Research and Policy Unit

Final report

Kent Surrey & Sussex Community Rehabilitation Company

PROBATION

Resilience, wellbeing and sustainability in women-led probation service delivery:

Exploring the 'Women's Lead' role

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Executive summary

Background to the research: The Corston Report (2007) highlighted the failings of the Criminal Justice System (CJS) in meeting the specific and unique needs of the vulnerable women held within it, the impact of which has seen a relative wealth of research exploring the female experience when it comes to the CJS. However, what has had substantially less attention is the experiences of those who supervise these women. This has particularly been the case for women supervising women on Probation.

Within Kent, Surrey & Sussex Community Rehabilitation Company (KSS CRC), the Women's Strategy places female probation staff as central to an effective women-led service. Therefore, as part of a robust evaluation of that strategy, a close examination of the 'Women's Lead' role was seen as a priority. In particular, the routes into and challenges of being a Women's Lead, the necessity of women-led provision, the personal and professional impact of undertaking such a role, and what staff feel needs to happen in future to make the role more sustainable.

Methodology: In exploring these topics, a mixed-methods project was utilised, comprising in-depth interviews with 8 Women's Leads and 4 managers (3 Senior Probation Officers, and 1 Through The Gate Manager), and an online survey involving 13 Women's Leads (resulting in a 45% participation rate).

Findings (1): Unpacking the Women's Lead Role: Staff came into the Women's Lead role for a range of reasons – interest, as a natural evolution of a role they were already doing, or due to having been asked or (more challengingly) being required to do it. Though specialised training (e.g. trauma-informed approaches to supervision), was provided, it was often when staff were already in post. That said, great value was placed on drawing from past experience, with the best learning said to be done *on the job*. The challenges of the role were around 1) trauma-informed versus offence-focused practice (the former requiring person-centred approaches which were often at odds with the structured, task-orientated nature of the latter), 2) the time taken for

working with women (women were said to be more reliant, had considerably more involvement from other services and agencies, and generally would take longer to arrive at change because of everything else they were carrying). And 3), women service users were likely be single parents and/or have primary care-giver responsibilities. This often meant missed appointments due to other commitments. Though staff endeavoured to work with women in more flexible ways to accommodate this, it created substantial difficulties when it came to enforcement.

Findings (2): Wellbeing, resilience and the emotional demands of supervising women: The complexities of women's cases saw huge demands placed on staff in terms of emotional labour – in particular, empathy. In addition, lingering feelings of responsibility for the women's wellbeing (outside of probation time), saw staff constantly question their actions. The struggles of trying to leave things at work, often translated into mental health challenges for those who were not easily able to do so. In trying to do and be everything, the Women's Leads sometimes felt mired with the pressure of it all, in some cases leading to sick-leave. Importantly though, no-one talked of not being *able* to do the role, in terms of not having the skills to meet the demanding requirements of the job. The problem was situated in how the women's lead role was structured and understood at on organizational level. Given all this, the need for established support structures was paramount. Colleagues were said to be the most integral, offering an ear when it came to difficult or complex cases, and simply just being a friendly face. Managers were described as approachable, committed, and understanding of the demands of the job. However, their busy schedules meant finding time to meet with them was sometimes difficult. Personal relationships provided some levels of support, however, there were seen to be limitations. Though loved ones might *listen and sympathise*, by not being in the role themselves, they were unable to *understand and empathise*. Finally, support also came through clinical supervision. This allowed staff the space to air worries or grievances, relate to others experiencing similar job-related issues, and process difficult feelings. However, there were concerns about the group setting of clinical supervision, with some not feeling comfortable to talk publically about difficulties lest it exposed their vulnerabilities.

Findings (3): Strengthening the sustainability of the Women's Lead role: Staff identified the need for a more supportive, holistic model of supervision, where the

needs of the individual staff member were *as* important as case management reviews. Embedded in this was the investment in staff wellbeing, which was proportionate to that expected for service users – though 'good practice' was highly focused on the service user's experience, there was felt to be little equivalent consideration for staff. Sustainability was a common theme, with reduced caseload allocations being a key point. Managers too saw the need for this, yet equally saw practical challenges in doing so. Sustainability was placed in more considered recruitment to the Women's Lead role – the focus being on suitability and interest, rather than simply availability. Other suggestions were around male probation staff being able to manage women service users, however most importantly staff simply felt women should have the choice of what gender they would like to be supervised by. Finally, despite the many practical challenges and emotional demands involved in delivering women-led probation services, staff were clear about what rewards the job brought. Seeing women grow, succeed and even flourish was often what kept Women's Leads in post.

Points for discussion: Though not recommendations per se, this research has produced a number of points for future discussion.

1. **Recruiting the right people into the role:** The Women's Lead role is a demanding one, and requires much of the staff who do it. It was felt the job was best suited to those who *actively* wanted it i.e. individuals who were committed to, and passionate about, working with women.

2. **Being mindful of less experienced staff (especially PSOs)**: Though Probation Services Officers (PSOs) in the Women's Lead role felt they were more than capable of doing the job, many talked of being thrown in at the deep end, without having any prior experience or knowledge of supervising women service users. Supporting less experienced staff, (not necessarily just PSOs), through comprehensive job-related training, or even mentoring, in the *early* stages of taking on the Women's Lead role might provide enormous benefits in terms of helping staff feel better equipped and confident in their decisions.
3. **Providing a more supportive model of supervision:** The emotional costs of supervising women and the unique demands of the job frequently took their toll on the Women's Leads. It was suggested that maybe a dual supervision model

could be put in place – one which looked at the administrative side of the job and another which responded to the emotional wellbeing of staff.

4. **(Related to above) Ensuring managers have the capacity to support their staff to the extent they need:** Both Women's Leads and managers noted that time was always a factor when it came to managers supporting their staff. Responding to this then, it was suggested that Senior Probation Officers (SPOs) be allotted more time (perhaps through freeing up other parts of their role) to be able to give the level of support needed to their staff.

5. **Consider ways in which caseloads might be made more manageable:** In meeting the many needs of women service users, Women's Leads have ended up over-stretching themselves. A consideration point for senior managers might be in thinking through ways in which time might be freed up for Women's Leads, such that they are able to work with women more holistically, and do so without jeopardising their own wellbeing.

6. **Broadening the scope of clinical supervision:** Clinical supervision was generally placed as a useful and helpful tool in managing the many demands of the Women's Lead role. To broaden its accessibility, it was suggested that it be made more available (perhaps through recruiting more clinical practitioners), not requiring staff to travel to supervision (make it geographically more available), and offering 1-2-1 sessions as an alternative to the group model.

7. **Acknowledging some areas are less well-resourced than others:** There were notable differences amongst Women's Leads in different geographic areas as to how able they felt to do the job based on the wider support structures around them (e.g. resources, services and agencies). Though it was not necessarily asked for this to be changed, some issues were beyond the scope of the organisation, it seemed recognition of these difficulties would likely go far in understanding why some Women's Leads consider the role more demanding than others, and as such experience more wellbeing issues because of it.

8. **Let staff work more flexibly:** The intensity of the Women's Lead role saw staff often feel they were burning out, as they were constantly on the go. It was suggested that a future review of the Women's Lead role might see a model of work flexibility which allowed for more home-working.

9. **As a final point, the option of gendered provision:** Though women Responsible Officers (i.e. Probation Officers and Probation Services Officers) were generally considered better placed to understand the needs of women service users, male Responsible Officers were seen as equally up to the task. It was felt by many that men should be allowed to do this where appropriate. Most significantly though, staff simply felt that women service users should have the choice of what gender they would prefer to work with. Not only might this be empowering for women service users in making the call regarding gendered supervision themselves, such flexibility in women-led provision might also carry the benefit of having more staff available to help manage the more complex and demanding nature of women's cases.

Conclusion: The research described in this report is part of an emergent, yet sparsely attended to, area of probation practice, which looks at the experiences of women who supervise women on probation. Though the focus has been solely on female probation staff at KSS CRC, the findings from this research, and the subsequent implications from those findings, have significant reach and resonance to all aspects of women-lead probation service provision. Moreover, this research has also touched on the newly developing field of emotional labour in probation work, and through drawing on a gendered perspective, has offered an additional dimension to this area of work. It is anticipated that the points raised in this report might lead to some meaningful debates within the sector, and more locally, some key changes within KSS CRC which seek to better support the women who undertake this demanding, yet integral role.

Acknowledgements

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Acronyms

RO – Responsible Officer

SPO – Senior Probation Officer

SU(s) – Service User(s)

TTG - Through The Gate

WL(s) – Women's Lead(s)

WLRO(s) – Women Lead Responsible Officer(s)

NB – the official terminology for women who supervise women service users at KSS CRC is Women Lead Responsible Officers (WLROs), however the role is more commonly referred to as 'Women's Leads'. As such, this is the term mainly used in this report. However, it is important to note that WLRO(s) and Women's Lead(s) (or WLs) refer to the same role, and are used interchangeably.

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1.0 Introduction

1.1 Background to the research

The Corston Report (2007) highlighted the failings of the Criminal Justice System (CJS) in meeting the specific and unique needs of vulnerable women in the CJS Calling for a more holistic, woman-centred approach, the report underlined the need for a system which would help women develop the resilience, life skills and emotional literacy to successfully move on with their lives. Since then, there has been a relative wealth of research looking at the female experience when it comes to the CJS, and a fair amount of policy too. However, what has had substantially less attention is the experiences of those who supervise these women. Indeed, reflecting Goldhill's (2016) thoughts around the challenges of supervising vulnerable women, working within a system predominantly set up with men in mind produces particular challenges. And this was something noted particularly within operations at Kent, Surrey & Sussex Community Rehabilitation Company (KSS CRC).

Women-led provision at KSS CRC

Preceding the introduction of the national Female Offender Strategy in June 2018, KSS CRC implemented their own Women's Strategy. With the aim of removing the constraints and inequalities faced by women accessing probation services (Jones & Piggott, 2018, p.3), the Strategy explored all aspects of women-led provision, including interventions, community payback, Through The Gate provision, volunteer and peer support, and most significantly the women's Responsible Officer role. The role, known more commonly as "Women's Leads", asks much of the staff who do it. For example, staff are required to undertake specialist training in trauma informed support, attend women's only reporting sessions, access appropriate women's only spaces to support their service users, work closely with specialist local women's services (especially the Women's Centres in Surrey and Brighton), and assist in delivering the 'Believe and Succeed' programme – a women only programme designed to meet the specialised needs of women service users (p.6). Indeed, though there are multiple parts to KSS

CRC's women-led provision, it is principally the Women's Leads, with their responsibility for almost all areas of women's probation supervision, that is at its core.

1.2 The research project: Aims and research questions

Given the centrality of the Women's Lead role in providing an effective and meaningful women-led service at KSS CRC, a close examination of that role was considered the priority. Indeed, rather than focus on the service purely in terms of provision, and within that the views and experiences of the women who are receiving that provision, it was felt important to look at what the demands are of delivering that service. In particular, what the practicalities are of the Women's Lead role, what the impact is of undertaking that role, and what staff feel needs to happen in future to make the role more sustainable. The aim and research questions were therefore as follows:

Aim:

- *To explore the holistic experiences of women probation staff involved in delivering women-led probation services*

Research questions:

- *What are the realities of delivering women-led probation services?*
- *How do staff conceptualise their own resilience and wellbeing when it comes to working as a Women's Lead?*
- *What needs to happen in order to ensure the sustainability of the Women's Lead role?*

1.3 Layout of this report

Following an account of the methodological approach used in undertaking this research, the report explores three levels of findings. The first chapter considers the nuts and bolts of the Women's Lead role, exploring how staff came into the role, why there is a need for women-led probation services, and also the challenges of delivering such a service. The second chapter forms the heart of this research, and considers the impact of the Women's Lead role in terms of the emotional demands of the job,

staff wellbeing, perceptions of sustainability, and staff support structures. The third and final chapter considers ways in which better resilience might be built for staff doing the Women's Lead role, and ultimately how the role might be made more sustainable in future. The report concludes with a summary of findings, the key 'take home' points, and finally a number of recommendations for future organisation and practice.

NB: The quantitative data from the survey has been interspersed with the thematic data, so the various figures are found throughout this report.

2.0 Methodology

2.1 Sample and recruitment

The sample for this research comprised of interviews with 8 Women's Leads and 3 SPOs (Senior Probation Officers) and 1 Through The Gate Manager (TTG Manager). Data was also collected from the Women's Leads via an online survey[i], in which 13 WLROs participated, resulting in a 45% participation rate[ii].

