Her Majesty's
Inspectorate of
Probation

Working with trauma in adult probation

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HM Inspectorate of Probation is committed to reviewing, developing and promoting the evidence base for high-quality probation and youth offending services. Our *Research & Analysis Bulletins* are aimed at all those with an interest in the quality of these services, presenting key findings to assist with informed debate and help drive improvement where it is required. The findings are used within the Inspectorate to develop our inspection programmes, guidance and position statements.

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Executive summary

Context

Trauma-informed practice (TIP) originated in healthcare organisations but is now increasingly being adopted by a range of frontline services, including in the criminal justice system. Generally, trauma-informed services do not offer treatment for trauma but provide services that recognise people are likely to have experienced trauma and adversity. Principles of TIP were developed to improve staff knowledge about the impact of trauma, how it manifests in behaviour, and to develop organisational culture and practices that ensures a person's trauma does not impede their access to services. This bulletin explores the experiences of staff working with trauma in adult probation.

Approach

The findings are based upon interviews with probation practitioners and managers in England. Twenty-seven individual interviews and two focus groups with a total of eleven participants were conducted between April and November 2021. Additionally, to inform this study, researchers examined training materials and other TIP resources that have been developed by participants in the study. Researchers were also able to participate in a 'Becoming Trauma-Informed' training session (see pp.13-14) for probation court staff (see Annex A for full methodology).

Key findings and implications

- There are pockets of practice throughout the Probation Service that unquestionably meet the 'criteria' of TIP. Importantly, much of this work is with the most vulnerable people on probation; women, young adults, and those with mental health and/or personality disorder diagnoses.

- Staff identified a number of benefits of using TIP for themselves and those with whom they work. In particular, trauma-informed approaches feel intuitive, improve job satisfaction, can help overcome the dissonance between personal and professional values and organisational demands, can help create a meaningful working relationship between the practitioner and the person on probation, and they provide a more humane lens through which to redefine the more punitive aspects of practice.

- Formal training, clinical supervision, knowledgeable and committed line management, and buy-in from senior leaders were identified as important in providing support to staff using TIP and there were strong examples of this in practice, particularly for those working with individuals screened into the personality disorder pathway. Overall, however, staff felt the professional culture in probation encourages work practices that can result in vicarious trauma, compassion fatigue, burnout, and that staff wellbeing is not prioritised.

- Most staff believed the Probation Service can become a trauma-informed organisation, but that there are at present significant barriers to progress. These include the challenges of reconciling TIP within a system of punishment, processes being prioritised over people, lingering organisational cultures of fear, shame, and blame, a lack of knowledge and genuine buy-in from senior leaders, unmanageable workloads, and the continued dominance of the risk management paradigm.

1. Introduction

This bulletin explores the experiences of staff working with adult trauma in probation and the practices embedded to support staff's awareness and approach when working with individuals who may have trauma histories.

There is no agreed definition of trauma. The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) defines trauma as *'exposure to actual or threatened death, serious injury or sexual violation'* (American Psychiatric Association, 2013). This definition is necessarily restrictive, functioning as it does as the basis for diagnoses of post-traumatic stress disorder (PTSD). More expansive definitions of trauma stress that it can be marked by physical, behavioural, cognitive and affective responses (Centers for Disease Control and Prevention, n.d.). 'Complex trauma' refers to types of trauma that occur repeatedly and cumulatively over a period of time, and often within family and other intimate relationships from which the victim cannot physically or psychologically escape (Herman, 2015). Traumatic events can take many forms, including catastrophic injury and illnesses, discrimination, emotional, sexual, or physical abuse, including intimate partner abuse, assault, and rape (Herman, 2015). Trauma can be both an event and a response to an event that causes debilitating fear and powerlessness; it is *'an inescapable stressful event that overwhelms one's existing coping mechanisms* (van der Kolk and Fisler, 1995: 506, see also McCarten, 2020). In the criminal justice context in England and Wales, understandings of trauma have been dominated by the discourse around Adverse Childhood Experiences (ACEs). ACEs are negative childhood experiences of abuse, neglect, and household dysfunction that have been shown to impact on adult physical and psychological health. ACEs have also been associated with harmful behaviours such as drug use, interpersonal violence, and entry into the criminal justice system (McCarten, 2020).

The prevalence of ACEs, PTSD and Complex PTSD among the male prisoner population has been found to be higher than among the general population (Ford et al., 2019; Facer-Irwin et al., 2021), with strong correlations identified between high ACEs and youth, prolific, and violent offending (Ford et al., 2019). Studies specifically on young people in the justice system have found they have a disproportionate amount of trauma in their backgrounds, are more likely to have suffered adverse impacts from trauma, and display problematic behaviour that is linked to their experiences of trauma (Liddle, Boswell, Wright and Francis, 2016). Significant trauma histories are particularly prevalent among women in prison; for example, in a recent study involving women in prison in Scotland, 91 per cent were identified as having experienced both childhood and adult trauma (Karatzias et al., 2017).

Services within and connected to the criminal justice system including prisons, youth justice, mental health, and drug treatment services have sought to adopt TIP due to the prevalence of trauma histories and experiences in the lives of justice-involved individuals (Bradley, 2017; Facer-Irwin et al., 2021; Ford et al., 2020; Vaswani, 2019). Trauma-informed approaches help services to reinterpret some of the behavioural manifestations of trauma, which can initially be perceived to be 'aggressive/challenging' or an 'unwillingness to engage' (Dermody et al., 2018) through a trauma lens as adaptive behaviours responding to trauma. This can improve staff members' responses to traumatised individuals, enriching the experience for both staff and individuals accessing services/support, which could in turn increase positive engagement with probation (Lambert and Gill-Emerson, 2017; Huckshorn and LeBel, 2013).

Harris and Fallot (2001) note that systems often serve individuals without being aware that trauma(s) has occurred, resulting in inadvertent re-traumatisation, and the re-emergence or exacerbation of trauma symptoms. Therefore, it is important to recognise that not all individuals accessing support from probation will have disclosed their experiences of trauma and victimisation prior to engaging with the service. Research from the Substance Abuse

and Mental Health Services Administration (SAMHSA, 2015) suggests that disclosing experiences and/or consequences of trauma can feel as unsafe and dangerous as when the trauma originally occurred. This highlights the importance of working in a way that recognises the normality of trauma, that assumes trauma to be an expectation rather than an exception, and the need for an appropriate response, such as a trauma-informed approach (Barnett Brown, 2018).

A trauma-informed approach largely follows six core values (Safety, Trust, Choice, Collaboration, Empowerment, and Inclusivity; see p.10) to incorporate trauma knowledge across all aspects of organisational policies, governance, and service planning/delivery (Covington, 2016). As set out in Figure 1, the original application of trauma theory within the design of services provided five conditions required to establish trauma-informed change (see Harris and Fallot, 2001:5-10).

