a more routine, “blanket” approach to post-incident support, noting that even brief check-ins could be valuable, but that consistency would help ensure staff do not have to actively seek support themselves. Clinical supervision, opportunities for reflective practice, and training on the psychological impact of trauma work were seen as important resources for helping staff maintain therapeutic relationships and manage the complexities of the role.

Alongside this, participants emphasised the importance of having support that is physically present and easily accessible within AP settings. Rather than remote services such as the Employee Assistance Programme, staff felt that in-person provision would make support more approachable and valuable for staff.

5.5.3 The value of confidential support

Staff also highlighted the potential value of spaces where staff could discuss workplace challenges

confidentially. Recognising that some emotional difficulties arise from workplace dynamics rather than resident interactions, such provision was seen as important for psychological safety. As one staff member explained, there can be tensions within management relationships where managers “have authority” and staff may feel unable to “rock the boat”. Access to “therapists or someone... to come speak to in a confidential space” was viewed as a valuable way of addressing this need.

5.5.4 Enhancing psychological support for staff

In one of the APs, staff spoke of having previous access to trauma-informed support following critical incidents, in particular, the structured intervention, Trauma Risk Management (TRiM). It was explained that TRiM had been available to the AP previously and had been excellent in helping staff process distressing events and mitigate longer-term impact. Access to such provision was placed as a huge asset in protecting and promoting staff wellbeing and providing wider organisational resilience. Though this had only been possible through the AP’s OPD colleague, and was subsequently no longer available to them, it was raised as an example of where robust forms of trauma-informed support might be particularly valuable.

5.5.5 Developing women’s AP provision and partnership working

Participants also called for more women’s AP places, longer placements, better move-on housing, stronger mental health provision, and more specialist support such as PIPE APs. As one participant commented: “I would wave a magic wand and open up a thousand PIPEs if I could because there’s just so many people here that don’t receive the help that they need.”

A further area for development was enhancing system-wide understanding of the unique role of women’s APs. Participants felt that increased awareness among partner agencies and policymakers of the trauma-informed, relational, and rehabilitative work undertaken within women’s APs could strengthen collaboration, improve referral and risk management processes, and promote more effective responses to residents’ needs. Greater partnership working was viewed as an important opportunity to improve outcomes for residents while supporting staff in their role.

5.5.6 Women’s APs are distinct and should be recognised as such

Finally, participants emphasised that women’s APs should be understood as fundamentally distinct from the men’s provision, with policy, referral processes, risk management, and service delivery designed around women’s specific needs rather than adapted from male-oriented systems. Participants argued that women’s experiences of the criminal justice system differ qualitatively from those of men and therefore require tailored responses. As one manager explained, a key aspiration was to move away from viewing women’s APs through a male-centred lens:

...[we must] ensure that women in criminal justice, whether they’re in prison or in an AP, actually get the service they deserve and not be thought of as an add-on.

A staff member similarly argued that women “actually need a completely different approach... they’re two completely different groups of people that need tailored support.” They highlighted that women often experience more significant relational and practical losses than men, including disruptions to housing, childcare responsibilities, and family relationships. As a result, participants stressed the importance of providing comprehensive support and adequate resources to meet these distinct needs.

5.6 What keeps you in the work?

Responses to this final question were vast, varied and unwaveringly positive. For some, it was the dynamic and unpredictable environment of the AP, where no two days looked the same and work was always energetic and surprising. As one manager commented, *"I just couldn't do a nine to five job in an office, like I think I'd go stir crazy. Where's the chaos and where's the laughs?."* For others, it was that the AP approach reflected their own beliefs and values. Specifically, that justice involved women were capable of change and that second chances should be generously given. As one staff member stated:

I feel very strongly and very passionately that people can change, and I know it sounds a little bit of a cliché but I only do the job for that reason... I believe every woman that comes here should have a fair opportunity to be given the chance to change, to move forward.

Participants also spoke of the residents themselves as reasons to keep going with the work, with one participant declaring *"I love the women!"*. Residents were described as funny: *"they are the most hilarious group of people, I laugh every day"*, resilient, and full of personality. As a manager stated, *"that's why I and all of the [team] love this job, the women give you so much."* Another manager recalled residents singing to them outside when they arrived at work: *"it made me smile. You know, it's the little things."* The residents' tenacity and resolve were also admired and were said to impact positively on staff members' outlooks: *"[they] put things into perspective about things that matter."* Indeed, the emotional significance of these everyday moments was often linked to recognition of what residents had lived through.

Most evident, however, was the feeling of having made a difference. Participants believed in what they were doing, knew that their work was essential, and took heart in being part of each resident's journey. Stories of hope and success were shared in abundance, and though not every story ended well, and not every outcome was positive, each one was a concrete example of why staff kept going in their work. The *"small things"*, *"little wins"* and the *"glimmers of progress"* were celebrated as much as the total turnarounds. And every 'thank you' and every moment of connection with residents, past or present, was valued. For example:

It's a really rewarding job... even if they don't move on, or they end up in prison, the impact you've had on their life is massive.