The geographic locations of staff participating in the interviews saw excellent representation across the 14 KSS locations[iii]. For the WLROs, 3 were from Kent, 3 from Sussex, and 2 from Surrey. For the managers (SPOs and TTG Manager), 3 were from Sussex and 1 was from Surrey. The survey areas were more biased to one area, with 8 respondents being from Kent, 4 from Sussex and just 1 from Surrey.

WLRO interview participants were recruited through a group email asking if anyone would be interested in getting involved in the research. Managers (SPOs and the TTG Manager) were contacted directly. Survey respondents were also recruited via group email, with the survey link being sent out directly by email.

2.2 Methods

As suggested above, the data for this project was collected via semi-structured interviews and an online survey. The survey was not originally part of the research design, but due to the unprecedented coronavirus pandemic forcing a country-wide lockdown on March 23rd, 2020, it was decided that the remaining data for this project would be gathered using this method.

2.3 Data Collection

Data collection took place between December 2019 and July 2020 (December to February for the interviews; June-July for the survey).

Interview times and dates were agreed in advance by email, at the convenience of the participants. The interviews were conducted individually for all the WLROs and 2 managers (1 SPO and 1 TTG Manager), with the remaining 2 managers (SPOs) being interviewed as a pair. Interviews were conducted either face-to-face or over the telephone. Face-to-face interviews took place in a private room on KSS CRC property. The majority were digitally recorded and later transcribed.

2.4 Analysis

A thematic analysis was used to explore the qualitative data. The process began with reading over the transcripts and preliminarily identifying themes. Preliminary themes were then revisited and revised, and a set of core and subsidiary themes were agreed on. At the final stage, transcripts were coded using these themes to form the final report. Excel was used to explore and chart the quantitative data.

2.5 Ethics

As with all research undertaken by the KSS CRC Research and Policy Unit (RPU), the ethical principles as laid out in the RPU Code of Ethics (https://www.ksscrc.co.uk/code-of-ethics-3/) were observed throughout. However, some ethical considerations particular to this project are highlighted next.

- **Voluntary participation:** Participation in this research was voluntary. Interview participants were invited to opt-in to the research via an introductory email (as outlined earlier in this chapter). Participation in the survey was also entirely voluntary, though encouraged through two 'reminder' emails.

- **Confidentiality and anonymity:** All participating staff were informed that their data would be kept confidential. However, it was highlighted that the identities of some may possibly be guessed at given the proportionally small numbers of staff occupying the WLRO role, and those supervising staff in that role. To help promote the confidentiality of participating staff though, personal information was anonymized, and unique data was abridged. Moreover, though the exact geographical location of each participating staff member was known, this has not been highlighted in the report. Quotes have been made unique by job title alone.

3.0 Findings (1): Unpacking the Women's Lead Role

This first findings chapter explores the background to the Women Lead Responsible Officer role, better known as the Women's Lead (WL) role. It begins by examining how staff came into the role, how prepared they were for it, and their perceptions of the need for a women-led service. Finally, this chapter reflects on the practical challenges involved in doing the job.

3.1 Becoming a Women's Lead

There was a mixed response as to what brought staff to the Women's Lead role. For some it was because of their own interests, for others it was more of a natural evolution from a role they were already doing (or had done before). For a significant few however, the Women's Lead job was something they had felt thrust in to.

It was a choice

For most of the staff consulted, becoming a WL was explained as a conscious choice. Staff either volunteered themselves for the role, or showed an interest in it when the opportunity arose. Reasons for choosing this route were mainly around 'wanting to make a difference', and more broadly, being interested in working with women (and in some cases, preferring it). The staff that spoke most enthusiastically about the job tended to have professional backgrounds in other frontline roles working with women e.g. working in women's prisons, or working at other women's services/agencies, and as such saw personal benefits of this type of work.

> *"I find there's more job satisfaction when I'm working with the women than when I'm working with the men… That's how I came in to it really." (WLRO)*

Because of previous personal trauma

There were also staff who described being attracted to the Women's Lead role because of their own histories of trauma, experienced either directly or secondarily. These staff talked of understanding women service users' (SUs) experiences more deeply having had similar experiences themselves. Indeed, abuse in childhood, partner abuse, and domestic violence were common ways in which these WLs saw themselves being drawn towards working with women. As one officer noted, "*I think it's quite common… because you want to help people*".

> *"Realistically, women who get drawn to women's work generally have a reason behind that, whether it's trauma in their own lives or understanding of trauma from people close to them, because there's something healing and supportive in being someone that then supports others". (TTG Manager)*

> *"So I'd always had a focus on women, as a single parent, I was a survivor of domestic abuse myself… I think one of the reasons why they employed me [was] because I understood how local authorities work. At the time, probation was quite an isolated situation so women had always been, you know, quite a focus for me… so when they said 'who in the team wants to be the Women's Lead' everyone in the team meeting just looked and laughed at me you know, because they knew that I would be the person who would want to do it" (WLRO)*

Not always a popular role

However, though becoming a WL was a choice for most, for a select few it was considerably less so. These staff members explained the role as one people generally sought to avoid, with several left feeling like they had been saddled with the role simply because no-one else had wanted to do it.

> *"I did end up volunteering but only because I knew there was nobody else wanting to do it… most people don't want to work with women… I don't really see myself as a women's specialist. It's not where I would have chosen to work". (WLRO)*

> *"I'll be completely honest, nobody wants to do Women's Lead. I think as soon as someone says 'Women's Lead' people are like 'no, no I'm not doing it'…It wasn't something that I particularly would have shown an interest in, but it was given to me whilst I wasn't in the office and there have been times, if I'm being honest, where I [thought to] ask someone else to take over, but nobody else will take over the Women's Lead." (WLRO)*

Interestingly, this view was not one held just by Women's Leads. One of the managers also explained things to be this way:

> *"Many staff are just put into those roles, told to do it. You must really want to work in that area and, no one wants to do it because they have seen the impact this role has had on other staff members" (SPO)*

Ultimately, those most passionate about the role were resolute in the belief it was not for everyone. Women SUs were said to need a demonstrably higher level of support, and as such, a willingness, energy and desire to work with them in accommodating those needs was therefore essential.

> *"It's a hard role, and I think if you're gonna do it, you've gotta be like fully committed and you've got to have a passion for it, because otherwise it just won't work… if someone had asked me to do it and my heart wasn't in it I would have said no because you can't work with the women and give them the support that they need, and the empathy that they need, if you, not don't care, but if you're sort of indifferent to it". (WLRO)*

Results from the survey responses

The survey question relating to this theme asked WLs to indicate what brought them to the role. Reflecting the responses from the interviews, the survey saw 45% (N=7) *wanting to do the job*, 23.1% (N=3) being *asked to do it*, and 15.4% (N=2) *taking it on because no-one else wanted to* (see Figure 1). The staff member who selected 'other' explained taking the job as they were told they would work well with women.

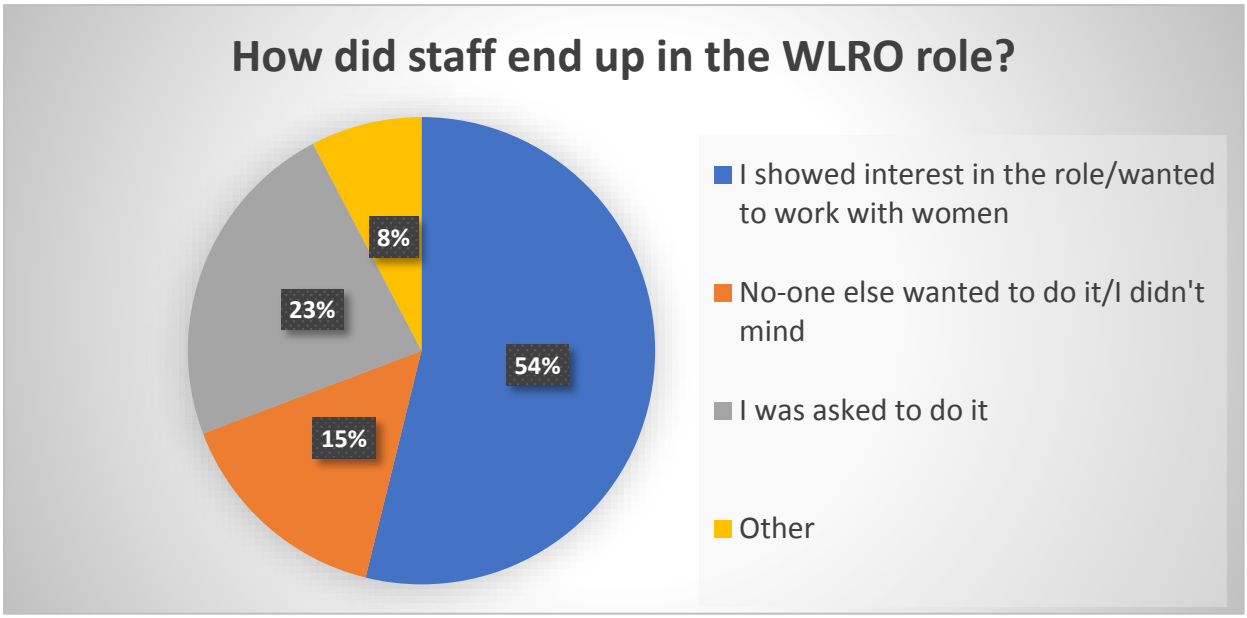

Figure 1: Reasons for taking up the WLRO role

3.2 Preparing for the role

Though most of the Women's Leads talked about receiving some levels of trauma-informed training whilst on the job, there was a firm consensus that staff coming into the role had not felt adequately prepared for the mental, emotional and practical challenges that they would be faced with. Staff talked of feeling "chucked in the deep end", and having to "wing it" in the job. It was also stated that job-related training often came quite late.

> *"The only really women specific training I've had has been a trauma informed training…that happened after I'd been doing the job for about, nine months, minimum, minimum, it could have been a year. And that was the first bit of anything that we've had". (WLRO)*

Interestingly though, this lack of preparation was not always constructed as a problem. Knowledge built through past experiences and forging professional relationships with other women-centric organisations (e.g. drug and alcohol charities, mental health organisations and local women's centres) was placed as one of the most valuable resources in equipping staff to undertake the WL role.

> *"…I don't think there was anything specific, until the strategy launched and stuff like that. And the majority of the time I was kind of just working with women and*

just kind of building up my own knowledge I guess really by a) working with somebody from Inspire and b) having to use the resources in the community to build my knowledge, like the services there really. Yeah, that's kind of like the starting point really." (WLRO)

The lack of pre-job training was also discussed by managers. However, reflecting staff views, it was suggested that in such a unique and challenging role, the best learning tended to be done "on the job".

"… the problem is there will always be a new experience, no matter what, you could be in this 30 years and you will get a woman where you're just like 'what? Really?' and it's about using those learning experiences to make sure that we're not just firefighting, and the end of that and during that is sort of those workers helping them learning, continually grow their practice, understand why we're doing stuff" (TTG Manager)

Results from the survey responses

The survey question exploring this topic was around how supported staff felt coming into the WL role, in terms of the provision of pre-job training, guidance from managers and any other supportive methods. As Figure 2 shows, ratings were broad ranging with most grouping around the 5/6 point, indicating that staff had received some support/preparation going into the role, but perhaps not as much as they could have had. This response marks something of a departure to the interview responses, though it is possible the use of the word 'support' may have engendered a different response than the word 'preparation'. The latter being exclusively interpreted as pre-job training.

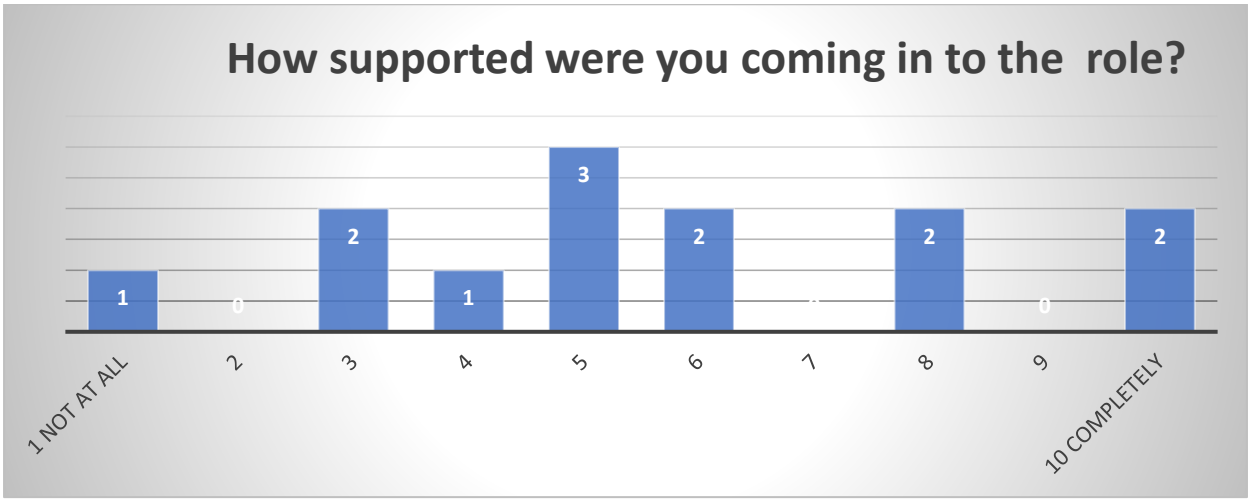

Figure 2: Ratings of support received coming into the role

3.3 The need for a women-led service

Whilst unpacking the Women's Lead role, there was a consistent dialogue around why women-led provision was considered to be important – in particular, why staff felt there was a need for a women-led service. This was typically explained by way of setting out what made women SUs unique, and often in relation to men SUs.