Figure 1: Conditions for establishing trauma-informed change
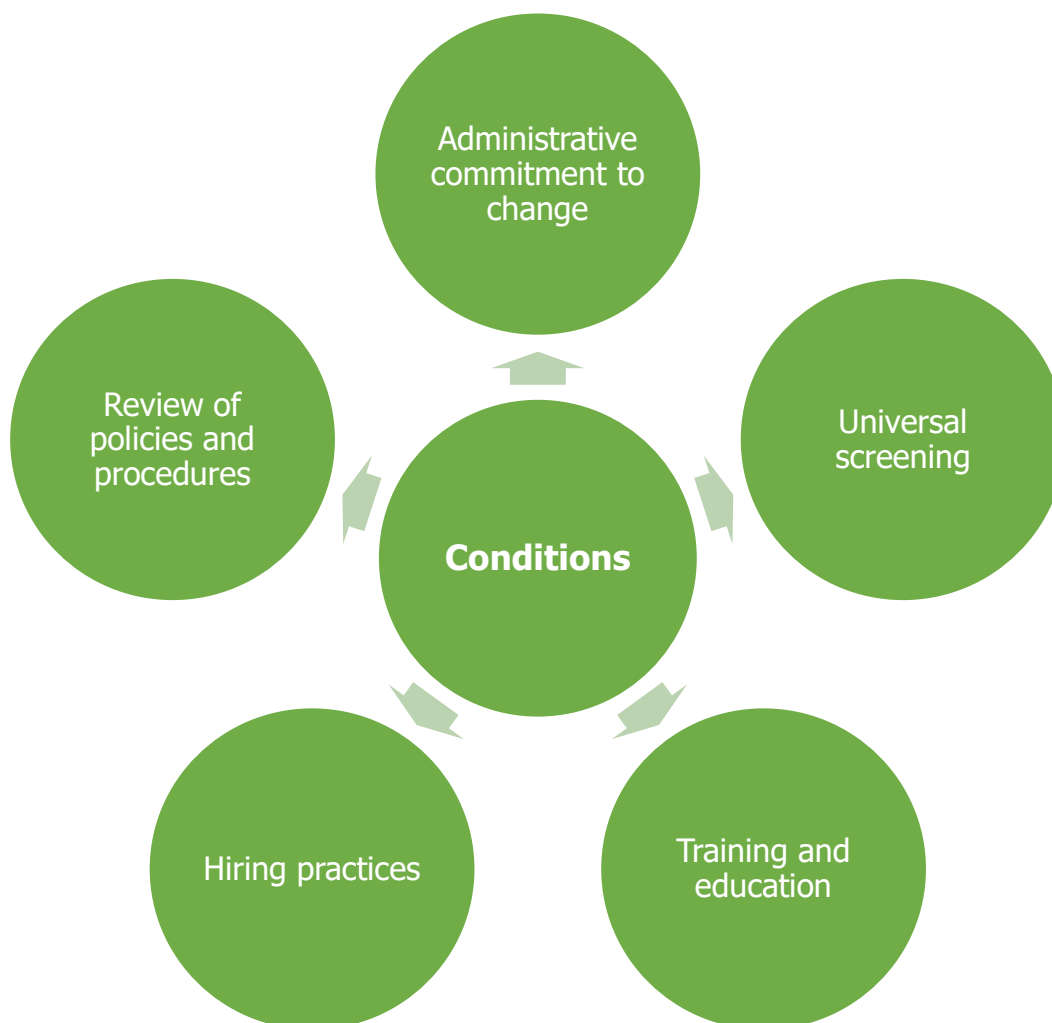
While these conditions arguably support services to begin a journey of becoming trauma-informed, true change emerges from the people who share a 'philosophy about trauma, services and the service relationship, and consumers that reflects a sensitivity to trauma and its importance in the lives of men and women who seek services' (Harris and Fallot, 2001:10)
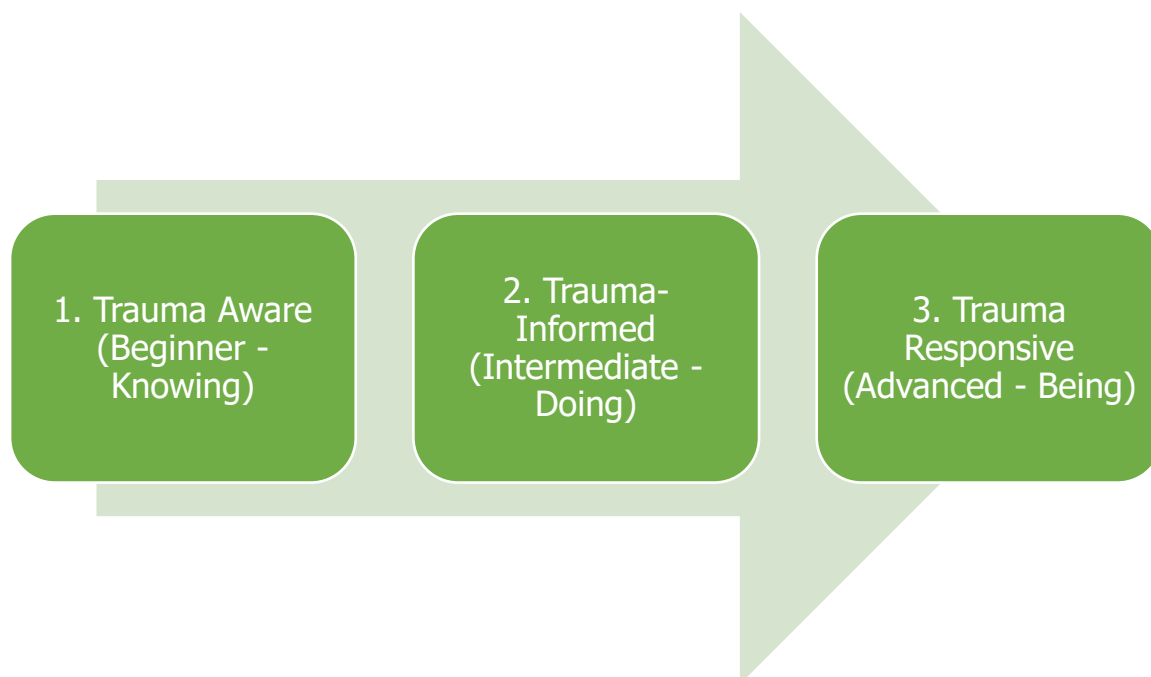
The trauma-informed approach encompasses every aspect of the organisation's fabric and ethos to acknowledge and respond to the impact that trauma can have upon each individual, those both working in and accessing the services of the organisation. Broadly speaking, this approach is influenced by a variety of important considerations (Bradley, 2021; Harris and Fallot, 2001; Henderson and Tebbutt, 2019) including:

- the voices and lived experiences of those with histories of trauma

- a diverse knowledge base including understandings of trauma theories, empirical research, and contemporary publications

- culturally informed, anti-discriminatory, and inclusive practices

- ethical values and principles influenced by trauma knowledge

- a passion for and commitment to life-long learning and reflective practices.

The implementation strategy of the above approach can be the most challenging task for many organisations and environments. It requires commitment, consistency, quality assurance, and evaluation (Covington, 2016). While individuals who access probation services should be at the centre of trauma-informed implementation, staff also need to be pro-actively encouraged, supervised, and supported (see the earlier *Academic Insights paper 2020/05* by Kieran F. McCartan). Additionally, in the criminal justice context, the creation of trauma-informed systems has to factor in concerns including security, public protection, and limitations on choice and personal control.

There are multiple terminologies used within social science, policy, and practice discussions to explore a range of approaches when working with trauma. Bradley (2021) argues that the over-use of trauma terminology by practitioners is often combined with the under-use of appropriate trauma-informed implementation strategies. It is suggested that the haphazard applications of TIP can lead to the dilution of the specialism and the erosion of meaningful trauma-informed work (Bradley, 2021). It is important to differentiate between knowledge and experience of working with trauma within the terminologies to allow practitioners to recognise where they are within the life-long and reflective journey towards becoming trauma-informed. Treisman acknowledges that working with trauma is a journey and ongoing process 'that needs continual attention, re-evaluation, and intentional effort' (2021a:30). As set out in Figure 2, the journey can be understood in three key terms.

Figure 2: Stages of trauma journey

1. Trauma Aware (Beginner - Knowing)	2. Trauma-Informed (Intermediate - Doing)	3. Trauma Responsive (Advanced - Being)

Firstly, **trauma aware** can be understood as the very early discussions which take place in an organisation or team that result in plans to introduce training and trauma knowledge for staff. This could be when some (but not all) staff have received trauma training and begin to develop their awareness of how trauma impacts every individual. Within this stage of the journey, conversations take place which consider how best to embed more trauma training or understanding within the organisation and how all individuals, both staff and those accessing probation, can benefit from this approach. The reason this stage is so distinctive from the others is that implementation plans are in their infancy and development stage and consideration has not been taken either nationally or locally to embed trauma practices thoroughly using a top-down approach. This stage is best considered as developmental, where the organisation gathers evidence, increases knowledge using a variety of sources, and has a clear implementation plan to develop policy, practice, and quality assurance.

The **trauma-informed** stage utilises the knowledge and learning developed within the 'trauma aware' stage and embeds this within governance policies, practices, and approaches when working to support individuals who have experienced trauma. In this stage, it is expected that TIP is implemented in a consistent way. This involves a team of individuals who have the responsibility of reviewing policies and procedures in order to identify possible re-traumatisation either within or by the institution (Brown et al., 2013). Importantly, it requires organisations to recognise and accept that the systems in which they operate can reinforce and exacerbate trauma and to be intentional about minimising policies and practices that are re-traumatising (Treisman, 2021a). The implementation and auditing of TIP is rigorous and should be tailored to the unique needs of the organisation. Becoming trauma-informed requires the organisation to foster a sustainable culture where staff are motivated to be innovative, reflective, and receptive to change. The organisation should also demonstrate a commitment to embed the values and principles of TIP in a way which fosters a nurturing culture and an atmosphere where people care about one another (Fallot and Harris, 2009).

The implementation of TIP is best considered as a top-down approach which requires leaders and organisational 'champions' who can support progression and make change happen (Covington, 2016). Pro-active and transformational trauma-informed leaders will possess qualities such as respect, team orientation, empowerment, trust, empathy, reliability, optimism, honesty, and effective communication (Bloom and Farragher, 2011; Smith, 2011). They will also have the skills and confidence to create brave spaces to drive anti-discriminatory practice (Quiros, 2021). Research conducted by Middleton et al., (2018) suggests that leaders with extensive experience within their organisation are best placed to recognise barriers to implementation, to encourage staff buy-in, and facilitate trauma-informed organisational change. The transformational leadership within trauma-informed approaches is anchored by the core values of TIP, but also the ability to openly communicate authenticity, emotional intelligence, and a strong sense of social responsibility (Middleton et al., 2018). The role of the trauma 'champion' should be given to staff who understand the importance and impact of trauma for everyone in the organisation (Fallot and Harris, 2009). The sustainability of the implementation strategy is an integral consideration in relation to staff turnover (Treisman, 2021a), as changes in leadership and the loss of key influencers and drivers in the approach, can result in complacency and stagnation of the approach.

Figure 3: Framework for trauma-informed organisational change

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- 1. Develop capacity and personal resources of the leadership team
- 2. Foster and build relationships within the team
- 3. Work in partnership and collaboration with other disciplines, services and settings
- 4. Identify better outcomes for staff and those who access services/support
- 5. Transform the organisation

Leadership framework for trauma-informed organisational change

Following the implementation of TIP across every aspect of the organisation and services, there may be an opportunity to begin to work in a 'trauma-responsive' way.

Trauma-responsive practice can be considered as an advanced practice following the implementation of TIP, quality assurance, and evaluation. The organisational ownership of trauma-responsive practice is a long-term, ongoing project, as TIP is woven into the organisation (Treisman, 2021b). At this stage, the organisation moves from being aware and informed about trauma to hardwiring the ideas into the culture and fabric of the organisation. As Treisman (2021b: 139) states, it signifies an organisation moving from 'this is what we do' to 'this is who we are.'

Examples of trauma-responsive practices in organisations are:

- beginning to intentionally change/select new locations based on trauma-informed knowledge and experience, where specially selected staff are hired based on their trauma knowledge, approaches, and specialisms

- designing and developing **trauma-specific services**; tailored programmes or interventions which support and enable long-term trauma healing, and are gender and culturally responsive where necessary

- re-thinking entrenched ways of working, to better actively respond to the long-term impacts on those working with trauma and with experience of trauma and victimisation.