We have residents kind of months, years down the line that will reach out for support. It's like actually, we meant so much to them... and I just think it shows just how significant being here is for that person during that time.

And then something small will happen and it just makes you think. That's why I do the job... you get a phone call from an ex-resident who says, 'oh, I've moved on to my own place', and they'll send you an e-mail with their photos.

Ultimately, though the Criminal Justice System was often felt to work against women, AP staff were as passionate in their attitudes as they were in their practice. As one staff member beautifully put it:

You cannot change the world, but you can at least change one person's experience. And that's all you can do... so make the broken system a little bit better by your presence.

5.7 Chapter summary

This chapter has focused on what helps staff and managers cope with the demands of working in women's APs. It highlights the importance of supportive teams, good management and having opportunities to talk about and reflect on difficult experiences.

Staff described colleagues as an important source of emotional and practical support, while approachable and understanding managers helped staff feel trusted and valued. Staff also used different forms of self-care, such as exercise, humour, socialising and maintaining boundaries between work and home.

Supervision, training, reflective practice and support following difficult incidents were also seen as important in helping staff manage the emotional demands of the work and develop their practice. Overall, the chapter shows that staff are sustained by strong relationships, supportive working environments, self-care and a belief in residents' ability to change. It also highlights opportunities to strengthen wellbeing support and recognise the unique demands of women's APs.

6.0 Overall summary

The previous three chapters have offered a highly detailed exploration into the practical and emotional demands of working in a women's Approved Premises. This penultimate chapter subsequently revisits the research aims and considers this alongside the main findings, drawing together and clearly signposting the key learning points from the study.

6.1 Revisiting the aims of this research

The aim of this research was to explore the emotional and organisational demands of working in a women's Approved Premises. The research questions were as follows:

- RQ1: What are the emotional demands of working with residents in women's APs?
- RQ2: What are the system pressures and organisational demands facing women's AP?
- RQ3: How do women's APs build and sustain their workforce?

Section 6.2 addresses RQ1, section 6.3 addresses RQ2, and section 6.4 addresses RQ3.

6.2 RQ1 – What are the emotional demands of working with residents in women's APs?

Drawing solely on the experiences of the 16 frontline staff working in the four participating APs, chapter 3 considered what the practical and emotional demands are of working directly with residents living in women's Approved Premises. This is what the participants said:

6.2.1 Relational practice and trauma-informed approaches

Who are AP staff working with? Participants explained how women's AP residents typically present with multiple and overlapping forms of vulnerability, including trauma, mental health difficulties, substance misuse, self-harm, harmful relationships, child loss and physical health needs. Staff told us they were not simply managing accommodation or compliance but working within a demanding residential environment where emotional engagement, consistency and trauma-informed practice were central to everyday work.

Relational practice in women's APs – Staff spoke of building trusting relationships with residents, placing kindness, sensitivity, flexibility and consistency as core components of effective practice. In addition, staff spoke of their willingness and commitment to work in trauma-informed ways by adapting everyday processes, such as inductions, welfare checks and responses to distress, so that residents might feel safe and respected. At the same time, these relationships required staff to balance care with authority, empathy with enforcement, and support with risk management. Staff shared how this created significant emotional labour for them, as they were required to listen, contain distress, avoid judgement, remain patient and regulate their own emotional responses while continuing to provide calm and reliable support.

Navigating distress and the need for emotional containment – Witnessing or responding to self-harm, the need to continue functioning during and after traumatic incidents, and the challenge of not absorbing residents' pain were placed as consistent features of AP life. Staff shared how this was a

constant emotional demand of the role, and though they felt capable of doing so, this requirement for emotional containment often came at a cost. In addition, staff also spoke of managing disappointment. This was particularly evident where residents relapsed, breached conditions or were recalled to prison after staff had invested considerable time and care in supporting them. However, staff expressed how they made sense of these setbacks through an understanding of desistance as a process rather than a single event, which helped them contextualise relapse and recall as part of resident's broader journeys of change.

6.2.2 Setting and maintaining boundaries

Participants also illustrated how practice depends on clear and consistent professional boundaries. While staff sought to build warm and trusting relationships, they also had to avoid becoming rescuers, counsellors, friends or substitute family members. Boundaries were especially important where residents became reliant on particular staff, where self-harm disclosures placed emotional pressure on workers, or where parent-child dynamics emerged. The 24-hour residential environment made this more difficult, as staff were constantly visible and often expected to be available at all times. Boundary-setting was therefore presented as an ongoing negotiation between being responsive and supportive, while also recognising the limits of the role in protecting both staff and residents.