Women's cases are complex cases

Women SUs were explained as often being complex, chaotic and thereby challenging, and a women-led approach was deemed necessary to mitigate against social and structural gender inequalities in addressing presenting issues. For example, housing or homelessness, mental health difficulties, child protection concerns, substance misuse, and relationship difficulties. Women SUs were also highlighted for their intense vulnerabilities.

> *"Most of the women just seem much more complicated, much more damaged, much more bruised, and much more chaotic. And it's very rare that they are, they're working…" (WLRO)*

> *"There are so many safeguarding concerns and there are so many, like with mental health issues and you know I've got cases that come in threatening to kill themselves… (WLRO)*

> *"…the level of complexity is so difficult… a lot of them have emotionally unstable personality disorder, which means that their level of demand is quite high. They will constantly be in a crisis, or suicide ideation in the peak of the moment, only yesterday I had to do a 999 call because one of them has phoned up and said "oh I'm gonna end it all"…" (WLRO)*

> *"There's a lot of anger issues as well, so there can be a lot of violence as well. I find my more chaotic ones are normally, they've normally got substance misuse issues, they've been victims of domestic violence themselves, they haven't really got an upbringing, they haven't had the support round that side of things and they've been in and out of criminal justice system and for them it's the norm." (WLRO)*

The need for a women-led service was also felt important as women were likely to present with severe trauma in their past, due to varying levels of abuse. More often

than not, they were still living through that abuse, *and* dealing with a number of other issues directly resulting from it.

> *"… [it] might be that they're in a relationship that is violent, or abusive or they don't recognise that so constantly controlling, you know, like controlling and emotional type of abuse that they're going through. And then couple that with the complexity of alcohol use and substance misuse, coping mechanisms, and deterioration within mental health, and that's [just] one woman" (WLRO)*

The need for safe spaces

The importance of a women-led service in accommodating the intense vulnerabilities of women SUs also saw staff call for the need for 'safe spaces'. Providing probation environments, particularly those that were away from men, was seen as important both for the women themselves, and also as a foundation for building trusted and valued professional relationships.

> *"I think we do have to have specialised women's services because they do get kind of lost in that kind of, you know sometimes you see women sitting in the office and you think 'oh no, that's not the place for you to be sitting, that's really not, I don't want you sitting in there', you know you get young scantily dressed young women sitting in there and you think, 'oh, no, that's not the place for you'." (WLRO)*

> *"…once you've built that trust and they disclose things to you and you know it's sort of like their safe haven when they come in to see you… I've got a service user at the minute who's in a really bad relationship DV wise, and she sort of comes in and sort of offloads everything and goes back home to him, but it's just quite nice that she feels able to do that, so I think yeah." (WLRO)*

Women operate in different ways to men

A women-led service was additionally felt necessary due to women functioning in different ways to men. Though many noted their reluctance to generalise, and indeed there were many counter examples given, for the most part staff relayed the demonstrably gendered ways in which they saw their men and women SUs operate. One of the most cited examples was in the way women were more likely than men to want to talk.

> *"it's probably a bit generalising because some men are quite open about their issues… but the women, I always find they might not always be honest, but*

they tend to be more open about everything that's going on. They want to talk, they want to offload." (WLRO)

"I think men can be a lot less open about certain issues and it's all because of you know, the thing about 'oh men can't have emotions, and men can't be seen as weak, and they need to be strong'… I've had women sit in here and cry and you know tell me things about their childhood and they're a lot more open with it… I think maybe because it's viewed as more acceptable to be that way as a woman," (WLRO)

The complexities of women's cases were also juxtaposed with the often simpler nature of male cases. Men were characterised as more "straightforward", more prone to "organisational chaos" rather than "emotional chaos", and generally were felt less complicated in terms of their emotional needs. Notably, such differences were often highlighted by staff who had a mixed caseload, or who had worked with men exclusively before becoming a Women's Lead.

"With women there's a lot of emotional stuff… they seem to be very chaotic. So with a guy it's like organisational chaos, they'll turn up because they're late and they don't know how to do something" (WLRO)

"I find women more complex, I find them more complicated, I feel like they tick every box, there's the safeguarding issues, there's domestic violence, there's mental health, there's social services…I think with women you're trying to juggle all these things, whereas men they can be quite straightforward and tell you how it is. [Also] women can be more sensitive to things, and they can be more emotional about things, whereas with men they're not." (WLRO)

These differences also translated in to the ways in which staff felt they could work with women. The dominance of a criminal justice system focused on men meant that systems and processes had been set up with male ways of working in mind. Women focused work was said to play out in very different ways i.e. less structured, more exploratory and more grounded in person to person interaction.

"[Men] are quite open to doing like structured work … you can kind of go in and have an interview session say, 'right today we're gonna talk about this thing' and 'we're going to do some offence focused work'… I find that with women, there's a whole different kind of work that's needed" (WLRO)

"I think with men it's the same obviously but I think it's a lot easier to be able to structure a session on what you want to discuss, because they'll let you sort of lead it a bit more… Whereas with women because there's so much support we can offer and they're more willing to take it… you can do a lot more meaningful work with them." (WLRO)

"I find [conversation] a lot more beneficial for the woman, than say doing a worksheet, because they come in, they're relaxed, they talk about stuff, they have a meaningful conversation, talk about ideas, you know, talk about healthy relationships or whatever… you can't get that off a worksheet, you can only get that when you're having a conversation with somebody." (WLRO)

Results from the survey responses

The survey questions relating to these themes were around the benefits of a women-lead service, the importance of it, and whether it was felt male probation staff could do the job as effectively. As Figure 3 shows, in terms of benefits, staff saw *empathy* as the most significant, with all 13 survey respondents selecting this answer, however *feeling less intimidated talking to a woman* (N=12), and *giving women a space away from men* (N=10), were also popular. Other benefits were around what staff could offer women SUs. For example, that women better understood other women's "obstacles to engagement", and that those interested in working with women were more likely to have "specialist support" and knowledge/experience of specialist agencies. And as Figure 4 shows, the importance of the role was rated very highly with 10 of the 13 participants rating it as 'completely important'.

Ratings about the importance of a women-led service showed that 77% (N=10) considered the Women's Lead role to be *completely important*, with 39% (N=5) considering men would *probably not* be able to supervise women SUs as effectively as women officers (see Figure 5).