The implementation of TIP and the sustainability of the organisation's approach dictates the ability to measure success and evidence progress. Therefore, the amount of dedication, work, effort, and development required to embed TIP and evaluate progression cannot be underestimated.

2. Findings

This report explores the views and experiences of staff working with adult trauma in probation. The research includes the perspectives of 27 staff who took part in qualitative semi-structured interviews and 11 staff who engaged in two focus group interviews (see Annex A for full methodology). The findings of this research are presented in four sections. Firstly, it reports on the types of trauma-informed approaches currently being utilised within probation and subsequent areas of good practice. It will then explore the benefits of TIP. This is followed by an examination of the support available to staff working with trauma, to consider areas of merit and further development. Finally, the report will acknowledge the culture and environments within probation, to consider some of the challenges associated with implementing TIP. The qualitative nature of this study generated a large amount of very rich data. Due to the constraints on length, only a selection of the research findings are presented in this report.

2.1 Approaches to trauma-informed practice in probation

Rather than following a prescribed set of policies and procedures, a trauma-informed approach adheres to six key principles (see Figure 4) that are the foundation of trauma-informed services and trauma-specific interventions (Fallot and Harris, 2006; Harris and Fallot, 2009; Keeping Bristol Safe Partnership, 2021). The task for those using TIP with adults on probation is how to apply these principles in practice. There is no operational guidance on using trauma-informed approaches in probation, yet this study found that principles of TIP are being applied across diverse areas of service delivery, from individual practitioners finding innovative and creative ways to embed the principles of trauma-informed approaches into their everyday practice, to organisational involvement in county-wide initiatives with other agencies to adopt trauma-informed approaches across services.

Figure 4: Six key principles

1. Safety	• Throughout the organisation, staff, and the people accessing services should feel physically, emotionally, and psychologically safe. The physical setting and interpersonal interactions within service spaces should promote a sense of safety.
2. Trustworthiness	• Organisational processes and decisions are conducted transparently, with the goal of building and maintaining trust among staff and people who use the service.
3. Collaboration	• There is true partnering and levelling of power differences between practitioners and people using the service, and also among staff at all levels of the organisation, from Administrators to Directors. There is recognition that healing happens in relationships and in the meaningful sharing of power and decision-making.
4. Empowerment	• Throughout the organisation, individuals' strengths and skills are recognised, built on, and validated, and new skills developed as necessary.
5. Choice	• The organisation aims to strengthen the staff and people on probation's experience of choice and recognise that every person's experience is unique and requires an individualised approach.
6. Inclusivity	• Organisations intentionally recognise and address inequalities, oppression, and marginalisation. Practice is characterised by sensitivity and humility in responding to diverse needs. Organisations understand the impact of collective and historical trauma.

2.1.1 Trauma-informed practice with individuals on probation

Individual practitioners using the principles of TIP to underpin their work demonstrated an understanding of trauma and an awareness of the impact it can have on people's ability to engage with services:

> "I think fundamentally it's not retraumatising somebody, not adding to the trauma through the system that I am part of. So, whether that's just how I present myself, how I am with somebody. I don't push them on the first appointment to divulge their entire life story. I am open and transparent with them. It builds up that trusting relationship and then, within that, asking them as well, you know, is there something here? Is it the environment? Is it me? Or what is it about the environment that might be difficult for you? Try to identify triggers. And just validating their experience, going 'that must be really shit for you' or, you know, 'God, I don't know how you're getting up in the morning,' and just validating their lived experience." (Participant 22, Probation Officer (PO))

For individual practitioners, using TIP in their work centred on creating relationships that prioritise safety, trust, and collaboration, and actively avoiding individual practices that are likely to retraumatise those they supervise:

> "... just having that safe relationship that means those times with you, they are not re-experiencing trauma and then are not able to engage with the support on offer." (Participant 9, Senior Probation Officer (SPO))

There was evidence of practitioners using skills of TIP in their interactions with the people they supervise including active listening, identifying triggers, demonstrating empathy, and facilitating collaboration in the supervisory relationship (Kubiak et al., 2017). There were also examples of practitioners working beyond the individual relationship to adjust the behaviour of staff, the organisation, and system-wide procedures to support people they supervise (Harris and Fallot, 2001). This was in evidence when practitioners used their knowledge to mitigate institutional processes that can exclude or marginalise those whose trauma manifests in challenging behaviour or has resulted in them falling through gaps in services owing to multiple diagnoses:

> "A lot of my cases are MAPPA 2 or 3,[1] or professional meeting,[2] and trying to overcome barriers ... (big sigh). A personality disorder is an exclusion. It still is. It's never not been, there are no services. (I'm) just constantly looking up, researching things, finding out more information, asking people, picking people's brains. Don't let them be fobbed off. Fight, fight, fight for the case. And just also listen to the person rather than using that language, 'oh he's manipulating or he's doing this so he's not engaging." (Participant 22, PO)

It was acknowledged that some tasks, particularly those associated with assessment and enforcement, feel particularly at odds with the principles of TIP. However, this tension proved fertile ground for practitioner innovation and there were numerous examples in this study of practitioners developing ways of embedding trauma-informed principles into the sentence management elements of the role, particularly those that have the potential to be retraumatising. These included:

- rewriting warning letters from a trauma-informed perspective so that they express empathy and offer an invitation to re-engage

- creating open and transparent approaches to breach and recall processes that focus on enforcement as a mutual acknowledgement of immediate challenges and an opportunity to co-produce a more meaningful way forward

- creating a trauma-informed wording template for the free-text sections of OASys[3] so the assessment of the behaviour is contextualised in the person's experiences of trauma and victimisation

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[1] Multi-agency public protection arrangements (MAPPA) were introduced in 2001 with the aim of improving inter-agency collaboration. They are organised at the police force area, with probation, the police and prison service coming together to form the MAPPA Responsible Authority area. Other agencies, such as the NHS or local authorities, have a duty to cooperate with MAPPA. All should work together locally to identify, assess and manage those individuals who pose a higher risk of harm to others. There are three MAPPA levels; level 2 requires active involvement of more than one agency, while level 3 involves multi-agency senior management oversight.

[2] 'Professional meetings' are multi-agency meetings between probation practitioners and staff from relevant agencies to allow them to better support people on probation who are utilising a range of services, such as mental health and social services.

[3] The main probation assessment tool currently in use in England and Wales is the Offender Assessment System (OASys), which was initially developed in 2001, building upon the existing 'What Works' evidence base. OASys provides a standardised assessment of the needs and risks of service users which, once identified, can be used to develop and deliver sentence plans.

- writing sentence plan objectives that are trauma-informed with outcomes that focus on promoting wellbeing as well as reducing recidivism.

Participant 11, a Probation Officer (PO) working with young adults, developed specific trauma-informed wording as a guide for completing OASys. This work was triggered by reading the assessment of someone whose supervision she had taken over from another PO. As she explains:

> "He was neglected and abused when he was younger, and then he got fostered and the foster placement couldn't cope with him. And what (the PO) had written was he was, I think, three at the time, 'he got kicked out of the foster placement because of his aggressive and controlling behaviour.' At three! So I changed it to 'the foster placement couldn't cope with the trauma and neglect that he'd experienced.' Take it away from him at three. And just the way that you write that, then the next person that comes to read that doesn't automatically make assumptions that this person, who is now 20, is aggressively controlling all those events." (Participant 11, PO)

The work of individual practitioners to embed trauma-informed principles into their practice reiterates the importance of not pathologising trauma. TIP does not necessarily need sophisticated interventions, rather it is practice informed by a knowledge of the impact of trauma on behaviour and of how to interact with others humanely and compassionately in light of this knowledge (Evans and Coccoma, 2014).

Good practice example: The pre-sentence report alternative delivery model pilot

Much TIP in probation relies on the commitment, knowledge, and dedication of individual probation practitioners. That said, this research identified examples of organisation-wide initiatives attempting to embed trauma-informed approaches across specific areas of practice. Once such example is the pre-sentence report (PSR) pilot scheme. The PSR pilot is testing an 'alternative delivery model' designed to improve the delivery of quality and timely PSRs in 15 magistrates' courts in England and Wales. A key goal of the pilot is to ensure the multiple needs and disadvantages of those coming before the court are taken into account in sentencing. To this end, the alternative delivery model requires that women, 18–24-year-olds, and anyone at risk of custody must have a short format written report completed rather than a less detailed oral report. If not all relevant information can be obtained on the day, a short adjournment should be requested. To embed TIP in this work, probation court teams at pilot sites receive an e-learning package of external training which includes:

(1) improving advocacy, communication, and presentations skills

(2) trauma-informed and responsive ways of working

(3) how to have difficult conversations on tackling racial disparity and unconscious bias.

One element of the e-learning package is 'Becoming Trauma-Informed' (BTI) training. This workshop emphasises how a trauma lens can help assessors understand offending and related behaviours (e.g. addictions, self-harm, relationship difficulties). It also teaches skills of TIP such as expressing empathy, active listening, collaboration, and empowerment, and how these can be applied in the PSR assessment and writing context. The training emphasises that TIP with adults on probation starts at the PSR stage and that even this limited interaction with probation can be used to empower individuals, create a feeling of safety in their interactions with probation, and start to help them regulate emotions (BTI awareness training 01/12/2021).