6.2.3 Intersectionality and relational practice

Finally, frontline staff shared how relational practice could be understood through an intersectional lens. Specifically, how staff members' identities and experiences shape how they navigate the work. Age, neurodivergence, race and parental status all influenced how staff experienced relationships with residents and the emotional demands of the role. Younger staff sometimes had to establish authority with older residents. Neurodivergent staff faced particular challenges in busy and unpredictable environments. Black staff carried additional emotional burdens when racism or racially charged offending histories entered the professional relationship, while white staff needed to recognise the limits of their own perspective and avoid making assumptions about the experiences of residents of colour. And staff who were also parents sometimes found residents' histories especially difficult to process. Though relationship building and maintaining is a fundamental requirement of the role, participants showed how this was unevenly experienced amongst AP staff. In doing so, participants also highlighted the need for better routes to support for affected staff.

6.3 RQ2 – What are the system pressures and organisational demands facing women's APs?

Chapter 4 showed that the emotional demands of women's APs are not confined to direct work with residents, but are also shaped by wider organisational, contractual and system-level pressures. While Chapter 3 focused on relational practice and the emotional labour involved in supporting women residents, Chapter 4 examined the broader conditions within which that work takes place.

Participants explained how women's APs operate within complex HMPPS frameworks, where expectations around risk management, accountability, referrals, performance monitoring and partnership working could generate additional pressures and uncertainty. This is what they said:

6.3.1 Working within HMPPS frameworks

Relationships with Probation – Participants' accounts highlighted the importance, but also the complexity, of relationships with probation colleagues. Although staff and managers recognised the significant pressures facing their probation colleagues, they also described tensions around role expectations, communication and responsibility. APs were sometimes experienced as being positioned as a catch-all service for highly complex cases, with staff feeling that Probation involvement could reduce once a resident entered the AP. At the same time, participants acknowledged the different constraints under which probation colleagues work, including high caseloads, limited time and enforcement responsibilities. Participants highlighted that tensions between APs and Probation were often rooted less in individual conflict than in the different positions, pressures and opportunities afforded to each service.

The interminable burden of admin – The administrative and contractual demands of AP work were also said to weigh heavily. KPIs, reporting requirements and repetitive recording practices were often experienced as disconnected from the realities of frontline work, particularly where staff could not see how the information being recorded, or the reports being produced, were used or acted on. This created frustration and impacted morale where measurable outputs were seen to eclipse both resident experience and staff wellbeing.

The challenges of the Central Referral Unit – The admin pressures described above were intensified by referral processes, particularly following the introduction of the Central Referral Unit. Managers described a loss of autonomy and professional discretion in assessing the suitability of placements, while staff and managers alike expressed concern about inappropriate, out-of-area and expedited referrals.

Referral issues were also said to have significant implications for safety, workload and emotional demand. Participants did not object to complexity itself, but to situations where APs were expected to manage levels of mental health need, self-harm risk, substance misuse or crisis that appeared to exceed what the setting could safely provide. Out-of-area referrals further complicated practice by distancing residents from existing support networks, probation relationships and community services, while short-notice referrals reduced the time available for preparation and pre-release engagement. Together, these processes positioned APs as safety nets within a wider system under pressure, increasing the responsibility placed on staff and managers to manage risk and balance resident care.

6.3.2 Competing demands and negotiating conflicts

Alongside these external pressures, participants also explored challenges within the AP itself. The intensity of the residential environment, the demands of shared workspaces, the presence of different staff roles and employment arrangements, and the emotional character of all-women staff teams all shaped team dynamics. While participants valued their colleagues and often described strong bonds of support, close-proximity working also created tensions around workload, role expectations, agency staffing, communication and perceived standards of care. For managers, these dynamics generated further emotional labour, as they were required not only to oversee operational safety, but also to contain and respond to the distress and conflict experienced within their teams.

6.3.3 How is psychological safety conceptualised?

Finally, participants spoke of the importance of psychological safety in women's APs. For frontline staff, psychological safety was linked to being able to use initiative, make decisions, speak openly,

feel heard, access meaningful support, and process difficult incidents without fear of judgement or blame. Where support was absent, inconsistent or perceived as tokenistic, staff felt overlooked and even personally responsible for decisions made under pressure. For one participant, a sustained lack of psychological safety resulted in a lack of focus, feelings of dread about making mistakes at work and a sense of impending burnout.

For managers, psychological safety was more related to interactions with the wider organisation and Probation systems, particularly where their professional judgement was questioned or where their local knowledge appeared to be disregarded.

Participants concluded that system pressures, organisational demands and internal team dynamics all shape the emotional conditions of women's AP work. Psychological safety was characterised not as an optional or abstract concern, but a practical requirement for enabling staff and managers to continue providing safe, responsive and trauma-informed support in highly demanding residential settings.