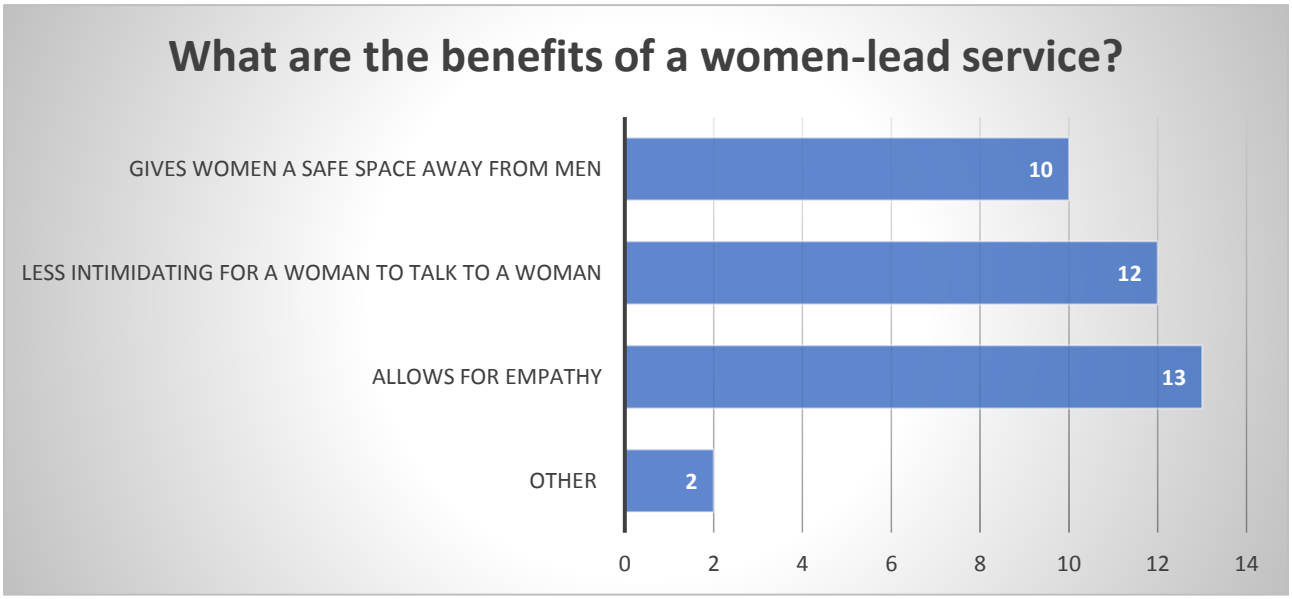

Figure 3: The benefits of a women-led service

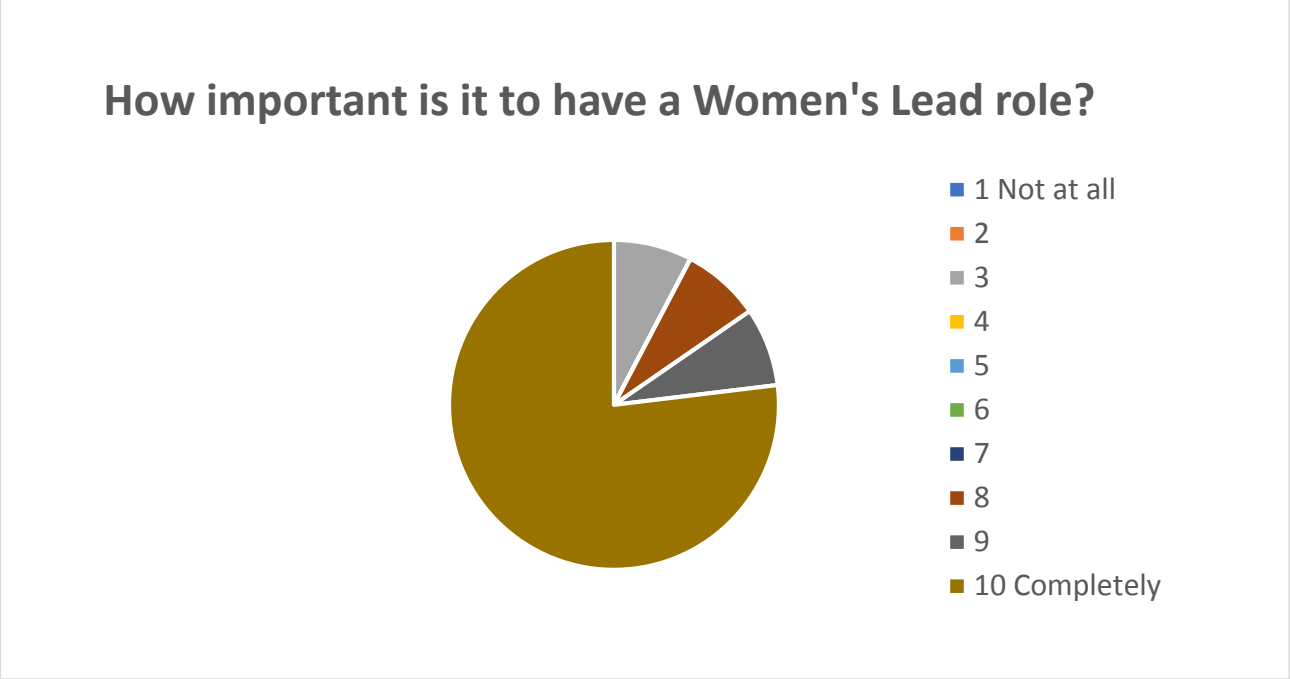

Figure 4: The importance of a women-led service

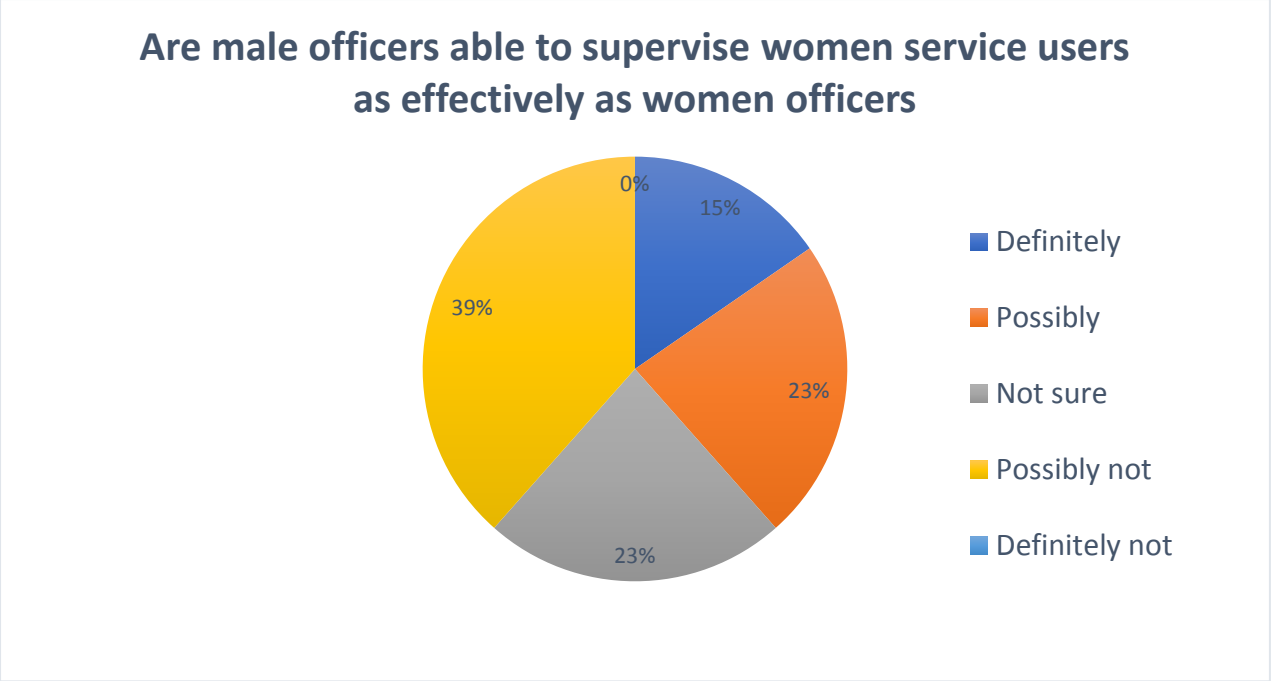

Figure 5: Perceptions of male officers' ability to supervise women service users as effectively as women officers

3.4 The practical challenges of women-led provision

No matter how staff came into the role, nor their views on the value of having a dedicated women-led service, all described a significant number of challenges when it came to delivering that service.

Trauma-informed versus offence-focused practice

Trauma-informed practice means recognising the impact that trauma has on the individual, and in acknowledging this, providing appropriate support to that individual (McCartan, 2020, p.8). As McCartan explains, a trauma-informed approach marks a "change of perspective from 'What's wrong with you?' to 'What happened to you?'." (ibid). Such an approach, McCartan continues, seeks to recognise strengths and skills, build confidence and re-educate, and embed new coping skills, "to enable recognition and regulation of behaviour" (Substance Abuse and Mental Health Services Administration, 2014, as cited in McCarten, 2020). Given the well-established understanding that most women in the CJS will have experienced some level of trauma in their past, to whatever degree, such an approach is believed to be

fundamental to the effective delivery of women-led probation services (MoJ, 2018; NOMS, 2015).

However, a trauma-informed approach also creates challenges for probation staff. Specifically, that it is often at odds with offence-focused practice. As was found in this study, staff frequently described their struggles in balancing the targets driven, structured, and task-oriented approach to service delivery, with a person-centred, supportive and at times even therapeutic model. Indeed, reflecting previous observations as to the different ways men and women SUs operate, staff talked of the difficulties of working with women using methods principally developed to accommodate 'male lives' and 'male ways of being'.

> *"I think there's a lot of emphasis now on doing structured work and evidence, and I find that really frustrating because when a woman comes in I actually find that a conversation is better… I find that with the women's level of complexity, structured work only [scratches] at a top layer maybe of the surface stuff. I do find that frustrating to be honest." (WLRO).*

> *"…we're supposed to be doing [the job] in a different style, and yet we can't because of the whole enforcement process, and so it's a bit of a catch 22" (WLRO).*

One manager interestingly spoke about the risks of *not* using a trauma-informed approach, both in its potential to damage the supervisory relationship, and more importantly, the women themselves.

> *"I have seen people do more damage because they are very much pushing the, I don't want to go super feminist but I will, like patriarchal, toxic masculine ideas around violence and victim blaming, and not understanding women as survivors first and foremost, and a perpetrator of a crime as the secondary item of what we're dealing with. So trust is given, but then it has also to be earnt and kept, and that's down to how we work". (TTG Manager)*

For others however, trauma-informed ways of working meant that offence-focused work became obscured. Rather than the former being a *part* of the probation process, it became the *whole* process. Indeed, several made the point that whilst taking a trauma-informed approach was right and appropriate, offence-focused work still needed to have its place.

"It can be very difficult to get someone to actually take responsibility for their behaviour… at times I found that you'd almost be pussy footing around the fact that, 'no hang on a minute, you chose to deal with that by hitting a policeman'… or you're choosing to drink because of this'…" (WLRO)

"There seems to be a direct conflict between offence-focused work and crisis management. Because of the issues that women have, you must deal with a lot of the crisis stuff before tackling the risk and the offences" (SPO)

"With the chaotic ones, it's really difficult to sit down and do offence-focused work with them because they've come in either under the influence or they've come in with a drama that's happened, and they're so emotional and you can't get through to them" (WLRO)

"I don't tend to plan any offence focused work with them…they bring all these issues and it's really difficult to be like 'ok that's fine, put that aside, I need you to do this'…" (WLRO)

It was also stated that such approaches often meant that enforcement was even more difficult. Indeed, by seeking to enforce the Orders of the Court, staff feared rupturing relationships through 'betraying' hard earned trust:

"Building a nurturing relationship with women can eclipse the work… you can't challenge due to the rapport that you have built" (SPO)

The time needed for working with women

The complexities of women's cases also naturally translated into the time taken for working with them. It was felt women were more reliant on frontline staff, were more likely to "overshare", were more likely talk about their offence, and generally would take longer to arrive at change because of everything else they were (mentally and emotionally) carrying. Staff spoke specifically of the emotional demands of women SUs, and subsequently the time needed just to listen to them. Again, this particular issue was juxtaposed with the differences in male cases.

"… women are much more likely to get incredibly upset over something, or want to talk about it for hours and hours on end. It makes it very difficult to get them to leave the office, and then if you're cutting them off from the conversation it makes you feel like you're putting an end to a really important conversation." (WLRO)

"With difficult men, they don't speak. You are struggling to get 15 minutes out of them. With difficult women, they will be there an hour. They can just talk and talk." (SPO)

"I can have men that have got severe anxiety and what have you, but they probably come to a conclusion a bit quicker, I think women, you almost have to negotiate with your own mind a bit more. Probably because you're not always thinking of just yourself, just the impact on you, you're looking at the impact on 'what's my mum going to think, I haven't told my children', it's more of that thing of letting everybody down around you, that pressure seems to be there more for women." (WLRO)

"…the amount of time that is spent on my caseload of women, I can't give that same love and attention to the males so I really need to have the easier ones… the ones with all the protective factors in place…" (WLRO)

The challenge of never having enough time seemed to again reflect the dynamics of a criminal justice system that principally ran to support men. This was often captured in a dialogue around the proportionality of caseloads.

"One women is a caseload of about four men... if you have a caseload of women you're just constantly chasing your tail." (WLRO).

"The model we work to is not set up to accommodate women. See our diaries, they are in 30-minute slots. With a women, you use double that time and then don't have any time to write up your notes, or plan for anything… It is a caseload issue. There are some reductions, but not enough. Women's cases take significantly longer. You can't expect staff to supervise similar amounts of women's cases." (SPO)

In addition to the time spent simply talking to women service users, staff also experienced time issues when it came to meeting the multiple, complex needs of their women. Specifically, the work required in connecting with other services and agencies e.g. Nacro, Change, Grow, Live (CGL), Women centres, Child social services, and various multi-agency risk management forums.

"It's a lot of partnership working, so it's a lot of contacting social services, contacting CGL [substance misuse services], contacting housing departments, it's almost like it's crisis management. It's, every time they come in there is a problem and you're always dealing with something." (WLRO).

"I've often found that because of the level of complexity with women, they require a lot more than one agency involvement and sometimes, always, well nine times out of ten it's an uphill struggle to find, to get other agencies to work with women… … it does end up feeling like 'agh' huge coordination… it goes

back to that sort of why you should cap the cases quite low because you know you're seeing cases and do all the other work alongside trying to coordinate all of these agencies for all your women and you just end up with no time, and to me that's a big, big thing. (WLRO)

Women often are the primary care-givers

Finally, there were challenges in working with women because of the additional caring responsibilities women often had i.e. as single parents and/or primary care-givers. Due to this, there were often problems with late or missed appointments. The understanding of the pressures women service users were under when it came to these responsibilities subsequently saw staff endeavour to work with them in more flexible ways. The implication of this however saw difficulties when it came to enforcement. In almost every example given, WLs arrived at the same conundrum – *what do I do for the best?*

"When you've got the woman that's on the order, there isn't anyone else to look after the kids, and enforcement's going to be detrimental… so it's that added stress there. What happens to the children?" (WLRO)

"I mean practicalities like when someone's got small children, it's very difficult you can't just say "no I'm sorry you've absolutely got to turn up" because, what are they going to do with these small children?" (WLRO)

"If they're in a crisis you can't do anything, because you know, you're concentrating on the fact they've just had their, something's gone wrong with social services or the kids have been pulled out of school, or keeps truanting, or everyone's away or they're not well or, they can't do this, they can't do that. Generally you've got a single mum with three kids that can't get them to school or they've been sent home from school ill or, and they're not doing their hours and they're not turning up to their appointments, what do you do? (WLRO)

"… from the point of view of someone who's trying to as a single mother get to an appointment and if they don't get to that appointment they're going to be enforced, and actually, what are the alternatives?" (WLRO)

"I think within the Women's Lead I think the enforcement process needs to be re-evaluated, because it's not simple, it's not a case of right they've woken up late and couldn't come in. They may have taken their kids to school but an hour later they've got a call saying you need to come and pick them up because they're not well, but it's not one kid they're picking up, there's three kids they're picking up. And I've had a woman recently that's on unpaid work, but she was pregnant when she got the order, and carried on as far as she could through it, then she went off for maternity leave, she's gone back to unpaid work but she's been breastfeeding, and she can't do a full day on her unpaid work placement.

And I've been asked to enforce because she's failing to comply, but why should I be punishing her because she's choosing to breastfeed her baby?" (WLRO)

Chapter summary

This first findings chapter has explored the realities and practicalities of the Women's Lead role. It has considered the various routes which brought staff into the role – (some through choice, others through being compelled to do it), it has considered how prepared (or rather, unprepared) staff felt taking on the role, and it has reviewed why staff feel there is a definite need for a women-led service, reflecting on the particularities of women service-users as vulnerable and complex, nested in trauma more often than their male counterparts. Finally, it has discussed what the practical challenges are of the role, including the time taken to manage women SUs, the challenges presented by taking a trauma-informed rather than offence-focused approach, and the difficulties of working flexibly to accommodate women SUs' caring commitments. However, the issues raised here have principally focused on the nuts and bolts of the job. The mental and emotional impact of doing such a demanding role has not yet been explored, and it's to this important issue that the next findings chapter now turns.

4.0 Findings (2): Wellbeing, resilience and the emotional demands of supervising women

This second findings chapter considers what the impact is of working as a Women's Lead. In particular, the requirements for emotional labour, the cost of doing emotional work, the specific demands of working with complex and traumatised women, and the ways in which staff conceptualise their essential support structures.