2.1.2 Multi-agency approaches to trauma-informed practice

Histories of trauma and violence are intertwined with histories of substance misuse, mental illness, poverty, and physical ill-health (Elliott et al., 2005). Institutional, medical, and treatment settings can be triggering and feel unsafe for survivors of trauma, often preventing them from engaging with the services they need to support them (Elliott et al., 2005). The knowledge that practitioners are not working with individuals in isolation reinforced the importance of partner agencies also being trauma-informed in their approaches. It was identified that probation's efforts to work in a trauma-informed way could be undermined if partner agencies do not also adopt the approach:

> *"I'm hoping that it is going to be multi-agency because I think that there are specific things for us to think about but there's no point in us trying to work in a trauma-informed way with someone if housing aren't taking the same approach you know. It's starting to build that common understanding."* (Participant 8, SPO)

The need for a range of expertise to support probation was identified as essential to the meaningful implementation of TIP. Participants were aware of the limits of their knowledge and expertise in responding to symptoms of complex trauma. However, their reliance on other services to properly deliver TIP and trauma-specific services was, at times, frustrating:

> *"There needs to be that whole system approach going on as well. We need mental health workers, counsellors, OTs, therapists. We need kit and caboodle. A lot of trauma is comorbid with something else so ADHD, autism, substance use, brain injuries – agencies just argue and throw them around like hot potatoes."* (Participant 22, PO)

> *"They just diagnosed him and left him. I was just getting to the point where all his behaviour was starting to make sense. We were formulating his childhood... And then there was nothing. There was no therapy, no counselling, no anything."* (Participant 15, PSO)

There is increasing policy focus on TIP, particularly Adverse Childhood Experience (ACE)-informed practice, across public services including justice, healthcare, education, and social care. Probation involvement in area-wide or regional TIP strategies across justice and related services facilitates the development of TIP as part of a whole system approach.

One such example in which participants were involved was the Lancashire Violence Reduction Network (LVRN) (https://www.lancsvrn.co.uk). The LVRN is a multi-agency initiative involving Lancashire County Council, housing services, health, education, youth offending, prison, police, community safety partnerships, the Lancashire Police and Crime Commissioner, and probation that aims to take a public health approach to addressing violence. It attempts to understand the root causes of violence using an ACE perspective and embed a trauma-informed response across services. Current projects include the DIVERT programme using community networks to divert 18–25-year-olds away from reoffending, the knife crime project using education and communities to support efforts to reduce knife crime, and a project to support prisoners and their families during periods of transition into and out of prison. In terms of probation practice, this involvement in the LVRN changes the information the PO presents to the court at sentencing, how POs engage with people on probation, and the language used when completing assessments and reports. Another example that participants were involved in is Manchester's strategy to become the UK's first trauma-informed city by 2025 (Manchester City Council, 2019).

Manchester aims to develop an ACE-aware, trauma-informed workforce across social and community services.

Participants were enthusiastic about the ability of these multi-agency initiatives to support the development and implementation of TIP:

> "…it's about saying, well, if somebody is struggling to access a service, let's change the service so that we can support them in a way, instead of saying, well, we've got a mental health team and it's set up like this and that person has to fit in that box. And if they don't, they don't get any sort of service at all. So, it's really exciting. And we're embedded in that because I've been part of all this all the way through. And now what we've said is we will second staff and we will match fund staff into that from within our new PDUs - probation delivery units." (Participant 8, SPO)

The value of probation's involvement in these initiatives was that it provides access to training on trauma and trauma-informed approaches, a shared vision for multi-agency collaboration, and it feels like a meaningful way of working. However, the implementation of TIP in probation is perhaps at its most advanced in the organisation's work with women.

2.1.3 Gender-responsive, trauma-informed practice

The work to embed gender-responsive and TIP into probation's work with women provides a model of knowledge gathering and sharing, strategic implementation, and service delivery across different areas of probation practice including courts, assessment, supervision, and compliance. Women make up a small proportion of the probation caseload, but have specific needs rooted in their experiences as women. Studies have shown the extensive, cumulative victimisation and trauma that women experience. Women often experience childhood physical and sexual abuse, as well as re-victimisation in adulthood (Messina et al., 2007). Definitions of complex trauma include experiences of toxic stress resulting from non-victimisation adversity such as poverty, intersectional discrimination, lone parenting, and multi-generational caregiving that disproportionately affect women (Bloom, 2013; Petrillo, 2021). The prevalence of trauma in the lives of women on probation was universally acknowledged, as one participant explained, "*it's like breathing in and breathing out when you work with women*" (Participant 25, SPO), meaning it is almost taken for granted that women on probation will have experienced trauma. Additionally, the majority of frontline probation staff are women. Some of the participants in this study commented on how their own experiences of gendered victimisation influenced their commitment to this approach to practice.

Unlike other models of practice and intervention, trauma-informed approaches in justice settings were developed initially to address the absence of gender-responsive practices (Bloom and Covington, 1998; Covington and Bloom, 2007). The importance of trauma-responsive approaches to working with women in the justice system is emphasised in both the Female Offender Strategy (Ministry of Justice (MoJ), 2018) and the Better Outcomes for Women Offenders practice guidance (National Offender Management Service (NOMS), 2015). The inclusion of a commitment to TIP in policy and practice guidance when working with women has resulted in a structure that creates organisational accountability for the delivery of the approach at all levels. There is a Director with responsibility for women across prisons and probation, supported by a Deputy Director for Women and the Head of the Women's Team. The strategy for women on probation is led by the Community Lead for Women who links in with the probation regions via the Senior Women's Leads (Head of Service (HoS) grade with thematic responsibility for women), and the SPO Women's Leads, who monitor frontline practice and champion and drive the women's agenda forward. Within regions, there are a number of women's champions or SPOCs (Single Points of Contact) across Probation Delivery Units (PDUs) and other areas of the service. This provides knowledge and expertise either through specialist, semi-specialist, or 'concentrator' roles.

There are several reasons why staff with responsibility for women felt they had made more progress implementing TIP than other areas of probation. Firstly, there is a group identity among the women's concentrators that anchors their professional purpose to the expansion of TIP with women. They see advocating for the expansion of TIP as central to their roles:

> "(We're) a group pushing the women's agenda and that you can't talk about the women's agenda without talking about working in a gender-specific, trauma-informed and responsive way." (Participant 25, SPO)

The development of TIP with women had also benefitted from the designation of specialist roles at all levels. This created space and flexibility for practitioners to take a more pioneering approach to developing trauma-informed ways of working:

> "There are lots of examples of good practice in the regions, POs have been flexible and thought outside of the box to make a big difference to a woman's life." (Focus group 2 participant)

> "There are lots of good examples and this tends to be from individuals and teams where there is flexibility to be innovative." (Focus Group 1 participant)

A third reason for the effectiveness of the women's team is that they have taken a very structured approach to developing gender-responsive, TIP. The knowledge building and training among the women's concentrators has been led by members of the group. All the SPOs have undertaken BTI training to work with women in the justice system developed by Stephanie Covington (https://onesmallthing.org.uk/training). They used the knowledge from the training to undertake a systematic review of TIP with women, which revealed that although the organisation was starting to talk about TIP and share some research and academic work on the subject, there was little that could help practitioners translate this into practice, and no specific resources for them to use. In response, the team started developing their own BTI workshops targeted at newly qualified POs and those practitioners specialising in work with women. Individual areas have then worked on creating resources that both help staff individually develop TIP, and work towards an organisational approach that is more trauma-informed. Developing learning in this way and embedding it into practice is symbolic of becoming genuinely trauma-informed as the team has moved from 'knowing to doing and being' (Treisman, 2021b, p. 142).

None of the areas had trauma-specific interventions for women and this was identified as a significant gap in the implementation of TIP. Currently, there are no specific women's structured interventions or toolkits. Interventions can be an effective way of embedding new approaches to practice. Prior to the unification of probation services in June 2021, a former Community Rehabilitation Company (CRC) area had been delivering *Healing Trauma*, a six-session trauma-informed, gender-responsive programme for women impacted by the justice system (Covington and Russo, 2016). Delivering this programme generated the development and implementation of TIP more generally with women and had a powerful influence on practice:

> "Healing Trauma was a trigger point for us understanding that this really is a different way of working. Stephanie Covington's work was integral to us taking that theme further…. What I saw was POs taking pieces of work from Healing Trauma and implementing them in their practice in really creative and innovative ways. It intrinsically changed how we worked with women." (Participant 26, SPO)

A feature of this change was a shift from cognitive understandings of behaviour to reinterpreting 'challenging' behaviour through a trauma lens:

> "We were working with one woman who had assaulted police. Before the implementation of TIP, we'd have looked at that as a classic process of this is a demonstration of poor problem solving, she's made a decision to behave like this,

what interventions do we need to address these poor thinking skills, essentially. The way we look at it now is that it's classic acting out in relation to a trauma response. It's not OK, but what happened to you for you to respond in that way in that situation? How do we do that differently for you? It produces a whole different response for that woman in how we proceed." (Participant 26, SPO)

Despite the significant developments in gender-responsive, TIP with women on probation, those working to progress this practice had some concerns about sustaining the momentum behind this work following unification. It felt fragile. A concern about more widespread awareness of trauma and its impacts on offending and related behaviours was that the gender-responsive element of the work could be diluted or erased:

> *"We're slightly moving towards a place that says, oh well probably most people on probation experienced trauma so we don't really need to think about it in a gendered way anymore, and actually that misses some of the very particular types of trauma and levels of trauma that women experience. And we're back again to 'so let's design things and acknowledge things for the majority,' but that means for men…There's a bit of a sense that we have to keep making the case."* (Participant 1, HoS)

In summary, the women's concentrators in some areas had achieved a level of practice that could be considered trauma-informed through:

- being part of a group with shared goals
- a commitment to knowledge gathering and sharing
- their work being protected as specialist practitioners
- the support of a strategic structure.