6.4 RQ3 – How do women's APs build and sustain their workforce?

In the final analysis chapter, an appreciative inquiry perspective was adopted to examine the practices and sources of support that sustain frontline staff and managers working in women's APs. While Chapters 3 and 4 explored the emotional, organisational and system-level demands of the work, Chapter 5 focused on what enables people to continue doing it well. Participants' accounts highlighted the importance of positive team cultures, supportive management, opportunities for reflection and learning, and the everyday practices of care, humour and mutual reassurance that help staff remain resilient within such demanding environments. Here is what they said:

6.4.1 The crucial role of the team

The central role of the team – participants described colleagues as a vital source of emotional containment, practical help and shared understanding. In a context where confidentiality limits what can be taken home or discussed with family and friends, colleagues provided a uniquely important space for processing difficult experiences, seeking reassurance and maintaining morale.

The importance of managers – Similarly, line-managers also emerged as an important source of support. Participants valued managers who were approachable, compassionate, flexible and willing to listen. Examples of good management practice included open-door conversations, collaborative decision-making, trust in staff judgement, encouragement to use initiative, and responsiveness to individual needs, including reasonable adjustments. Managers themselves described the importance of supportive senior relationships, particularly where they were trusted and afforded flexibility in how they carried out their roles.

6.4.2 Self-care and self-preservation

Participant accounts also revealed practices of self-care and self-preservation in order to manage the emotional impact of the work. Participants described a wide range of strategies, including exercise, mindfulness, journaling, counselling, socialising, humour, walking, music, and deliberate efforts to separate work and home identities. Importantly, self-preservation was not framed as disengagement from residents, but as a necessary part of sustaining compassionate practice. Staff described learning how to hold residents' emotions in mind without absorbing them as their own, maintaining

emotional boundaries while still showing empathy and care.

6.4.3 Organisational support structures

Organisational support structures were also identified as important. Supervision, reflective practice, case consultations, post-incident debriefs, clinical input, and OPD psychology support all offered opportunities for staff to process experiences and strengthen practice. Training and shadowing were also viewed positively, although participants recognised that the unpredictable nature of AP work meant that learning was often most effective through lived professional experience.

6.4.4 Building and retaining the workforce

Characteristics of a good AP staff member – In considering the AP workforce, participants shared the qualities they thought made women's AP work possible e.g., resilience, empathy, confidence, good judgement, boundaries, adaptability and a belief in residents' capacity for change. Managers described recruitment as being less about prior experience and more about values and core skills.

Clearer roles and responsibilities – Participants identified a need for clearer roles, more consistent responsibilities and safer staffing levels. Night shifts were flagged as a particular concern, as limited staffing could leave teams overstretched when responding to serious incidents.

Supporting staff – Participants wanted stronger support for staff wellbeing, including protected wellbeing time, routine post-incident check-ins, clinical supervision and reflective practice. Confidential, in-person psychological support and trauma-informed interventions such as Trauma Risk Management (TRiM) were viewed as especially valuable.

AP work is part of a career pathway – AP work was viewed as part of wider career journeys, understanding that the demanding nature of the work often saw a need for people to move on to other things. However, while retention challenges were recognised, managers framed this positively, seeing the AP as a place where people might grow and develop professionally.

Strengthening the women's AP model – More broadly, participants called for additional women's AP places, longer placements, better move-on housing, improved mental health provision and more specialist PIPE APs. They also stressed that women's APs should be recognised as distinct from men's provision, with stronger partnership working and policies, referrals, risk management and services designed around women's specific needs.

Retaining the workforce – Finally, participant accounts spoke of the deeply positive accounts of what keeps them in the work. Most powerfully, participants described being sustained by the residents themselves, by the belief that justice-involved women can and do change and that even small acts of care can have lasting significance.

7.0 Discussion and conclusion

The purpose of this research was to illuminate a crucial area of the justice system that is neither well known nor well represented in research. Its aim and focus has been entirely exploratory, with the goal being to inform others, both inside and outside of the sector, what working life looks like for professionals operating within these distinctive 24-hour environments. Accordingly, the report concludes not with formal recommendations, but with reflections on how the findings can help those working in or with women's Approved Premises understand the demands placed on AP staff and the emotional and psychological costs of the work.

7.1 Discussion

7.1.1 The specific emotional demands and costs of working with residents in women's APs

The demands and emotional impact of working with people in the justice system are well documented. Such experiences have been identified across a range of criminal justice settings, including the prison estate (Nylander & Bruhn, 2020; Robinson, 2020), the courts (L'Hoiry, 2026), and most extensively, probation (e.g., Phillips et al., 2020; Westaby et al., 2020, 2025). With the latter, particular attention has been drawn to the prevalence and impact of emotional labour, specifically, the consequences of sustained emotional work, including emotional exhaustion, compassion fatigue (Roberts, 2026) stress, and burnout (Phillips et al., 2024).