4.1 Emotional labour and emotional exhaustion

Working with women saw significant need for emotional labour. Emotional labour, a term characterised by Hochschild (1983), explains the process of managing one's emotions at the requirement of certain professions. It exists where emotional work, which involves regulating or supressing emotions, is exchanged for something else, e.g. wages or some other type of valued compensation (Jeung, Kim & Chang, 2018). Emotional labour has seen a recent focus in the field of criminal justice, and in particular within probation practice (Fowler, Phillips & Westaby, 2020; Westaby, Fowler & Phillips, 2020). Indeed, in a recent piece for HMI Probation's *Academic Insights*, Phillips, Westaby & Fowler (2020, p.5) discuss 'display rules', which denotes what is and is not appropriate in a given circumstance e.g. how learnt cultural norms govern the regulation of emotions in certain social contexts. This was placed as integral for frontline probation staff, who were required to manage their emotions, and the emotions of the men and women they supervised, in order to perform in the way expected of them as a probation officer. This performance of emotional labour was easily observable in this research.

The show of empathy

Enacting empathy was arguably one of the more demanding aspects of the WL role. Due to the complexities involved with women's cases, the role was described as emotionally and mentally demanding, and required significant capacity for patience and, in particular, empathy. However, though being empathetic was stated as

fundamental to the role, and there was (importantly) no resentment or regret when it came to such emotional investments, staff did reflect on what the cost of that empathy was. Particularly, when it came to having to regulate and suppress their own emotions in order to 'do the job'.

> *"I had this woman come in on Monday and cried to me and I had to stop myself from crying… you just wanna give her a hug, but you can't because you've got to maintain that professional boundary". (WLRO)*

> *"I've found that, the worst experience for me was sitting on a women's group, I think there were six women in the group, and they started to compare their self-harming scars and disclosed the last time that they'd written their suicide notes… to provide someone support when they've got emotional issues like that does require empathy, and empathy, for me, empathy takes from me". (WLRO)*

Emotional labour existed too in the ways in which staff had to regulate themselves to not *over-empathise*, or show too much emotion. Though empathy was expected of staff as part of the role of a Women's Lead, this also required highly empathetic staff to regulate their natural instincts in order to fulfil the more 'logical' requirements of the role.

> *"I absorb other people's emotions, I feel very emotionally driven, I'm a very, I think with my emotional side of my brain a lot more than I think with my logical side of my brain. I still think because of my logical side of my brain because I have to, and in this job you really have to, but that would be the side I'd lean towards, so I'm going to have needs that my more logical and data driven colleagues do not need, and therefore one thing for me is going to be a completely different thing for somebody else, you know, and that needs to be attended to." (*WLRO).

Finally, emotional labour was seen in the ways in which staff had to absorb and neutralise the often intense feelings of their women SUs. Putting a professional face on meant also having to manage and control the emotions of the women they worked with.

> *"I mean I've had another case that, she was on the phone telling me that she's going to jump off a bridge and kill herself. So I obviously did everything that I needed to do, I rung the police, did a welfare check, got the police to go out and see her, and then the next day she's ringing me saying I've ruined her life and that I shouldn't have told the police and that she doesn't want the police involved and you can't, there's a no win situation. And I think they take it out on you because you're there and they haven't got anybody else." (WLRO)*

> *"There's a lot of people that can feel quite intimidated by the women as well because they are very emotional and they can shout at you. And there's been times where I've felt intimidated but I think if you are resilient and if you do just re-enforce the fact that you are the probation officer and you know, 'you're there on an order' and you need to be stern"* (WLRO)

The cost of empathy

Emotional demands were also in what the job took from the women who did it. All talked of the ways in which the constant emotive situations the women presented with lead to various states of emotional exhaustion.

> *"I had two women die on me, both alcohol related, both with small children, you know I had a woman who, she was pregnant and drug using the whole time I had her, and the social worker said to me it was the most traumatic birth she'd ever seen… even though you try and, you set it aside, it's hard to really, there have been, you know I've been doing this twenty years so I'm quite, I thought I was quite skilled at sort of putting things to one side, but clearly not." (WLRO)*

One staff member described the particular emotional impact of seeing a service user with her child – a visceral reminder of the woman in her dual role as 'offender' and 'mother'.

> *"It really has affected me seeing them as mothers. I have seen women breastfeeding their children as we are talking about theft and other crimes, and it really gets me – whilst their child is touching them, whilst they are holding them." (SPO)*

A huge part of the emotional hit of supervising women's cases was attributed to anxiety induced stress. This was typically found in (self-directed) above and beyond expectations of care, and lingering feelings of responsibility for the women's wellbeing. Staff talked of the underlying stress that accompanied working with women, specifically, the constant self-questioning as to whether they had ever "done enough". Indeed, the struggles of trying to leave things at work, often translated into mental health challenges for those who were not easily able to do so.

> *"…we're just actively seeing people's really deep and painful grief, and trauma, and upset around what's happening to them, and violation of themselves, on such a regular basis. It completely wears you down emotionally, and there's no way you* can't *bring that home". (WLRO)*

"I mean I've gone home and I've had like knots in my stomach thinking, 'have I covered this, have I done that properly, have I missed something?' And you do, you think about your cases at night, and you go to bed and you think, 'did I do the social services referral for that or did I do the CP1 [child safeguarding] check?' like, it all goes through your mind, and sometimes you feel like you don't get a break from it…" (WLRO)

"Have I just opened a conversation with a woman that you know is suicidal? Have I just opened up a conversation about their abuse that's going to lead them to go and kill themselves? And if they do, is that my fault? Have I lead that to that being that woman's experience? … Could I have asked this question, should I have probed harder on this question to get that answer, and if I had would this woman still be alive That is a lot more, it just eats you up, it just eats you up…" (WLRO)

"There's been times, it's been happening a little bit lately, where my partner was going crazy because I would have a notepad and pen on my bedside table, because you know when you get up in the middle of the night, you go to the loo and it's just, by the time you've got back to the bed it's just too late and you're head's going 'click click click click click, did I do this, did I do that, did I do the other' and so I'd write them down and he was saying like 'no no no no no, no, this isn't right' but it can get you like that, as I say." (WLRO)

Vicarious trauma

Dealing with daily trauma also saw Women's Leads have to navigate the terrain of vicarious trauma. Domestic abuse, sexual assaults and safeguarding issues were part and parcel of women service users' experiences, and again took their emotional toll on the female staff who supervised them. The potential for vicarious trauma was often compounded for staff who had histories of abuse themselves, and who additionally saw the risks of "over empathising" due understanding all too well how that woman would be feeling.

"Because I am a woman who has their own trauma, you always end up over empathising with them, which makes it very difficult to detach yourself emotionally from the situation." (WLRO)

"Working with women, realising that the trauma work that you have done yourself to recover from your own trauma, often you then are encountered with other people's trauma a lot of the time you've find yourself absorbing little bits of their trauma… when you're sitting with somebody, sitting with their trauma… it's difficult to deal with… it can be very re-traumatising for yourself". (WLRO)

Vicarious trauma was notably identified as a particular issue for staff who *only* held caseloads of women. It was felt such staff particularly suffered through having no respite from it all.

> *"We are the only workers within KSS that consistently only ever work with women, because even the Women's Leads hold male cases as well. So we're the only ones that consistently are only ever with women. So it's very intense in that sense, and even in the fact that you are in consistently the estate too, and that vicarious trauma that's being experienced is consistent and constant, all the time, you never get a break where you're away from service users cause they're just always all around you". (TTG Manager)*

Understandably, the potential for Women's Leads experiencing vicarious trauma was of particular concern to managers. This concern was compounded when there was known trauma in that staff member's past, and often threw up additional issues around the need for support, and the assessment of suitability for the role.

> *"There needs to be the right staff in the role. They need to be resilient, but it's so much harder if they have experienced that themselves. We have one staff member, she had something awful happen to her and I thought, you can't go into that role." (SPO)*

> *"…they're more vulnerable to the work that we're actually performing and like unless you're looking after yourself and unless your organisation is looking after you, you're really in a space where you could be triggered, re-traumatised, all of that sort of stuff." (TTG Manager)*

4.2 Wellbeing, and the demands of the Women's Lead role

The Women's Lead role was consistently explained as challenging beyond what frontline staff might usually expect in the management and supervision of service users. As such, themes around the expectations placed on staff, the demands of working with intensely complex women, and ultimately the sustainability of the role were common ground.

The demands of complex cases

Stress was a commonly used term when describing the day-to-day realities of being a Women's Lead. As explored earlier in this report, the sheer complexities involved in women's cases meant a great deal was expected of the staff fulfilling that role.

> *"…It's really difficult because there's so many targets and things that we need to hit and I've got all these reviews of MSATs [SU assessment tool] I need to do and all these initial assessments that I need to do and then fitting in*

appointments and with the women being so complex it's stressful, it's really stressful, it's hard to balance everything" (WLRO)

"Sometimes it feels that the challenges of this role are not fully recognised - there is lots of focus on hitting targets but not much on the challenges of working with women who are vulnerable and sometimes chaotic" (WLRO)

"I feel like you carry more responsibility being the women's lead… people that have men on their caseload, they have responsibilities as well, but I think with the women I think they are more complicated and you do feel like you have a lot more responsibilities" (WLRO)

Moreover, there were specific issues around caseload allocation and its relationship with time. The result of complex cases combined with no extra time to deal with them left many staff feeling overwhelmed, stressed and anxious. Though it was recognised that *all* frontline probation work came with a degree of stress and anxiety, it was thought to be magnified within the WL role.

"…if you've got a female on your caseload, they're probably gonna require quite a lot of input, and if that's your entire caseload, it's just recipe to drive yourself mad". (WLRO)

"I've had conversations with people where they've gone from not having any female cases to being a women's lead and they've gone 'oh I completely get what you were talking about now, I wish someone had warned me it's hard job, but I just thought it was going to be the same as everything else' and it just isn't, it just is not the same as anything else" (WLRO)

Within this wider theme of the demands of the job was also the issue of staff not feeling qualified to deal with certain aspects of women's cases. In particular, responding to the women's needs for counselling and therapy. Though trauma-informed approaches allowed for a certain dynamic of therapeutic understanding, for example through empathy and listening, some WLs were concerned about the expectations women SUs had for them to provide a clinical model of support.

"I feel like I'm not qualified to sit here and go through it with them because I'm not a counsellor, I'm a probation officer… I feel like sometimes you are expected to do all these things, have all these hats on and you just can't, I'm not trained in, I'm not a doctor, I'm not a counsellor, I'm not a doctor in mental health or anything like that, and I just feel like you're expected to have all these hats on to be able to deal with this one thing and it's just, it's too much sometimes". (WLRO)

Stress, strain and sustainability

In exploring themes of stress and strain, a broader theme of sustainability became visible. In trying to do everything, the Women's Leads described feeling overwhelmed and mired with the pressure of it all. For a few, this translated into feeling they were letting their women down because of it. One staff member described the situation as "soul-destroying" – wanting to do her very best, but not having the time or resources to do so. Another talked of how isolating the role was – even when there were two members of staff in the same office doing the job.

> *"I was lucky in that I had a colleague who I would count as a quite close friend and somebody that I feel we can both confide in each other, it still felt isolating because it was only us could understand it… so it's either isolating as an individual, or it's isolating for the one or two members of staff that have to deal with it. Either individually or collectively isolating. So even within that, there's layers to it." (WLRO)*

Importantly though, no-one talked of not being *able* to do the role, in terms of not having the skills to meet the demanding requirements of the job. Rather, everyone was clear and confident in their abilities to provide a strong women-led service. The problem was situated very clearly in how the Women's Lead role was structured.

> *"I think that it's much more common to think 'I'm not coping and therefore I'm a bad officer', it's not 'I'm not coping and therefore there is something innately wrong with our system', which is the reality… you're all so aware that everyone's stretched so thin, you just never want to talk about what's happening for you." (WLRO)*

> *"I have [seen many Women's Leads leave], because it's too much… there is a lot that is expected of you, there's a lot of responsibility. And you know, coming in to work and having a knot in your stomach isn't what you want… And I do think people think 'oh Women's Lead, no I wouldn't do it' and I think that's the reason why." (WLRO)*

> *"I don't think some managers realise how time intensive and emotionally stressful being the Women's Lead is - I had 55 female cases just prior to the lockdown." (WLRO)*

> *"Every women's worker is completely overworked and their caseloads are far too high and we're completely, never fully staffed at through the gate" (TTG Manager)*

Indeed, the response to the organisational approach to a women-led service saw one manager describe the Women's Strategy as "restrictive", "unmanageable" and in need of revising. Several others additionally suggested they would not recommend the Women's Lead role as a model, with others calling for more guidance about the implementation of key parts of the Women's Strategy.