Good practice example: Emotional regulation kits for women

Funding was secured in one area to create and distribute emotional regulation kits for women. The kits were designed to be used with women during interviews to provide a practical means of distraction and self-soothing when a woman might feel at risk or has been triggered. When in this situation, women can experience difficulty regulating their emotions and this impacts on their behaviour, concentration, and general ability to interact with staff. The kits are a means through which women can self-sooth and emotionally regulate, supporting their ability to concentrate and sustain engagement with staff.

The kit takes the form of stress balls, pipe cleaners, colouring books, calming beads and hand puzzles. Use of these enhance the women's ability to reduce the impact of triggers, by acting as a distraction and supporting them to feel calmer. The kits are stored in a small, light and easily transportable hand-held container so that they can be discreetly carried and taken to different locations such as Women's Centres or other women specific agencies.

The kit is designed to address some adaptations to trauma that might re-emerge when women attend probation appointments, including altered states of consciousness, hyper-vigilance, hyper-arousal, and collapse when the person feels totally paralysed. If a person experiences a trigger such as a smell, noise, or emotion, they are pushed back to the exact time of the previous traumatic event and will behave as if they are back in the same situation. If triggered, the kits can support the women to "come back" into current reality and feelings. They support a women's ability to remain present and reduce the impact of trauma and triggers, which enables her to feel able to participate in the session.

2.2 The benefits of trauma-informed practice

There is a plethora of research to acknowledge the benefits of TIP for staff working with trauma, in a variety of justice and related contexts and environments including prisons, substance misuse services, and mental health services (Brown et al., 2013; Kubiak et al., 2017; Miller and Najavits, 2012; Vaswani and Paul, 2019; Sweeney et al., 2018). Some of the benefits of embedding TIP include creating safe environments for staff and individuals accessing support (Sweeney et al., 2018), strengthening relationships to increase engagement in services and support (SAMHSA, 2014), as well as providing better outcomes and experiences for individuals who have experienced trauma (NHS Education for Scotland, 2017). For organisations/settings able to embed TIP, the overarching benefits included higher rates of staff satisfaction, less staff sickness and turnover, as well as stronger partnership and multi-agency working (Treisman, 2021a).

For participants in this study, the benefits of working in a trauma-informed way coalesced around the humanity implicit in this way of working. The participants' reflections revealed three main themes as significant to understanding the value of trauma-informed approaches with adults on probation:

- trauma-informed approaches feel intuitive and improve job satisfaction

- they can help overcome the dissonance between personal and professional values and organisational demands

- they can help create a meaningful working relationship between the practitioner and the person on probation.

2.2.1 Improved job satisfaction

A major benefit of using trauma-informed approaches for practitioners in this study was improved job satisfaction. Many of the participants described taking a trauma-informed approach within probation work as rewarding:

> "It's kind of really rewarding. I feel like I get better results myself doing something like that. I certainly feel that, yeah, it is rewarding and that's why I like doing it." (Participant 23, Newly Qualified Officer (NQO))

When asked about the benefits of working in a trauma-informed way, participants frequently commented on TIP being aligned with traditional probation values around supporting and helping people change their lives:

> "It's kind of reminding ourselves of all the stuff that we kind of already know about being compassionate and humane…It's not anything that people haven't really heard because it's about engagement skills." (Participant 3, SPO)

Probation sites adopting TIP in their approach to working with people on probation supported participants to reconnect with their original motivations for pursuing a career in probation and with a strong professional purpose and identity:

> "It feels like this is why I got into probation in the first place…. It's like, people get into probation to help. That's why we all want to be POs. And when you bring it back to TIP, it all came back. This is why I wanted to help people and wanted to understand people." (Participant 11, PSO)

Increased job satisfaction and the rekindling of a professional purpose are important protective factors that support teams and organisations to reduce the impact of organisational stress (Treisman, 2021b).

2.2.2 Overcoming dissonance between personal values and organisational demands

TIP was aligned explicitly to the former probation imperative to 'advise, assist, and befriend' and is seen as a welcome return to more compassionate, person-centred practice:

> *"You know, it's not rocket science. It's basic human care…To me, it's a much more humane way of working. It's more ethical."* (Participant 22, PO)

However, incorporating trauma-informed approaches into practice was seen as more than just a familiar way of working. It was felt to enhance the traditional human-centred values of the work through the integration of research, evidence, and knowledge:

> *"This is absolutely our bread and butter. It is work with people who've had awful lives, awful experiences…I think it takes us back to what probation was like but makes it a lot better and a lot safer because we know a lot more now."* (Participant 8, SPO)

> *"This is going to sound really radical. I think probation practitioners and some SPOs, this is why we came into the job. So, this is absolutely what people want to do. And the other stuff is frustrating, so the forms to fill out, all the performance stuff, you know. I'm not saying the performance stuff isn't important, of course it is, but actually it doesn't measure this. It doesn't measure the hearts and minds of what's going on."* (Participant 8, SPO)

The body of theory and research underpinning TIP meant practitioners felt safe using TIP to shift the focus of practice away from 'managing' people to 'helping' people. It offers an alternative framework for responding to the complexity of the work:

> *"It's giving permission to work in a way that maybe feels more rooted to actually the principles of working well with people and in a relationship-oriented way where it's not just about risk and public protection, it's actually about the quality of that interaction and using that as a means in itself to be able to help that person move down that rehabilitative journey."* (Participant 9, SPO)

Moreover, it is easy for practitioners to consider the similarities within approaches they are already familiar with, such as desistance, the 'Good Lives Model' and the 'Risk, Need, Responsivity' model (McCartan, 2020). However, it is also important that distinctions are made between the practices to avoid staff conflating one with another and neglecting important differential aspects within each approach which could dilute the impact and benefits of TIP.

2.2.3 Prioritising connection and relationships

Treisman (2021a) posits that a humanised service which operates with a trauma and adversity lens will prioritise connection, belonging and relationships at the heart of their approach. For many participants, TIP was particularly powerful in deepening the understanding of engagement and power within the practitioner-probationer relationship:

> *"There was a woman who had gone through a lived experience (of trauma). She said, 'you always say we fail to engage and it's all on us.' And she said, 'well, you're the professionals. You're the ones who are in a position of power. Like, what about if you're failing to engage us?' There's an explicit power imbalance with being a PO but I try, part of my TIP is me trying not to let that impact on the relationship and giving them some power."* (Participant 11, PO)

Much of the increased job satisfaction reported by practitioners using trauma-informed approaches was the result of TIP helping them to facilitate and build more meaningful

relationships between themselves and those they supervise, enabling them to adopt a relational approach to supporting rehabilitation:

> *"It really just makes me feel like I am helping people, because I understand more about what they have been through, and how this impacts their behaviour and relationship with me, it just is more rewarding the more meaningful it is."* (Participant 20, SPO)

Relatedly, using trauma-informed approaches improves practitioners' understanding of trauma within the lives of people on probation and how this can impact on relational development. This results in reducing frustration at what can be interpreted as 'challenging' interpersonal behaviours:

> *"I would say staff have become less frustrated with people on probation's behaviour, less exasperated, maybe…so you talk about actually when certain things happen in childhood, this is how people can respond to them in adulthood. This is why they [people on probation] have difficulties with relationships, whether that's with staff, with their partners or with their peers."* (Participant 5, SPO)

Probation staff cultivating their practice of loving-kindness and equanimity towards themselves and those they supervise has been associated with lowering stress levels for staff, whilst promoting 'a professional, authentic presence, and a positive human interaction with their clients' (Giovannoni et al., 2015: 325). Some of the benefits in strengthening the relationships between probation staff and the individuals they supervise have been influenced by a greater understanding of TIP and approaches taken to increase empathy and work compassionately. TIP provides an allowance and flexibility for POs to fulfil the relational roles they originally envisaged within the probation service.

2.3 Supporting staff who work with trauma

Care and support for staff is a crucial element of TIP. The prevalence of trauma and adversity means that many staff themselves will have experienced trauma in their own lives. In addition to their own personal life experiences, many staff experience vicarious trauma because of the work itself or organisational stressors (Treisman, 2021a). An integral component within the implementation of TIP is a consideration of how best to tailor organisational practices, policies, and support to meet the needs of staff working directly with individuals who have experienced trauma (Covington, 2016; SAMHSA, 2015).

2.3.1 Emotional labour and trauma-informed practice

Working with trauma inevitably evokes powerful emotions. Connecting with people is the foundation of TIP, but the relentlessness of working with aspects of human behaviour that are painful, difficult, and often avoided can trigger practitioners' own vulnerabilities (Treisman, 2021b). Several terms have been used to recognise and understand the stress staff working with trauma can experience, including 'burnout, compassion fatigue, vicarious traumatisation, and countertransference' (Arledge and Wolfson, 2001, p. 91). These terms are used to help us understand the staff member's experience resulting from empathetic engagement and responsibilities associated with supporting individuals who have experienced trauma (Harris and Fallot, 2001). Maslach and Leiter (2016) argue that there are three key dimensions within a 'burnout' response which are:

- an overwhelming exhaustion
- feelings of cynicism and detachment from the job
- a sense of ineffectiveness and lack of accomplishment.

Probation practitioners bear witness to traumatic experiences every day. They are often working with people in crisis, exhibiting complex behaviours, and carry a huge professional

responsibility to protect people from harm (Petrillo, 2007; Lee, 2017; Phillips et al., 2016; (Phillips, Westaby and Fowler, 2020). Interaction with trauma stories without proper support can result in vicarious trauma. Vicarious trauma negatively impacts on a person's assumptions about their self and the world, resulting in feelings of mistrust, low self-esteem, pessimism, alienation, and withdrawal (Lee, 2017). Avoiding vicarious trauma in trauma-informed organisations demands that staff can attend to their own needs, and have sufficient time and support available for recreation, attention to health matters, and personal growth and development (Bloom, 2013).