Within this, there has been increasing focus on how this looks through the lens of gender, recognising that practitioners working with justice-involved women face additional challenges in their practice, e.g., balancing trauma-informed approaches with offence-focused work; the increased need for empathy, understanding and listening; and the elevated risks of secondary and vicarious trauma (Burman et al. 2018; Ellis Devitt, 2024; Goldhill, 2019; Rushton & Morley, 2024; Shepherd, 2022).

However, the research presented in this report has offered a further perspective. While many of the themes identified are similar to those found in other research exploring the realities of working with women in probation contexts, it also presents distinctive challenges. These include: the likelihood of witnessing and responding to self-harm, suicide attempts and deaths; the heightened risk of residents becoming reliant on particular staff members due to practitioners working within the environment in which the residents live; and the reality of never being fully 'off duty', with staff remaining visible and accessible to residents at most times.

Though the research highlights significant advantages to AP work, particularly around the increased opportunities for building strong and trusting relationships with residents, e.g., through having more time (than perhaps probation colleagues) to connect and work with them; being more able to respond to residents' needs as they arise; and being more able to identify and manage residents' wellbeing concerns simply by virtue of working in their living space, there were also increased risks of such proximity. In particular, this research has shown that in achieving these stronger working relationships with residents, staff experience greater emotional fallout where there are problems and ruptures. For example, the profound disappointment of seeing a successful substance-misuse key-work session followed by a resident being found smoking crack cocaine in their room or witnessing weeks or months of progress undone by a single incident resulting in a resident's recall to prison. Indeed, though these relationships were often felt to be hard won, they were equally framed

as hard lost.

Importantly, the research also draws attention to a relatively new perspective concerning work with justice-involved women, specifically, how relational practice can be affected by a practitioners' own identity and personal characteristics. And here, we refer to the importance of considering emotional impact through an intersectional lens. Practitioners' age, neurodivergence, race and parental status were all shown to shape experiences of relational work with residents, either through the practitioner reflecting on their own privilege, assumptions and biases, or through considering how their own identity might make the job that much harder or more isolating. Indeed, the research highlights the additional emotional demands faced by some practitioners when their own identity intensifies emotional expectations and requires increased emotional containment.

These findings sit comfortably within a growing body of work in this area. A recent HMIP Academic Insights article highlights the importance of intersectionality in enabling better working relationships with people on probation. O'Neil, Nudd and Parmar (2026) raise crucial points around the importance of enabling practitioners *"to comprehend the full complexity of the individuals they work with"* and to *"reflect on their own values, assumptions, and positionality"* (p.14). Although the authors' focus lies principally in guiding practitioners towards better relational work with people on probation, the reflective and reflexive practices they advocate for are equally valuable for practitioners in making sense of, and validating, their own needs. Considering practitioners' own identities, values, and positionality may not only support their understanding of those they work with but may also help them recognise and manage the additional emotional demands of the work, and the support that they may need in navigating that.

7.1.2 Exploring the system pressures, organisational demands and psychological safety in women's APs

This research also considered the (practical and emotional) demands of working in a women's AP from both an organisational and system-wide perspective. While the emotional impact of this work might instinctively be attributed to the intensity of the environment and the complex, often high-risk needs of residents, the findings of this research suggest that frustration, exhaustion and burnout were more pronounced in accounts of navigating internal dynamics, meeting organisational demands and working within often rigid operational frameworks. This is consistent with other research linking organisational factors to burnout (e.g., Phillips et al., 2024).

From a system pressures perspective, one of the main issues for participants concerned the implementation of the Central Referral Unit (CRU). CEOs, managers and frontline staff all described strains arising from CRU processes, particularly the loss of autonomy over referral assessments. Participants highlighted three recurring problems: referrals involving residents with serious, complex and multiple needs; out-of-area placements that separated residents from their probation region and essential support services; and expedited referrals that left APs little time to prepare for a resident's arrival or to address their fears and expectations about AP life. This left staff feeling like things were out of their control, that they were undermined in their judgement and that they were battling over decisions that they ordinarily would have made at AP level. These findings directly echo those found in a report by HMIP (2026) exploring the role of APs in successful reintegration, who conveyed that AP staff perceived the introduction of the CRU to be *"deeply problematic"*, reducing managers' authority over decisions and increasing inappropriate placements (HMIP, 2026, p.13). Pertinently, the report noted that AP staff stressed the need for timely placements and early notification of placements, which allowed for the gathering of relevant information and better

preparing (future) residents for release. Such considerations were said to foster stronger relationships, ease residents' transition to and settlement in the AP, and ultimately, *"led to better motivation and engagement from residents, and minimised disruption within the AP."* (HMIP, 2026, p.13). These findings, both HMIP's and the one's described in this report, suggest that timely, well-informed referral decisions are essential to safe risk management, effective relational practice and residents' successful transition into AP life, and as such, should be a specific point of focus for national policies and procedures.