> *"The women's guidance feels threatening as it is aspirational… it is not responsive to the realities of the role. When you don't do things according to this model, you feel like you are failing". (SPO)*

> *"Unfortunately, it's the sort of system that tells you that if you can't do the job they'll find someone else who will. And that's how it feels a lot of the time, and unfortunately that person then comes in to the role, and you watch the exact same thing that has just happened to you happen to them, and it's like 'why the hell did I bother kicking up any sort of fuss, say anything at all, because they haven't learnt from it, and this poor sod over here is just going through exactly what I went through" (WLRO)*

The impact of staff wellbeing was a huge issue for managers, with concerns their staff were "burning out", with some "on the verge of breaking down". For some, staff loss due to stress was conceived as simply a matter of time.

> *"We have lost staff because of the stress of that role… we are just waiting for [current WL] just waiting for her to say she's off with stress". (SPO)*

Relatedly, the longer term implications frequently saw mental health implications for the Women's Leads. There were several cases where staff were off on sick leave, or had returned from sick leave, because of the stress of the role. Adding to this, these staff then worried about the impact this might have on the women they supervised.

> *"I'm in the middle of a sickness review at the moment, and it's exacerbated by stress. And I do have days where I sit down at my desk, I'm in a corner, out the way really, and well I will cry because it's just so, due to frustrations or, just due to the circumstances or feeling overwhelmed with it all." (WLRO)*

> *"I think if I'd stayed in the role any longer than I had before going off sick, I would have started to become bad for my service users, because you just, you become so over worked, and so completely stretched thin, that there is nothing you can do." (WLRO)*

Results from the survey responses

When looking at the survey results, the picture of perceived sustainability of the Women's Lead role, as it currently stood, was considerably more optimistic. As Figure 6 shows, no-one rated it as 'not at all' sustainable, and interestingly 2 saw it as 'completely' sustainable. For the most part though, ratings were clustered in the mid-range.

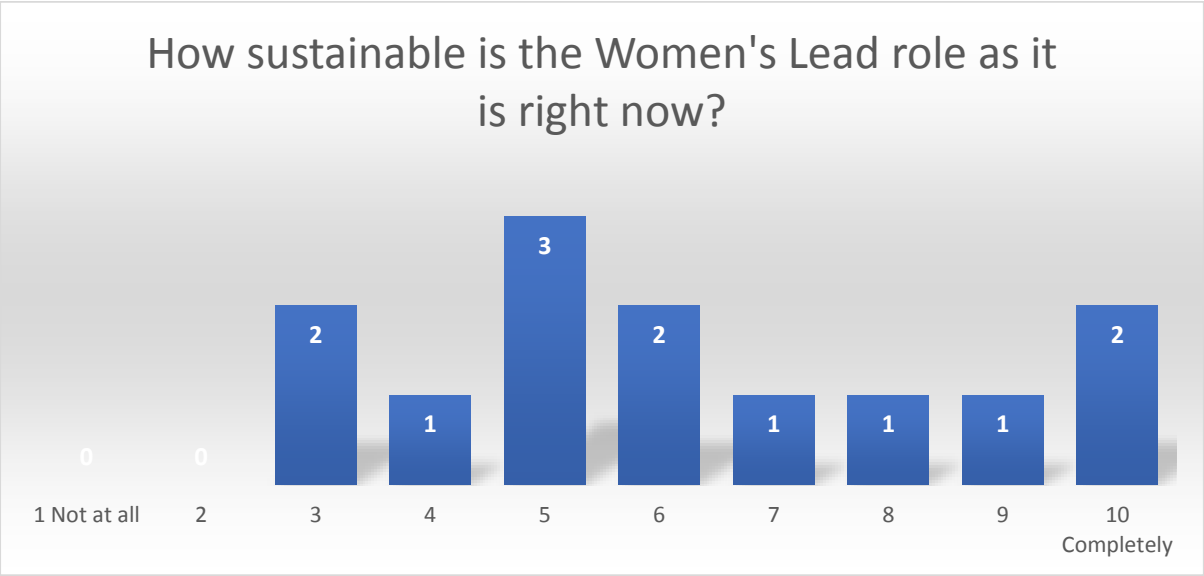

Figure 6: Ratings of the perceived sustainability of the Women's Lead role

4.3. Sources of support

Given the many practical challenges of the Women's Lead role, and the additional emotional demands that working with complex and traumatised women presented, support for staff doing this role was paramount. This support came in a number of forms.

Colleagues / the immediate team

Colleagues were a key source of support, and for the most part were positioned as integral to ensuring that staff member's (mental and emotional) wellbeing. Staff often talked of feeling lucky to have the support of a core team, and would reference their colleagues as the reason they felt able to cope. This support was explained in terms

of being able to talk or "offload" about difficult or complex cases, having the team there to seek reassurance for actions taken – particularly when it came to making unusual or difficult calls, but most commonly, just having a friendly face "checking in".

> *"I'm lucky to have a really good team around me, because we're quite supportive of each other… I'm always able to talk about any issues with cases with other team members". (WLRO)*

> *"Everyone is so good, the whole team is amazing… we all get on really well, and you know there's certain, there's a couple of individuals that you know when I come in and they say 'are you ok' and I say 'yeah' and they're like, 'yeah, but* are *you ok?'." (WLRO)*

> *"My colleagues… we talk a lot about our cases and you know. If I think I've not done something right or if I think I need reassurance on something, I can always talk to my colleagues". (WLRO)*

> *"…sometimes if they see me run up and down the stairs with like my caseload and they'll say 'is there anyone that you want me to see, is there anything that I can do to help', so if they see that you're under pressure, they really do help". (WLRO)*

Support was not always just about KSS CRC colleagues, it also extended to colleagues outside the organisation – e.g. the Women's Centres. Indeed, many colleagues formed strong relationships with equivalent colleagues in other services.

> *"…the Women's Centre… because the people I was working with were the people she was working with, so that we talked together" (WLRO)*

Managers

Women's Leads were generally really positive about the support they received from their direct line-managers. Managers were said to be approachable, committed, and understanding about the demands of the job. Being there to listen, and practically helping to structure work (and at times, even reallocate cases) were examples given of how that support was enacted.

> *"I am in a lucky position because [my manager] is the Women's Lead, so she's very passionate about the work that we do, so you know she's quite, I can always approach her with issues with a case, that I might be finding tricky or difficult." (WLRO)*

> *"My line manager, is really good and if I do feel stressed then I will go and speak to [her]. There have been times where I've had melt downs at my desk because*

I'm so frustrated or sometimes it all gets on top of you… I just go and speak to my line manager and you know she's been really supportive". (WLRO)

"She is so good, she's all about employee wellbeing, she's all about it and honestly I've never felt more supported by a manager… like last week I was off because I was so exhausted, I was physically just drained, and she was like 'just take all the time that you need, your health's more important'. And she was making sure that work was being covered for me." (WLRO)

Importantly, though managers were talked of positively, some were commensurately seen as unable to give staff all the time they needed because of the demands of their own job. Challenges were around being able to "pin down" managers for day-to-day matters, and finding enough time and space for regular and thorough supervisions.

"You'd look to support from your manager, but the way that, and this isn't a criticism of my manager personally, but the way that her job has evolved means that she's rarely in the office, and she's not going to be there when I'm going to be there anyway. So you'd look to your manager but she's just not there". (WLRO)

"We've now got a temporary SPO, she's really cool, but she's really crazy busy so it's just a case of two minutes at her desk, saying 'how do you feel about me doing this' and she says 'well look go with it' or she'll say 'no, hold back on that'… she does give me advice but she really doesn't have the capacity [for support] at the moment" (WLRO)

"Management have been really, really supportive, but it's just in terms of supervision… I haven't had any, and I feel like I could do with two hours sitting down with somebody and going "this, this, this, this and this". (WLRO)

Personal relationships

Women's Leads also identified family and friends as a source of support, by way of providing a listening ear and a place to talk through difficulties. Commonly mentioned were close friends, partners, and parents. However, although staff often had, and greatly valued these important relationships, there were limitations to what support they could offer. Though loved ones might *listen and sympathise*, by not being in the role themselves, they were unable to *understand and empathise*.

"…in reality, all of those people who support you until the cows come home, if they don't do the job, they're not part of the service, they don't understand… [they don't] know what it's like to have a woman come in and be like, 'I'm suicidal because I was raped', like that's not in [their] day to day, and unless it is in your day to day, no one really knows how they're going to deal with that, and they

can hypothesise about how they might cope with that and how they might deal with it, but they don't know". (WLRO)

"Because of the confidentiality, when I go home my husband doesn't really understand what I do, and I can't really tell him what I do, so unless you're kind of in a similar type of role… it's difficult to explain why something might have upset you." (WLRO)

Manager's view: On support

The importance of core support was something managers spoke of a lot. The presence of good and frequent communication was described as essential, such that staff struggling or feeling weighed down in their job felt able to come and talk to them about it. Also, being seen to care about and understand the role was fundamental to building meaningful and trusted relationships.

"I suppose I have a lot of experience as a front line officer myself, …I think [it's useful] to have an approach where you have a good understanding of what it feels like to feel quite over worked, to feel overwhelmed". (SPO)

Most significantly though was the role of supervision. Though always important to probation practice, the emotional and mental demands of the Women's Lead role saw managers talk of the need for regular and thorough supervisory practices.

"...the women's work is tenfold if not more what we're being expected to get for the men. And it's draining and it's hard and those supervisions allow us to kind of break down what are your coping strategies, what are your self-care things… if they're not doing it you see the decline in health. I see far more Women's Leads going off sick than you would other workers, and that's because that trauma's not being contained for them in the way that we're containing it for the women… managers aren't, or the majority of us aren't trained counsellors or anything like that, but it's understanding a non-therapeutic approach to emotional and practical support around their role that goes beyond service users and specifically makes the distinction that this space is not about service users, if you want to bring a case to me, bring it in an hour afterwards, or bring it to case management, or whatever, but this space is about you and only you." (TTG Manager)

Results from the survey responses

The survey question related to this theme was around types and levels of support. The survey responses very directly reflected the core findings from the interviews. As

Figure 7 shows, with 62% of the responses (N=8), the staff member's immediate team was the clear frontrunner when it came to the primary source of job-related support. 15% saw managers and clinical supervision as the primary sources (N=2, respectively), yet no-one saw senior management or friends/family as a main source of support. When it came to rating that support, again the immediate team came out as offering the highest levels (see Figure 8), with senior management offering the lowest levels. Overall ratings saw staff generally feeling supported in post, with most suggesting average levels of support or higher (see Figure 9).