There are many factors which can mitigate the vicarious impact of trauma for staff such as enhancing staff boundaries, maximising support and collegiality, as well as workload management to prioritise staff wellbeing (Kim et al., 2021; Miller and Najavits, 2012). However, when an individual experiences prolonged stress within the workplace, this can lead to a burnout.

Elements of vicarious trauma, burnout and compassion fatigue were evident in discussions on the impact that working with trauma has had upon participants' wellbeing:

> "It's actually quite a lot of noise as well, and we don't have enough support, you know, it's all right saying we're going to sit and listen to that. But where's our outlet? …because that's vicarious trauma. And we'll all have clients that we will remember. They have had that impact on us as individuals, whether or not it's, you know, the sleepless nights, the worry, and you can't shift that feeling that's inside you when you've heard something that can be so profound and so traumatic and then you hear something else the day after, that all adds up." (Focus Group 1 Participant)

> "I think the same as [other participant), you just feel so desensitised to it, but you are just waiting for one day to have some almighty breakdown and it's all just going to come out at once." (Focus Group 1 Participant)

Participants within this study were aware of the risks associated with working with trauma, including staff sickness and absences. It has been argued that compassion fatigue and stress are both preventable and treatable (Figley, 2011). It is important for the Probation Service to recognise the chronicity of stress, vicarious trauma, and compassion fatigue, and to take steps to eliminate the symptoms. According to Figley and Figley (2017), the most important steps involve the conscientious monitoring of staff symptoms and reactions to compassion fatigue in order to develop a tailored support plan which enhances safety, wellbeing, and resilience. In general, participants in this project felt the organisation was some way from achieving this:

> "…there's maybe an expectation of probation staff that you've completed your training, you are a qualified PO, being on the receiving end of certain kind of behaviour is par for the course. But that has a cumulative effect on people over time, especially if they are carrying some previous significant trauma themselves. And I would suggest that will be connected to some people in terms of long-term staff sickness not being able to cope, … especially in a role where you're meant to be the professional and it should just bounce off, you should be Teflon coated, I think all of that understandably is starting to develop, that actually staff are impacted by this. And you need to be keeping staff safe for their wellbeing." (Participant 5, SPO)

Even when practitioners do not experience vicarious trauma, burnouts, or compassion fatigue, they acknowledge that working in a trauma-informed way requires additional emotional labour and they highlighted the importance of supervision being therapeutically informed.

2.3.2 Internal supervision

A key theme in discussions about staff support was the role and quality of internal supervision. To become more trauma-informed, the staff interviewed felt that supervision needed to better prioritise reflection and their own personal development and focus less on targets and processes. However, there was a lack of clarity among managers about how to meet both the personal and professional needs of their staff and the demands of the organisation:

> "*I think we tried to move away from that procedural-driven supervision. However, what a lot of operational managers are struggling with is ...because you still need to ensure that the processes, the procedures and the key operational stuff is, is on point, but it's about how you balance it with more reflective and the professional development aspects of supervision.*" (Participant 2, SPO)

> "*What does supervision for probation staff look like? I think that's probably going to be a mixed bag. I mean, it's been a few years since I've left the field team, but the impression I get is in the field, it's very performance based and it's very target driven and it's very risk focussed. So, it's about preventing incidents, preventing serious further offences. It's kind of covering your back.*" (Participant 16, Senior Leadership Team (SLT))

Target-driven supervision was considered by some participants to be connected to reducing the risk for staff and increasing safety within case management. In 2020-21 the Effective Practice Team within the National Probation Service (NPS)[4] implemented a new supervision and line-management framework (SEEDS2), which would enable managers to provide additional support to staff to cope with some of the emotional demands associated with probation work (Phillips, Westaby and Fowler, 2020). The SEEDS2 framework requires SPOs to complete six reflective practice sessions each year, undertake two staff performance development reviews, and to conduct observations of practice, followed by reflective discussions and feedback opportunities for staff (Westaby et al., 2021). This supervisory framework encourages a more reflective approach to supervision. Findings from a recent evaluation exploring the implementation of SEEDS2 highlight that staff are supportive of more reflective practice supervision standards and that a cultural shift within probation was required to move away from "back covering and blaming to professionalism, autonomy and empowerment" (Westaby et al., 2021, p.7).

Participants in this study were divided in respect of the value of SEEDS2 in supporting TIP. While some saw it as evidence of a shift towards the organisation becoming more trauma-informed, for others it is limited as it is not explicitly a trauma-informed model. Additionally, SEEDS2 is led by SPOs, and it was suggested that many of those providing the supervision do not yet have the skills and knowledge to provide meaningful support to those undertaking trauma-informed work:

> "*If you don't train us right now, us middle managers, there is a real disconnect potentially between a practitioner who's trying to work in a trauma-informed way and an SPO who isn't able to support the practitioner with decisions that need to be made...It's heart-breaking when you see it. It's quite crushing for the worker.*" (Participant 9, SPO)

Without knowledge and understanding about trauma-informed ways of working, supervisors can undermine the practice with significant consequences for the practitioners and people they supervise. One participant gave an example of her manager transferring someone she

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[4] Prior to the unification of probation services in June 2021, the public sector NPS advised courts on sentencing, and supervised those individuals who presented a high or very high risk of serious harm or who were managed under MAPPA. Private sector CRCs supervised most other individuals presenting a low or medium risk of serious harm.

was supervising to another PO because the prison raised concerns that she was too close to the individual, misunderstanding her approach to working with him:

> *"Anyway, it was a whole big rigmarole, and they took him off me which was another trauma in itself because he was very upset about it…. I do get emotionally involved. I hate that as a criminal justice agency, people look at that like it's a bad thing. Especially as a young woman working with young men, people see it as a bad thing, with suspicion. That's what we do with people on probation a lot of the time and that's how I felt I was treated, like why would you care that much? Why would you advocate for him that much?... But I think you can't do this job and not care. Can't do it well anyway, that's for sure."* (Participant 11, PO)

Westaby et al., (2021) highlighted some concerns relating to SPO workloads and a lack of time to attend specialist training relating to the reflective supervision framework. Additionally, staff shortages and initiatives that 'fast-track' people into leadership roles (e.g. Her Majesty's Prison and Probation Service (HMPPS) Justice Leaders scheme) are likely to increase the numbers of SPOs without the practice knowledge and experience to inform reflective, trauma-informed supervision. When support was available from SPOs and Heads of Service, it was seen as invaluable in both promoting TIP and protecting the wellbeing of practitioners involved in the work. Other than direct line managers, participants within this study stated that support also came from specialists or senior managers who share the same passion for trauma-informed approaches. However, practitioners and managers alike largely felt support systems for those using TIP were insufficient, inconsistent, overly dependent on buy-in from individual managers, and impeded by procedural demands on both practitioners and managers.

2.3.3 Clinical supervision

Clinical supervision was discussed by participants as separate to the managerial, task-oriented supervision described above. When practitioners talked about clinical supervision, they referred to supervision that is focused on how they experience practice, and the skills and approaches they can use to effectively engage with those they supervise. This is usually provided by external clinical supervisors. Some of the recognised benefits of providing regular one-to-one clinical supervision include:

- increasing staff skills and knowledge of providing trauma-informed support

- greater insight into the needs of people on probation

- increasing reflective practice

- protecting staff from 'burnouts' and 'compassion fatigue'

- reducing staff sickness-related absences

- reducing the turnover of staff

- improving support when personal issues occur and/or are triggered by work

- improving resilience

- higher staff morale and motivation (Harrison, 2019; Hough, 2020).

Clinical supervision was mentioned by most participants as crucial to ensuring staff using trauma-informed approaches do so in a healthy, boundaried way:

> *"My manager said to me yesterday in clinical supervision, the best thing about you that makes you the best at this job is also going to be your weakness. The fact that you care so much and the fact that you put your heart and soul into the job. You have to keep a check on that or you will burn yourself out."* (Participant 15, PSO)

Participants discussed the importance of having external clinical supervision, but many felt that probation did not have a culture which encouraged staff to prioritise such support. This was connected to the high workloads making clinical supervision difficult to incorporate into the schedule.

> "We've got clinical supervision in place, but there isn't a culture which supports attendance at that, once again. Coming back to the measurables, if there is a deadline on a POs desk, clinical supervision will be left. So, I think for staff to pick up more on what's available to them…it would have to be matched by either workload reductions or changes in the measurables and the way that that culture prioritises those. I could say that I've never met one PO who finishes on time." (Participant 17, HoS)

Probation is overstretched and under-resourced. In this context of scarcity, prioritising wellbeing or engaging with support services can attract criticism and judgement. Focus group 1 discussed their experiences of a lunchtime yoga class that was initially provided for free to support staff wellbeing:

> "In the previous office, we had a yoga instructor come in at lunchtimes and it was once a week. And for those who did it, it was really beneficial. It was relaxing, like meditation, all of that side of it. But it got to a point again where people were going "I've not got the time to do that." "How can you do that? How have you got the time to go and do it?" And then because the numbers dropped, we were paying for it out of our own pockets. The less people that did it, the more expensive it got." (Focus Group 1 Participant)

It is argued that a service should prioritise the inclusion of supervision within their trauma-informed principles as a standard during the implementation of TIP (SAMHSA, 2015). Treisman (2021a) suggests that a trauma-informed organisation would include supervision to provide spaces for staff to think, reflect, feedback, and consult with specialists who understand their work. Some staff felt that prioritising clinical supervision could help to develop a culture where staff wellbeing is not optional. This could lead to a greater emphasis on the importance of staff wellbeing.