Participants also revealed pressures and strains faced *within* the AP. Women's APs were presented as demanding environments where shared, interruption-heavy workspaces, differing expectations of care, and divisions between staff groups could create conflict and increase workload. Tensions between permanent and agency staff were highlighted and felt to be especially significant because unfamiliarity with procedures and residents' risks could undermine confidence and safety. Some participants also linked team dynamics to menopause, hormonal changes, and the emotional intensity of all-women teams. Significantly though, managers carried substantial hidden emotional labour in managing these team dynamics, absorbing staff distress while maintaining safe service delivery, often at personal cost. Again, this finding directly reflects research elsewhere. Westaby et al.'s (2025) research into emotional labour among senior probation officers observed line managers performing high levels of emotional labour and the adverse impacts on their well-being. Indeed, in both studies, it might confidently be argued that the emotional labour involved in managing frontline colleagues is an organisational issue rather than simply an individual psychological burden for managers to carry.

Such system pressures and organisational demands subsequently shaped staff experiences of psychological safety, although these experiences differed across roles and levels of responsibility. For support/residential workers and keyworkers, concerns typically centred on not feeling heard or having their contributions acknowledged. For managers, psychological safety was more closely affected by decisions made by external agencies, particularly where these constrained their sense of control over safeguarding and risk. At senior leadership level, system-wide changes introduced beyond their control created a different set of challenges, requiring leaders to implement new processes and place additional demands on staff, potentially generating tension and resistance.

In more acute cases, these pressures appeared to bring staff close to burnout. Some participants described frustrations arising from continually not being trusted to make the right decisions, with others relaying all-consuming fears about the consequences of making mistakes. These experiences closely reflect Phillips et al.'s (2024, p. 128) observation that *"Emotionally exhausted practitioners are more likely to become risk averse as a coping mechanism against what might happen if something were to go wrong"*. The findings suggest that AP staff may similarly respond to organisational pressures by adopting more risk-averse approaches to their work.

The consequences of poor or absent psychological safety were significant, with staff describing doubting their own judgement, feeling disconnected from their roles and, in one case, feeling unable to continue doing the work. Conversely, where psychological safety was strong, staff felt supported, confident, and crucially, able to make critical decisions. This reinforces Lawrence's (2025, p. 16) argument that *"justice staff who feel psychologically safe to ask questions... and work innovatively are enabled to then better support their service users."* Psychological safety, therefore, is not only essential for AP staff wellbeing, but for their capacity to exercise professional judgement and provide effective support to those in their care.

7.1.3 Support, wellbeing and resilience in women's APs

Finally, this research shines a light on what enables AP staff to undertake such emotionally demanding work, and crucially, keep them doing it. First and foremost, participants spoke of the wider team as being central in keeping them connected and grounded. Though there were problems, and in a minority of cases, quite challenging ones, strong, trusting relationships between colleagues were seen as not merely desirable, but essential to sustaining staff and enabling them to do the work safely.

Trusting relationships with line managers were equally important. Frontline staff identified transparency, approachability, respect and reciprocity as key features of effective management, helping to create a happier and more engaged workforce. Likewise, AP managers emphasised their own need for reliable support and opportunities for reflective supervision.

Important too was the organisational approach to supporting staff growth and development (e.g., supervision, reflective practice, case consultations, post-incident debriefs and clinical input). Staff and managers alike valued these opportunities to connect, debrief and reassure one another. However, as found in other research (Ellis Devitt, 2020; Lawrence, 2025), there were also concerns about group level approaches to support, where admissions of struggle might be perceived as weakness and reflective practice as opportunities to offload rather than learn. A finding which suggests that organisations might need to review support routes to better understand what works for their staff.

More broadly, participants called for greater recognition of the distinct nature of women's APs compared with men's provision. AP managers, in particular, described the emotional toll of repeatedly having to explain and advocate for women's specific needs in APs, and for the time and resources required to meet them. This finding directly reflects the Criminal Justice Joint Inspectorate's (2024, p. 32) conclusion that most women's AP managers felt that probation line managers and the wider directorate were more familiar with, and focused on, the much larger male estate and did not understand "*the specific needs and profile of the women's estate*". This left managers feeling unsupported, isolated and frustrated at not being fully understood. Greater recognition of these distinct demands is therefore an important consideration in sustaining the workforce, particularly in retaining managers.

Ultimately though, this research highlights why so many (female) practitioners take on such emotionally demanding work with justice-involved women. Though the conditions are often challenging, and the environments unpredictable, AP staff communicated a resolute and unshakeable belief that by being part of a system that so frequently seems stacked against women, their presence in it might just be the difference in one woman's story of change.

7.2 Conclusion

As explored in the introduction to this report, APs are among the least discussed and understood parts of the justice system, and are rarely researched (HMIP, 2026a; Reeves & Marston, 2023). Research that exists focuses largely on the male estate (e.g., Irwin-Rogers, 2017), and where women's APs are explored, it appears to be led exclusively by HM Inspectorate of Probation (HMIP), either alongside provisions for women in the wider justice system (e.g. Criminal Justice Joint Inspection, 2024), or as part of the Approved Premises inspection programme. This study therefore fills a crucial gap in the literature base, shining a light on this vital part of the justice system that is all too often overlooked. Furthermore, the themes explored in this work add significantly to understanding the

gender-specific requirements of working with women in community justice contexts.