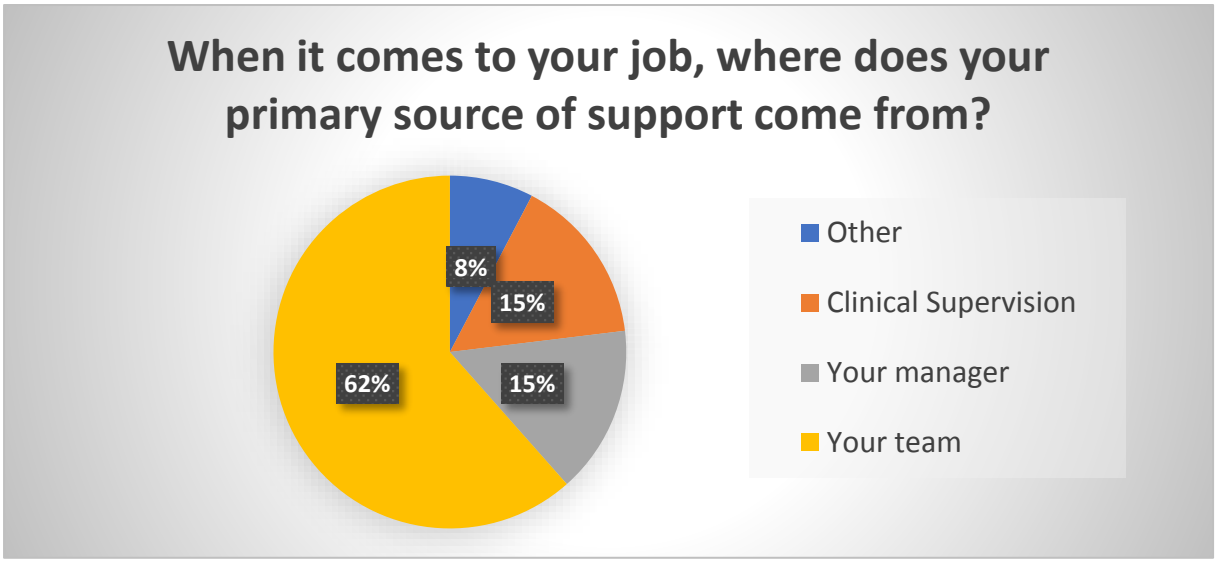

Figure 7: Primary sources of support

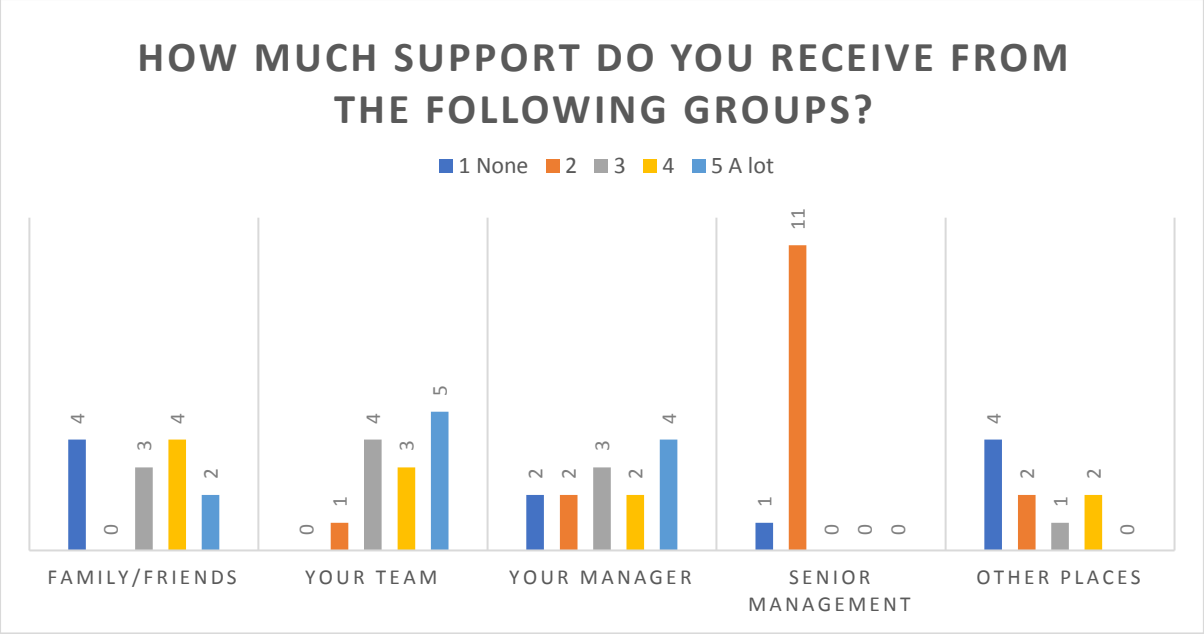

Figure 8: Ratings of support received by group

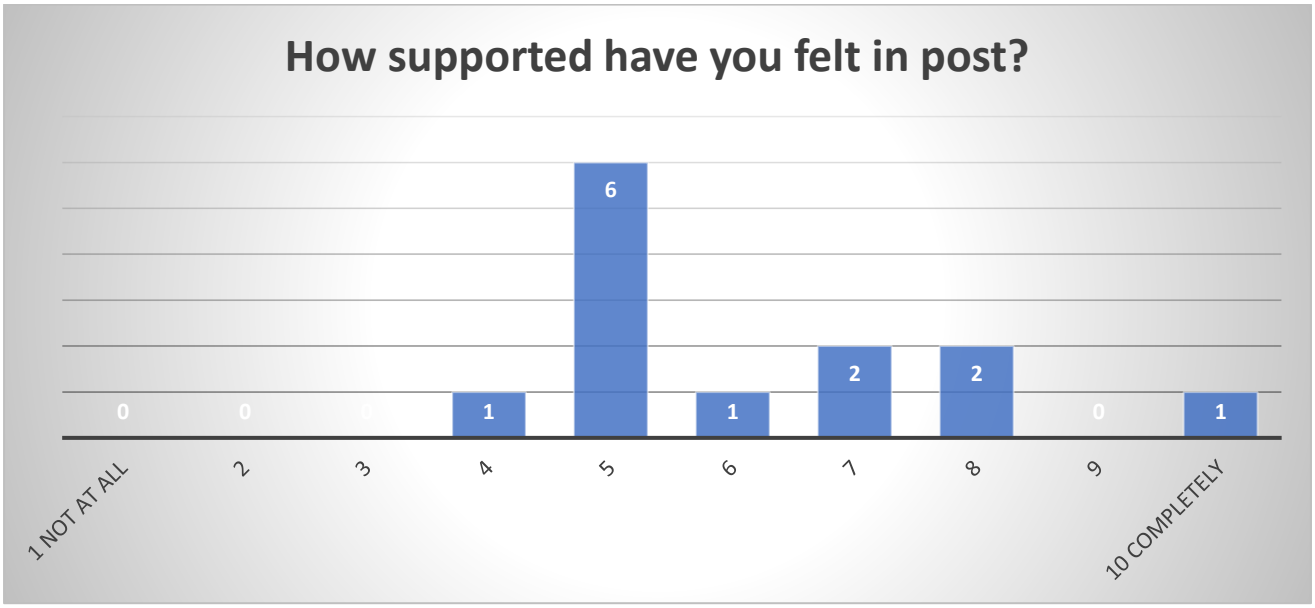

Figure 9: Ratings of support received in post

4.4 Experiences of clinical supervision

The content of clinical supervision was also described positively, with WLs noting its benefits in terms of airing worries or grievances, feeling comforted that others were experiencing the same issues, and giving space to process difficult feelings and emotions.

"It's great, it's really good. I've had one-to-one and I've had groups, we generally do it in groups because a lot of people have disappeared along the way but it is good because you know, if there is something that you're worried about, she's helpful to talk to without feeling judged". (WLRO)

"I found that it was quite nice actually. It was quite refreshing to see that I'm not the only one struggling, not struggling, but not the only one like juggling all the cases and stuff, so I found it quite useful". (WLRO)

"I have had access to clinical supervision over the last year, and that has been amazingly helpful, that recognition that actually it's how emotionally we can process things…" (WLRO)

Though considerably less so, there were also some points of concern. One WL talked about the lack of direction of some of the sessions, but still noted how much potential such supervision had. There were also reflections on the impact of the group setting when it came to discussing the emotional and mental demands of the job. Concerns were levelled at sessions becoming "diluted" because of staff not feeling able or comfortable to publically reveal how they were feeling.

"I'm massively chatty, I like talking about things, and I think it's important. But my experience of clinical supervision is that it is severely lacking, people don't want to talk about it. You're in a room with people from other offices that you don't know very well, who don't know your caseload and you often can end up in a position where you feel very [uncomfortable]…. I don't think people want to talk about it, other professionals don't feel comfortable talking about it, and it leads to an environment where you feel like you are the only person who cannot manage the caseload" (WLRO)

"I feel as though clinical supervision should be automatically completed on a one to one basis. I find it stressful and uncomfortable sitting in a group to discuss my difficulties especially when we are asked one by one. The first time I attended one, I was not informed about what it actually entailed and so I was not prepared for it" (WLRO).

The most common critique of clinical supervision however was not the content, but the practicalities involved with attending sessions. For these staff, they simply did not have the availability in their working weeks to be easily able to attend.

"I'm working three days and I've got fifty cases, and each day that I'm in I have people in every half an hour, to tell me to go to [a town] for a two hour support, when I don't have a car, is not supportive… " (WLRO)

"…we're right on the border to London, so [travel] is difficult, everything's down in Sussex. I don't drive either, so it's really difficult for me to get [there]… I just find it to be too onerous to be honest". (WLRO)

"… it's really hard to juggle the time and actually find the time to go and do it." (WLRO)

Manager views on clinical supervision

Managers were, understandably, extremely keen for their staff to attend clinical supervision, and placed a great deal of value on its importance. It was explained as a space for staff to reflect on their experiences, discuss their feelings, and gain important peer feedback and support, for example when it came to reviewing difficult cases. One manager also saw it as a place in which job frustrations might be discussed, even if that involved airing grievances about the managers themselves.

> *"I make sure to explain what clinical is to them before, what the space is there for, the confidentiality of it, the fact that it can even be used as a space to bitch about me if they need to, because sometimes I have to pull manager rank and ask them to do things they don't want to, and that's super frustrating when you're trying to help one woman and I'm telling you to do something else. So I guess it's about them understanding what clinical is there for and what they can use it for. And to use that time before to reflect on what they want to take to it. (TTG manager)*

Interestingly, reflecting the same concerns made by the Women's Leads, it was also noted that clinical supervision had the potential to expose vulnerabilities in their staff – in particular, letting others know how they were coping (or rather, not coping).

> *"…sometimes when it's someone you don't know, you feel the need to be like "oh no we know what we're doing", because I'm going to email you tomorrow about that case so I don't want you to feel like I don't know what I'm doing…" (TTG Manager)*

Results from the survey responses

Though the evaluations of clinical supervision appeared mixed in the interviews, the support it gave clearly offered much to those who received it. As Figure 10 shows, 10 rated clinical in the top two levels of support, with 5 out of 13 placing it in the top spot when it came to support.

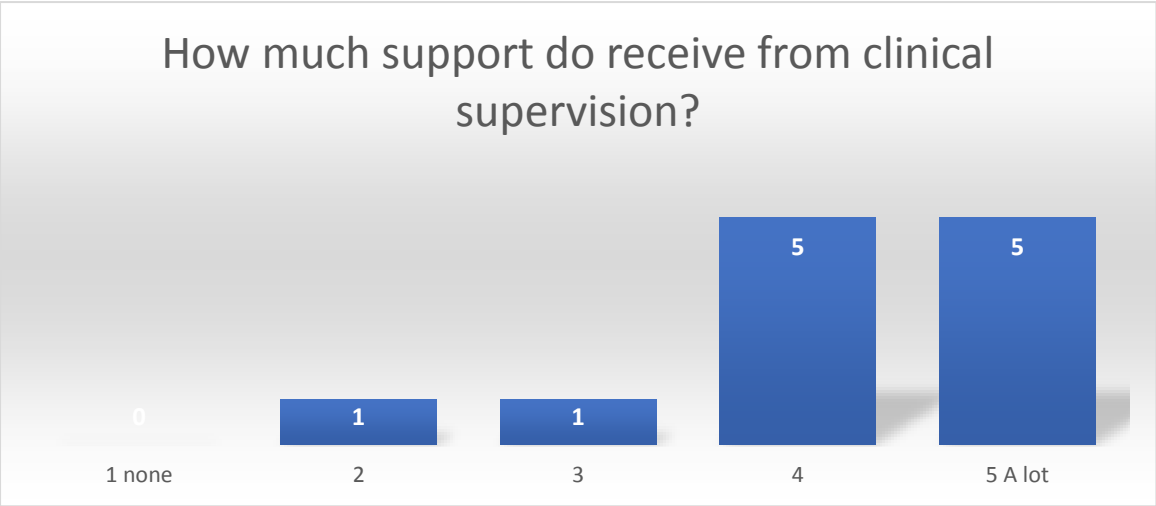

Figure 10: Ratings of support received in clinical supervision

Chapter summary

The second findings chapter has explored the theoretically sparse field of emotional labour when it comes to women who supervise women on probation. It has unpacked the Women's Lead role for its emotional costs, considering issues of the emotional demands of supervising complex and emotionally vulnerable women, and the risks of vicarious trauma. It has discussed the associated challenges for staff wellbeing, and in particular the mental health implications for female staff trying to do a complex and mentally exhausting job. The perceived sustainability of the role has also been explored. Finally, this analysis has considered staff support structures, thinking about who and where staff receive support from, and where the gaps are in that support. In the third and final findings chapter, attention is turned to how staff (both Women's Leads and managers) see how the WL role might be strengthened and made more sustainable.

5.0 Results (3) Strengthening the sustainability of the Women's Lead role

Given the challenges presented in first two findings chapters, this third and final findings chapter considers how these challenges might be met. The chapter begins by looking at the ways in which resilience might be built into the Women's Lead role, it then considers practical ways to make the role more sustainable, and concludes by taking a brief return to the need for women-led provision.

5.1 Building a resilient workforce

As the second findings chapter drew attention to, the demanding nature of the Women's Lead role saw a requirement for great resilience in post. There were a number of suggestions as to how this might be done – both at organisational *and* individual level.

Supervision focused on emotional needs

The need for a more supportive model of supervision was placed as fundamental to building a resilient staff. The current, more administrative model of supervision saw 'business needs' eclipse 'staff wellbeing needs', to the detriment of WLs. There were several calls for a return to the more holistic model of staff supervision, where the needs of the individual employee were *as* important as case management reviews.