Good practice example: PIPE approved premises

The presence of clinical leads and psychology specialists was a valuable source of support for those working in approved premises (APs) or Psychologically Informed Planned Environments (PIPEs) within the personality disorder pathway. The support available was more clinical in nature and more comprehensive than that available to practitioners in PDUs.

"Because we are an AP, we have a clinical lead within the team who provides clinical supervision once a month and she religiously does that." (Participant 7, HoS)

"We have group supervision once a week, every week, which is where the team gets involved. And then we also have clinical supervision with our clinical lead that is once a month, where we go through cases and if I'm kind of being triggered by anything. And then I also have, kind of, line management supervision. And then obviously, as a staff team. I think the staff team is kind of the glue that holds it all together." (Participant 15, PSO)

Some of the more specialised, therapeutic, and psychologically informed environments were able to ensure staff received a variety of supervisions within spaces to suit their needs, including group discussions, one-to-one supervision with a clinical lead, and safe spaces to reflect upon their roles, responsibilities, and the individuals they are supporting.

> *Within PIPEs, supervision of staff is integral to maintaining high standards of service delivery and high levels of staff resilience (McNaughton Nicholls et al., 2010). However, this approach could be utilised more widely within the Probation Service with all staff working with trauma, using both informal and formalised methods to provide safe staff support*

2.4 Barriers to trauma-informed practice in probation

Most participants in this study believe that the Probation Service can become a trauma-informed organisation. However, to do so, it would need to surmount some significant barriers.

2.4.1 Reconciling trauma-informed practice within a system of punishment

The overarching goal of TIP is to incorporate knowledge about the social, psychological, and neurobiological effects of trauma into policies and practices that guide a safe, compassionate, and respectful service delivery environment (Bloom, 2013; SAMHSA, 2015). Services within the justice system are arguably designed to be disempowering and oppressive, creating a unique challenge for developing TIP as they inherently reproduce traumagenic conditions of powerlessness, shame, authoritarianism, and hostility (Levenson and Willis, 2019). Consequently, concerns have been raised regarding the ethical validity of the large-scale implementation of trauma-informed approaches in criminal justice settings (Jewkes et al., 2019; Petrillo, 2021). Whether an organisation can be both trauma-informed and administer court-ordered punishment is a key challenge:

> *"The biggest bit, and this is the bit, the sticking point with people on probation, you know, how can you be trauma-informed and punish me at the same time? How can we be punitive, and trauma-informed at the same time? I don't get that. So, we are almost starting from an impossible place because the system says punish."* (Focus Group 1 participant)

> *"We've got a completely split personality in the Probation Service because we have to do both at the same time, enforcement and risk management and rehabilitation. And they're uncomfortable bedfellows. Sometimes they can work really well together, but they pull in opposite directions, away from what we know would really support someone. So, we spend a lot of time arguing for a trauma-informed approach and against restrictive, punitive controls."* (Participant 22, PO)

2.4.2 Prioritising people over processes

Staff expressed frustration at the gulf between probation's statements about its values and approaches, and the way it operates in practice. There was a perceived lack of authenticity in the organisation's stated commitments to TIP:

> *"I do get told off for spending time with cases and not recording it on Delius. They want you to record that you're being trauma-informed on the system rather than being trauma-informed."* (Participant 22, PO)

Managerialism in probation has resulted in a culture driven by targets, audits, inspections, and rigid practice processes that can stifle the reflection and responsivity necessary for TIP (Phillips, 2011; Treisman, 2021b). There was a sense that the organisation continues to prioritise these processes over people (Treisman, 2021b):

> *"The service, this is just how I feel, no-one has ever said it to me specifically, but I feel like the service doesn't prioritise time with the people on probation."* (Participant 11, PO)

Instilling the professional confidence in practitioners to practice in a way that can feel at odds with the managerialist operational model was identified as a challenge to implementing trauma-informed approaches more widely across the organisation:

> "A lot of TIP relies on the system having a flex in it. A lot of senior managers, it's a long time since they have been in practice. Then if you're having lots of access to quite new thinking, and counter thinking to what we've had perhaps over the past 10 years...I think there is a great level of enthusiasm from SLT for this kind of way of working and wanting that ethos, but I think then it gets stuck at the practice application." (Participant 9, SPO)

2.4.3 Dismantling cultures of fear, shame, and blame

For trauma-informed approaches to be fully and consistently implemented, they must be planted in 'nourishing soil' (Bloom, 2013, p.13), meaning the organisations within which people are trying to do trauma-informed work have values and practices that are consistent with trauma-informed care. TIP is not just about how an organisation treats people using their service, but also its knowledge base, its organisational values, and how the organisation treats its employees (Bloom, 2013). To be trauma-informed, organisations need to be consistent, predictable, and non-shaming. However, participants in this study expressed a sense of professional precarity resulting from policies and processes that are at once both overly prescribed, yet also constantly changing. Though some participants in strategic roles in the organisation expressed a belief that processes, such as those that follow a serious further offence (SFO), were becoming less about finding fault with individual practice, this belief was not shared by those in operational roles. Those in operational roles felt acutely that when things go wrong, the organisation continues to seek fault with individual practice with little or no acknowledgment of organisational responsibility:

> "There's that fear always as well, all the time fear in the back of your head. What if something goes wrong? Then it's on you, you know, and until probation kind of finds a way to remove that from practitioners...Yeah, it's going to be impossible to be trauma-informed." (Participant 3, SPO)

There were some examples where an organisational culture of fear and blame was explicit, including one PDU that sent round what the practitioners termed the 'naughty list;' a list 'naming and shaming' staff who had missed operational targets that month. Organisational cultures of fear, shame, and blame are a significant barrier to probation becoming a trauma-informed organisation.

2.4.4 Securing buy-in from senior leaders

Buy-in for TIP at senior levels of the organisation was repeatedly identified as crucial to making the shifts in organisational culture necessary to embed TIP:

> "Probation is very hierarchical, and that's not very trauma-informed. It doesn't matter how trauma-informed POs, practitioners, receptionists are, if senior leaders aren't trauma-informed and if they thrive off this kind of hierarchical environment, then it's not going to work." (Participant 3, SPO)

> "I think at practitioner level, it's really gaining momentum. I think an impediment to really holding it as an organisation is having that buy-in from the senior managers." (Participant 9, SPO)

While most participants believed probation could become a trauma-informed organisation, there was uncertainty about how 'trauma awareness' can be operationalised into TIP:

> "I think if you speak to the powers that be, they will say yes, we're absolutely bought into this. But I think it's one thing saying that but in terms of follow-up actions and

things that are going to make a significant and long-term difference, it remains to be seen how that will play out." (Participant 2, SPO)

TIP was not perceived to be enough of a priority at present to guarantee the leadership required to drive its implementation and development.

2.4.5 Reducing unmanageable workloads

Translating trauma awareness into TIP is seen as being hindered by workloads that leave little time or space for the reflection required to support TIP. The status quo for probation for the past decade has been budget cuts, staff shortages, constrained opportunities for training and development, and constant organisational restructuring. Added to this is the reduction in community service providers for offending-related needs including mental health, addiction, and youth services. This context robs probation staff at all levels of the thing that is essential to TIP – time:

> *"The obstacles can be caseload, workload issues. The obstacles in recent times have always been ways of working. You know, what level of thought it was possible to put in very quickly."* (Participant 1, HoS)

> *"You know the caseload pressures; you're constantly fighting fire. It takes more time to do it in a trauma-informed way rather than just quickly running through my thing and telling them what I think, rather than kind of working through it with them. It takes a lot more time."* (Participant 22, PO)

> *"When lots of pressures come on, as they do for POs, I think people become desensitised and they resort back to the minimum they need to do...No wonder there are retention issues, people have got crazy caseloads. So, you want people to buy into a learning culture, or reflective learning culture, but there are some fundamentals that you really need to work on."* (Participant 3, SPO)

Unmanageable workloads are both a cause and consequence of staff shortages resulting from high levels of staff sickness and numbers of staff resigning from the service (see HMPPS MoJ, 2021). Testimonies in this research indicate that a trauma-informed framework for practice could be part of a response to address these issues (for further analysis of workloads and other potential promising developments, see HM Inspectorate of Probation, 2021).

2.4.6 Refining understandings of risk

The dominance of the risk paradigm was perceived by participants as a barrier to embedding trauma-informed approaches because it creates a lack of clarity around the organisation's goals for TIP:

> *"I think that's a difficult thing for all of us, to be honest. It is the trauma versus risk arguments all the time. It's how someone's done something and we're looking at having to recall them back to prison. But by doing that, we step backwards in that trauma journey."* (Focus Group 1 Participant)

> *"It's quite difficult coming then into probation where it is very risk, risk, risk, and your balance becomes slightly off where everything's just risk, everything, you know, you record and everything you do. Spending more time, I always feel kind of writing stuff down, then I have to actually support that person."* (Focus Group 1 Participant)

However, it has been argued that TIP is in fact highly compatible with the risk, need, responsivity principles of effective practice, particularly the responsivity component (Levenson and Willis, 2019). In this study, those trying to build trauma-informed approaches into their work also perceived trauma-informed approaches to enhance their assessment and management of risk:

"TIP could be misunderstood as working in a way that isn't safe and it is safe because it's about boundaries. Because you're working with someone who has been really damaged and the worst thing you could do is have poor boundaries in relationships. It's about how you get really good boundaries set that provide that person with that safety and support...I'm not minimising the risk. I've been there when people are kicking off and you've got to deal with that in that moment because you've got to keep people safe, and you might have to call the police. But it's about unpicking that and saying given what we know about this person, what was going on there? What triggered that? Or what was it about the relationship? Or the environment? - helping the person unpick what was going on." (Participant 8, SPO)