Future research might extend the knowledge base around APs in three other directions. First, it could examine emotional labour, psychological safety and workforce sustainability in women's PIPE APs, where mental health support is more explicitly embedded in the model. Second, it might look comparatively at HMPPS APs and independent APs, mapping differences between the state-run services rather than those contracted out to third-sector organisations (though in the women's estate, the comparisons might be rather limited given there is only one solely state-run women's AP¹³). And perhaps most significantly, third, it could consider these findings across the male AP estate, distinguishing the pressures common to Approved Premises from those produced specifically by gender-responsive, relational and trauma-informed practice in women's settings.

¹³ As opposed to PIPE APs, which are run through HMPPS in partnership with the NHS.

References

- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp0630a>
- Bloom, B. E., & Covington, S. (2008). Addressing the mental health needs of women offenders. *Women's mental health issues across the criminal justice system*, 160-176.
- Burman, M., Robinson, R. & Crowley, A. (2018). *Working with women and girls: Researching experiences of vicarious traumatisation*. The Scottish Centre for Crime and Justice Research. <https://www.sccjr.ac.uk/wp-content/uploads/2020/04/Vicarious-Traumatisation-Research-02.-2018.pdf>
- Crenshaw, K. (1989). *Demarginalizing the intersection of race and sex: a black feminist critique of antidiscrimination doctrine, feminist theory, and antiracist politics*. University of Chicago Legal Forum.
- Criminal Justice Joint Inspection (2024). *The quality of work undertaken with women*. HM Inspectorate of Probation and HM Inspectorate of Prisons. <https://hmiprobation.justiceinspectorates.gov.uk/document/the-quality-of-work-undertaken-with-women/>
- Edmondson, A. (1999). Psychological safety and learning behavior in work teams. *Administrative Science Quarterly*, 44(2), 350–383. <https://doi.org/10.2307/2666999>
- Edmondson, A. C., & Bransby, D. P. (2023). Psychological safety comes of age: Observed themes in an established literature. *Annual Review of Organizational Psychology and Organizational Behavior*, 10, 55–78. <https://doi.org/10.1146/annurev-orgpsych-120920-055217>
- Ellis Devitt, K. (2020a). *Resilience, wellbeing and sustainability in women-led probation service delivery: Exploring the 'Women's Lead' role*. Interventions Alliance. <https://interventionsalliance.co.uk/wp-content/uploads/2026/05/KSS-CRC-Womens-Lead-Report-October-2020.pdf>
- Ellis Devitt, K. (2020b). The cost of empathy: women who supervise women on probation. *Probation Quarterly* (17) 24-28. <https://static1.squarespace.com/static/5ec3ce97a1716758c54691b7/t/5f43951785783706be4d0417/1598264602138/The+cost+of+empathy+-+women+who+supervise+women+on+probation.pdf>
- Ellis Devitt, K. (2024). The Practical and Emotional Demands of Working with Women on Probation. In Ricciardelli, R., MacDermid, J. C. & Ferguson, L. (Eds.), *Occupational Stress Injuries: Operational and Organizational Stressors Among Public Safety Personnel* (pp.93-112). Routledge.
- Goldhill, R. (2019). The complexities of managing gendered violence in an English probation setting. *European Journal of Probation*, 11(2), 53-71. <https://doi.org/10.1177/2066220319862773>
- HM Inspectorate of Probation (2017). *Probation Hostels' (Approved Premises) Contribution to Public Protection, Rehabilitation and Resettlement*. Thematic Inspection. <https://webarchive.nationalarchives.gov.uk/ukgwa/20241206065024/https://www.justiceinspectorates.gov.uk/hmiprobation/inspections/ap/>
- HM Inspectorate of Probation. (2025). *Relational practice*. <https://hmiprobation.justiceinspectorates.gov.uk/our-research/evidence-base-relationship-centred-services/relational-practice>
- HM Inspectorate of Probation (2026a). Bridging custody and community: The role of Approved Premises in successful reintegration. *Research & Analysis Bulletin* 2026/01. <https://cdn.websitebuilder.service.justice.gov.uk/uploads/sites/32/2026/02/Approved-Premises-RAB.pdf>