Practitioners felt that trauma-informed approaches helped them to develop a more nuanced understanding of risk and that TIP can go hand-in-hand with public protection work:

"It's quite easy for rule breaking behaviour to be conflated with risk. The trauma-informed way of looking at things can help mitigate that. Okay, well that is rule breaking. And that's not great. But does that mean that by extension that person actually needs to be back in prison? Because surely that's for us to manage in the community. And I think we can often back ourselves into a corner around those kind of rule breaking things. I think what the trauma-informed model does is allow you to sit back and be curious. It allows you to think well, this is how this looks from my perspective but from that person's perspective, with their life story, what actually might be behind that behaviour. But I think we are still a little way off it feeling safe practice." (Participant 9, SPO)

"It doesn't have to be one or the other. I can protect the public and also still have that relationship with them and make sure that I'm not, or I'm trying my best not to, traumatise them in the process." (Participant 11, PO)

Good practice example: External partnership with DIGNIFI

DIGNIFI works in collaboration with staff working in probation and provides trauma-informed training, resources, and support to practitioners working with young adults who have experienced the care system. Practitioners involved in this partnership spoke very highly of the support it provided in overcoming the identified barriers to TIP. The DIGNIFI model stood out in this study because of the direct support Julia Pennington, the CEO of DIGNIFI, provided to probation staff working with this cohort. The DIGNIFI model provides training and consultancy, but also crucial additional direct support to practitioners. As a result, practitioners working with DIGNIFI experienced a sense of control, reassurance, and safety in their practice:

"As practitioners, I think the model we've got at the moment with Julia is a huge benefit for us. All of us get to the point where we have a ridiculous number of cases…and you're always there thinking, I need to do this with this person, this person needs a bit of attention from me, and you just don't have the capacity. So, when you can sort of go, this person has got the trauma there, they need some help and support, the fact that we've got Julia, who can be that extra person who can have that contact with them, and it almost takes that responsibility off us. It gives you that sort of almost relax. I can breathe a little bit because what the issue there is still being dealt with." (Focus Group 1 Participant).

3. Conclusion

While delineations of being trauma aware, trauma-informed and trauma responsive suggest a progressive journey to become more trauma-informed and responsive, the reality for organisations is often more complex (Treisman, 2021b). This study has found that probation as an organisation, and the staff within it, are at different places and moving at different speeds in the journey to become trauma-informed. For some in the organisation, 'trauma-informed' represents little more than new terminology for treating people with respect. Others have a deeper awareness of TIP having undertaken formal training delivered either internally or by external organisations. Those involved in specific areas of practice had opportunities for ongoing supervision, learning, and development. It was impressive how many practitioners had consolidated formal training by independently seeking out research and learning opportunities in this area of practice and are now using this knowledge to redefine elements of practice through the lens of trauma. This has resulted in some inspirational pockets of practice in probation that unquestionably meet the 'criteria' of TIP. Importantly, much of this work is with the most vulnerable people on probation; women, young adults, and those with mental health and personality disorder diagnoses.

Probation as an organisation is at a much earlier stage in the journey. There is no mechanism through which to share all the practice that is being developed in individual areas. There is great value in training staff and adapting aspects of practice, but this must be the start of an organisation's journey to become trauma-informed. Becoming trauma-informed is a long-term project for organisations and for probation, and there remain significant barriers to achieving the shifts in culture, policy, practice and procedures that are required to properly implement and embed TIP.

However, this research identified the following enablers that could support the further implementation and development of TIP in probation:

- compulsory 'Becoming Trauma-Informed' training for all staff, including senior leaders and support staff

- TIP specialists in all PDUs who have appropriate knowledge to ensure TIP is also gender and culturally responsive to implement and develop TIP locally

- TIP specialists at different levels of the organisation who can co-ordinate and oversee organisation-wide strategies for knowledge and information gathering and sharing and embed trauma awareness and responsivity in all policy and practice guidance

- participating in local initiatives using whole systems approaches, such as the Lancashire Violence Reduction Network, that are embedding TIP across public services

- developing organisation-wide projects such as the PSR pilot to embed a trauma perspective into risk assessment and sentence management tasks

- working in partnership with trauma specialists to support people on probation with specific vulnerabilities such as young people and women

- making clinical supervision available and accessible to all frontline staff

- developing or purchasing trauma-specific interventions, particularly for people with specific trauma-related needs such as veterans, women, and young people with experiences of care.

Participants reported that the implementation of TIP had stalled during the unification of the CRCs and NPS as the service focused its efforts on the transition. However, unification brings with it an opportunity for the Probation Service to redefine itself as a

trauma-informed organisation, building on the hard work of the practitioners who have progressed this work.

> *"My hope would be that moving forward, especially in the reunification, it will be implemented and underlie every kind of intervention that's delivered, whether that's kind of bread and butter one-to-one work with people on probation or more formal accredited programmes. And that every staff member in the organisation has an understanding of TIP. So, it's got that top-down and bottom-up approach, it's flowing right through the organisation. Everybody is aware of it, and everybody is aware of the difficulties in applying it sometimes, and how we can make that fit in the organisation. And so, I just hope it is implemented right through so the hard work that a lot of people have done isn't lost, it's accelerated."* (Participant 4, HoS)

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Annex A: Methodology

The key to this research was hearing the voices of practitioners working with trauma in a way that incorporates the five core values of TIP (Safety, Trust, Choice, Collaboration, Empowerment, and Inclusivity). The researchers are both experienced in exploratory, qualitative research, creating trauma-informed conversations with a purpose, ensuring that participants feel safe in a less formal interviewing structure, and creating a trusting relationship between participant and researcher. This is important when discussing sensitive topics such as working with trauma and recognises that some frontline staff may themselves had experienced trauma or be experiencing secondary traumatisation. Trauma-informed conversations help to protect the participant through an emphasis on choice, collaboration, and empowerment by celebrating their accomplishments in their journeys towards becoming trauma-informed.

Methodology and theoretical underpinnings

As an exploratory project, the research required an approach that was flexible enough to accommodate incidental discoveries, yet was purposive and systematic (Stebbins, 2001); specifically in this project to enable inductively derived generalisations about:

1. the extent to which TIP and Trauma Specific Services (TSS) are taking place across probation services

2. the approaches used

3. the extent to which the work was gender-informed and accounts for experiences of collective trauma

4. how environments have been adapted to make them trauma-informed

5. the training, support, and barriers to delivering TIP and TSS in adult probation.

Based on these criteria, we decided on Constructivist Grounded Theory (CGT) methodology. CGT is a systematic, collaborative, inductive, and comparative approach to conducting inquiry. CGT is participant-focused and was developed to systematically search for and theorise understandings held by participants, centring the participants' knowledge and experiences (Charmaz, 2014). CGT adopts analytical strategies of Grounded Theory. These include coding, memo-writing, and theoretical sampling, but it also prioritises reflexivity and the co-construction of knowledge. As a result of this methodology's emphasis on subjectivity, positionality, context, and diversity, it is appropriate for research that seeks a range of perspectives.

Research Design

Recruitment of participants

Participants initially responded to a survey distributed by HM Inspectorate of Probation asking for practitioners using trauma-informed approaches to participate in the study. This resulted in responses from six probation areas. As the research progressed, participants suggested other people who could contribute to the study, creating what is termed a snowball sample. Additionally, we undertook focused sampling to include the experiences of those working in specific roles where TIP and TSS are particularly relevant, including those involved in the Offender Personality Disorder (OPD) Pathway, those working with women, those working in PIPE APs, and those working with people who have committed sexual offences.

Data gathering

Data for this project was gathered via 27 individual interviews, two focus groups, and case studies that involved interviews, the analysis of practice resources and observation of trauma-informed training.

- The **focus groups** brought groups of practitioners together to explore their understandings and experiences of TIP, the supervision and support available to them, the training they have received, and the challenges of undertaking this work using semi-structured interviews.

- The **individual interviews** with key staff involved in the design and delivery of TIP were semi-structured interviews focused on the design, delivery, and implementation of TIP, any adaptations to the environment that support TIP, the integration of principles of gender-responsivity into any interventions, and the facilitators/obstacles to delivering TIP.

- The **case study** research examined in-depth examples of TIP and TSS in adult probation, namely the work of the women's team, the DIGNIFI project, and the PSR pilot. A major strength of case study research for this project was that it supported the production of accounts of good practice that can act as a model for the design and implementation of TIP.

- **Practice resources** that had been developed by practitioners to embed TIP were collected and analysed against the principles of trauma-informed practice. The resources included training materials, practice briefings, emotional regulation kits, and information leaflets.

Analytical strategy

CGT's analytical methods include distinctive features that are suited to exploratory research. CGT focuses on examining processes rather than themes. It uses comparative methods, actively encouraging the researchers to search for variation in the studied processes (Charmaz, 2014). This was relevant to this research in analysing variations in the approaches used, enablers and barriers, shifts in culture, the participation of people on probation, and the extent to which TIP was also gender-informed.

In CGT, data collection and analysis are conducted simultaneously in an iterative process involving a constant to-ing and fro-ing between the data and the analysis (Charmaz, 2014). A hallmark of CGT is that it is rigorous and robust, yet flexible enough to remain open to all possible readings of the data to ensure participant perspectives are accurately represented. CGT methodology provides strategies to incorporate clarity, rigour, and accuracy into qualitative analytical praxis through its processes of initial, focused, and thematic coding (Charmaz, 2014). This approach produced the themes identified in each area of the four key areas of the research:

- the benefits of TIP

- approaches to TIP in probation

- support for staff using TIP

- the barriers to implementing TIP in probation.