- HM Inspectorate of Probation (2026b). *An inspection of Merseybank Approved Premises*.
<https://hmiprobation.justiceinspectorates.gov.uk/document/an-inspection-of-merseybank-approved-premises-2026/>
- Hochschild, A.R. (1983). *The Managed Heart: Commercialization of Human Feeling*. University of California Press.
- Irwin-Rogers, K. (2017). Staff-resident relationships in approved premises: What a difference a door makes. *Probation Journal*, 64(4), 388–404. <https://doi.org/10.1177/0264550517728785>
- L'Hoiry, X. (2026). 'Empathy pouring out of your bones': Emotions and emotional labour in courts—The case of young magistrates in England and Wales. *Criminology & Criminal Justice*, 26(3), 939–957.
<https://doi.org/10.1177/17488958241298492>
- Lawrence, J. (2025). The importance of psychological safety in advancing community justice practitioners' knowledge and practice when working with trans people. *Probation Journal*. Advance online publication.
<https://doi.org/10.1177/02645505251347244>
- Marston, P. & Reeves, C. (2022). Approved Premises: Futures of Control in the Community. In Burke, L., Carr, N., Cluley, E., Collett, S. & McNeill, F. (Eds.) *Reimagining Probation Practice: Re-forming Rehabilitation in an Age of Penal Excess*. Routledge.
- Ministry of Justice (2025). *Community Accommodation Service Tier 1 (CAS1) - Approved Premises Policy Framework*.
https://assets.publishing.service.gov.uk/media/68d524c5275fc9339a248cd2/2025_09_25_Community_Accommodation_Services_1_Policy_Framework.pdf
- Nylander, P. Å., & Bruhn, A. (2020). The emotional labour of prison work. In Phillips, J., Westaby, C., Fowler, A. & Waters, J. (Eds.) *Emotional Labour in Criminal Justice and Criminology*. Routledge.
- Office for Health Improvement & Disparities. (2022). *Working definition of trauma-informed practice*.
<https://www.gov.uk/government/publications/working-definition-of-trauma-informed-practice/working-definition-of-trauma-informed-practice>
- O'Neill, S., Nudd, D., & Parmar, D. (2026). Intersectionality and probation practice. *Academic Insights* 2026/01. HM Inspectorate of Probation.
<https://hmiprobation.justiceinspectorates.gov.uk/document/intersectionality-and-probation-practice/>
- Phillips, J., Westaby, C. & Fowler, A. (2020). Emotional Labour in Probation. *Academic Insights* 2020/03. HM Inspectorate of Probation. <https://hmiprobation.justiceinspectorates.gov.uk/document/emotional-labour-in-probation/>
- Phillips, J. Anslie, S., Fowler, A. & Westaby, C. (2024). Burning out in probation: An Exploration of Organizational, Operational, and Personal Stressors Amongst Probation Workers in England and Wales. In Ricciardelli, R., MacDermid, J. C. & Ferguson, L. (Eds.), *Occupational Stress Injuries: Operational and Organizational Stressors Among Public Safety Personnel* (pp.113-133). Routledge.
- Reeves, C. & Marson, P. (2023). Realising the rehabilitative potential of approved premises. *Academic Insights* 2023/11. HM Inspectorate of Probation.
<https://cdn.websitebuilder.service.justice.gov.uk/uploads/sites/32/2023/12/Academic-Insights-Realising-the-rehabilitative-potential-of-approved-premises.pdf>
- Roberts, A. (2026). *The cost of caring: Compassion fatigue in probation practice*. *Academic Insights* 2026/07. HM Inspectorate of Probation. <https://cdn.websitebuilder.service.justice.gov.uk/uploads/sites/32/2026/08/The-cost-of-caring-compassion-fatigue-in-probation-practice.pdf>
- Robinson, C. (2020). Prison officers. In Phillips, J., Westaby, C., Fowler, A. & Waters, J. (Eds.) *Emotional Labour in*

- Rushton, C. and Morley, C. (2024). *A paradoxical paradox: Exploring probation staff attitudes towards working with women*. The Griffins Society / Probation Institute.
<https://static1.squarespace.com/static/5ec3ce97a1716758c54691b7/t/67544753f7ee7d4b15694fbb/1733576532068/griffins-research-paper-2022-04-abstract-final.pdf>
- Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach* (HHS Publication No. SMA 14-4884). U.S. Department of Health and Human Services. https://www.traumainformedcare.chcs.org/wp-content/uploads/samhsa_trauma_concept_paper.pdf
- Shepherd, B. (2022). Women working with women – vicarious trauma in the probation service. *Probation Quarterly*, 24, 24-28. <https://doi.org/10.54006/XWXW8220>
- Westaby, C., Fowler, A., & Phillips, J. (2020). Managing emotion in probation practice: Display rules, values and the performance of emotional labour. *International Journal of Law, Crime and Justice*, 61, Article 100362. <https://doi.org/10.1016/j.ijlcrj.2019.100362>
- Westaby, C., Ainslie, S., Fowler, A., & Phillips, J. (2025). 'You're trying to juggle everything': Understanding the consequences of emotional labour for senior probation officers in England and Wales. *European Journal of Criminology*, 22(5), 785–805. <https://doi.org/10.1177/14773708241312816>