> *"I think that more needs to be emphasised on the supervision that you have with your manager… the first question you used to have going in to supervision was you know 'hey, how are you doing emotionally, can we talk about the cases that you're struggling with, for you personally', whereas now it's a lot more like 'who are you concerned about, who needs breaching, what can we do about it'… in my mind the whole idea of supervision is to supervise your staff, make sure that your staff are ok and functioning and I feel like that has been put on the back foot, and actually if we had more of that, it would become easier to deal with and I think it would adopt a culture of talking about the fact that you're struggling, in a way that at the moment we just don't have" (WLRO)*

For one manager, this was something they actively sought to deploy in their own supervision approach. Talking from the experience of having been supervised themselves using both models, it was concluded that, though more time-consuming, a separate case management *and* supportive supervision model was essential, both for the staff member and for the quality of service delivery.

> *"In my first role I experienced the two together, then the two separate, and I literally [saw] the difference in my wellbeing as a front line worker. And it's why I've just always worked in that way when I'm providing supervision myself… it's more time consuming as a manager, because you have to have two separate things, but I think it's kind of just one of those things that without it my staff wouldn't be ok, and our women wouldn't be as looked after". (TTG Manager)*

Broaden out the clinical supervision model

Also suggested was having a more diverse way in which clinical supervision might be offered. Reflecting earlier concerns as to the vulnerabilities some staff felt in talking about their job-related struggles as a group (comments made by both WLs *and* managers), having the option to have such supervision on an individual level was seen as an important commitment for building staff resilience.

> *"…clinical supervision that isn't group done, I would potentially advise having clinical supervision, you know somebody who was in clinical supervision, in an office, that's easier to contact, I'm aware that we have you know, a telephone contact thing for people, staff who are struggling, but honestly I didn't know about that until I went off sick" (WLRO)*

Dedicated support for staff wellbeing

Resilience was also through better organisational support for the wellbeing of staff. There were several comments suggesting that, whilst probation practice was highly focused on the service user's experience, less consideration was given to staff.

> *"We are resources and we need to be taken care of, and as much thought needs to go in to our wellbeing as to how to effectively work with offenders… I think we should be treated the way they say that we should be treating the offenders." (WLRO)*

> *"It feels like we are being told constantly that we need to be hyper vigilant and hyper aware of our service users' trauma, and yet the second it comes to a member of staff struggling in that way, all of that trauma informed behaviour*

and things that are instilled in us are launched out of the window and it doesn't matter. Because you're a member of staff you don't have trauma. You don't count." (WLRO)

"[Staff] needs to be attended to, and we do the same thing with our service users, we have options to how they want to work around things, and yet there is none of that for us… treat your staff how you would like them to treat your service users… if you want an effective service for your service users, and your real goal is to reduce crime, you need to look after your staff. Because otherwise they're not going to have any probation officers left, we'll all just bugger off, because it's exhausting". (WLRO)

The responses suggested the need for a cultural shift in how the organisation responds to the mental and emotional challenges of the WL role. Support and care needed to be meaningful, and reflect a genuine commitment to staff wellbeing.

"I also think that structurally and, throughout the organisation, there needs to be this shift away from this attitude of 'well you're our staff members and you need to get on with it' and towards and understanding of 'actually, your staff members are a human beings, with thoughts and feelings and emotions' and they should be allowed to have moments where they can't cope with things… I was in a training session the other day and they played a video right at the end, which was called Hidden Heroes and it was about how probation officers, and I left feeling like I was supposed to be motivated, but it was the most demotivating thing I've ever experienced within this role, because it was just, made a case of we are being bleated at, aren't you all wonderful, and yet practically within the service, that attitude towards us just doesn't exist… it's like having your ego stroked but not actual substance behind it" (WLRO)

More support for managers too

Part of the cultural shift in supporting the wellbeing of staff also required dedicated support for those managing Women's Leads. By not giving managers the time and space to reflect and decompress themselves, some staff felt they were unable, or at least struggled to be able, to do the same for them.

"I also think there needs to be more support for SPOs, because I think SPOs are carrying the weight of their entire team, and instead of getting support from their people above them, they're just getting 'you need to do this, you need to do that'… rather than 'yeah that's really difficult and you must be really overwhelmed too'… It's a chain reaction and I think somewhere in the top that chain reaction breaks and that's when you get the mess that is this bottom end of it" (WLRO)

Support for managers also extended to having the option of clinical supervision. Where trauma was seen to "travel", there was said to be a demonstrable need for supervision focused on emotions, mental health and coping strategies.

> *"…managers experience trauma based off the fact that a lot of managers are doing frontline work because we're always down on staff, it's as simple as that. But even if you were fully staffed and never see a service user, trauma travels, so in everything that you are hearing and managing, you are not just holding the women, you're holding your staff and the fact that they're not ok… I think realistically we understand that trauma's everywhere, and I think especially the Women's Lead manager should have that" (TTG Manager)*

Staff feeling heard and understood

Building resilience in the workforce was also about investing in staff by listening to their feedback back and concerns. It was suggested that the demands of the job felt more insurmountable when staff did not feel heard. This was particularly levelled at senior management, who were sometimes felt to be out of touch with the immediate demands of frontline practice.

> *"…getting all together and sitting down and talking about the barriers that you've faced and things like that, I think that would be nice. I think sometimes if people higher up like management actually speak to the ROs and actually see their point of view, I think that would be really beneficial." (WLRO)*

> *"My manager is supportive but I think she needs to know a little bit more about the role, which is one of the reasons why I said about getting these Women's Leads, getting us all together, to find out what's actually happening and going on with our managers and whether they're aware of things or not. You know, because there's a lot of stuff in our job role that I have to do, like the networking and stuff like that, and I don't think my manager is quite out there" (WLRO)*

Building resilience from within

Finally, Women's Leads spoke of resilience coming from within the person. This was explained in terms of the importance of self-care, being clear of boundaries, and trying as best as they were able to not become too emotionally invested in the lives of their women SUs.

> *"[It's] making sure we take care of ourselves. If we don't feel 100% we can't give 100% to our women, and then we can't do a good job. (WLRO)*

"You've gotta have some sort of filter in that… you've gotta be able to hear people's issues and take it on the chin, and sort of desensitise yourself to it. [Obviously] we're human and I will have times where someone will say something and I go upstairs and one of the girls will say to me "oh you look as white as a sheet" and "what's happened?", because it's real stuff, but it's trying to not show that when you're with them". (WLRO)

5.2 Practical routes to a sustainable model

As briefly explored in the previous findings chapter, the sustainability of the Women's Lead role was brought into question. In discussing this, staff identified ways in which they felt things might be improved.

Manageable caseloads

Perhaps unsurprisingly, much of the debate around making the WL role more sustainable, and as such improving staff wellbeing, was centred on caseload allocations. Calls for giving staff more time and lower caseloads were commonplace. Moreover, staff also mooted the possibility of caseloads being divided amongst more officers. The reliance on just one or two people was felt to carry too many risks i.e. of staff burnout, staff sickness, and generally, staff not being able to do the role *"to the best of [their] ability".*

"You need to have a good solid amount of your team having those cases, because otherwise it's like getting whiplash, it's emotional whiplash, is the only way I can describe it. And it's exhausting. And the only way to deal with that is having a limited number of them, and it being spread out throughout a team, and having that team well trained and well versed in what they're doing, otherwise it's just, I strongly believe that people are just gonna continue to go off sick and continue to get ill and continue to leave the role, if they keep putting entire female caseloads on people" (WLRO)

The issue of manageable caseloads was also raised by managers. However, though all accepted that the most important thing they might be able to do for their Women's Leads was reduce those caseloads, it was also stated how this was in itself a huge challenge, firstly because there just wasn't the staff availability, and secondly, because the role required such specific training.

"…we like to focus the women on one or two officers because theirs is a specialist role and there are elements of specialist training to be completed like the trauma informed training, believe and succeed, having access to additional support in terms of the clinical supervision so we can ensure that the lead ROs are dealing with the impact of some of the traumatic experiences that our service users have had." (SPO)

Well-resourced and well connected

Sustainability was also found in professional relationships outside of the organisation. Staff who had the support of other agencies and services placed great value on those relationships in terms of shared responsibilities, an understanding of what working with women required, and generally having another person there to talk to. Such relationships were said to be important to both practice and wellbeing.

"…we're about to lose [frontline worker from another agency] and I'm absolutely mortified because she's got another job, and I'm worrying already…I often co-work with her a lot [and] it's taken a lot of the stress when I don't have time to take stuff on… I do depend on her heavily… I've got a big caseload and she's a pillar of support towards that. I think that's really essential because otherwise you feel on your own again". (WLRO)

"It's quite nice cause [the worker from another organisation] can drive them, she can have them in her car and drive them places, she's insured for that so she can, you know, do a little bit extra. Like for me, sometimes I'm like 'oh, I just, I want to go to the job centre with you', but it's a drive away and I can't." (WLRO)

Indeed, for staff who did not have access to other services, and by extension be able to have the support of women's workers from other organisations, the job was felt to be significantly harder, as they were having to be all things to all people.

"I just think we need more resources, we need more external agencies to signpost to and refer to… there's a lot of women who have trauma and you know there's simple things like counselling, that we don't have access to here, because there's an 18 month waiting list for the GP. It's just getting more external agencies to come in and support them, and have that extra support but right now we just don't have the resources for it… there's just no resources here in Kent. It's really difficult." (WLRO)

Recruiting staff to the role more thoughtfully

There were points made too around the need for more thought when it came to recruiting Women's Leads. Staff spoke about the shortage of probation officers (POs),

meaning probation services officers (PSOs) were required to take on more demanding and more complex cases, of which often included women's cases. Though many PSOs saw themselves as very capable of doing the job, this was often after having something of a 'crash course' beginning, where they were required to learn very quickly what was expected of them.

> *"I was Women's Lead pretty much from the get go, I don't think that was helpful for me, starting off in a job, especially holding those kind of cases. I was split between female cases and under 25 year olds, so two very hectic groups. Basically ended up going off sick, from an accumulation of stress". (WLRO)*

> *"[Without PO training] you just have to you know, not make it up as you go along, but you're constantly asking for other experienced POs like, you know how would you deal with this or how would you deal with that? I had this one case and she came in and there was a known service user who'd hung himself in the town centre, and she was linked to him and she came in and she was absolutely distressed by it, she was distraught and she was threatening suicide… I was on the phone to the crisis team trying to get her referred over to there and in the end I had to come up and ask for a PO to help me because I felt like I was [out of my depth], I didn't know what to do with it…" (WLRO)*

Managers too indicated a need for more considered recruitment, suggesting that the role should be specifically advertised for, and not just an evolution to someone already in post as a regular RO. Overall, it seemed to come down to making sure the choice for Women's Lead was the *right* one, not just the *available* one.

Quick wins

Finally, staff offered up a number of simple and practical ways in which the role might be made more sustainable. For some, it was about having the right tools for the job i.e. a company laptop and mobile phone. For others, it was simply having a day out of the office, such that they did not feel constantly on the go. The demands of such a heavy role combined with all the admin that it required, left staff sometimes feeling depleted and overworked. Just having time to breathe, and being away from the office, was seen as a useful way of recharging.

> *"I also think it would be really important for women doing the role to have like a day or a morning or an afternoon working from home. I think for our own wellbeing and our own sanity, to have a day out of the office where we can do all the practical bits, all the, you know uploading your contact logs and making sure everything, all the information's where it needs to be, but without the*

distraction of anyone coming to you and talking to you about other cases and just to really focus on it, because it can get so overwhelming, and you know when you're busy, like yesterday I was duty, and I was trying to, I was dealing with all of this stuff and I had reception ringing me and this and that and trying to pass on stuff that really, it could have just been an email". (WLRO)

5.3 Giving women the choice

As an interesting final theme, we return once again to the topic of 'the need for a women-led service'. Though staff were generally clear there was a need for women to have a specific service, there was nuance within this. And importantly, not all Women's Leads saw things the same way.

Men can also supervise women

The assumption that only women were able to manage women was challenged by some. Though it was not denied that women might prefer a woman officer, this was not to say that men couldn't adequately do the job too.

"I don't actually think there's any difference to be honest. I think the only reason that they're saying it is because of what could have been, what might have happened in the history of the female service user. I think that it's more to do with that." (WLRO)

"…if I've not been in or if I've been on annual leave, you know I check with the service users, I say would you be happy to be seen by a male and usually like they are absolutely fine with that… I've never had one that said no. And you know they've worked well with them and afterwards I've had some that say 'yeah, I liked him'." (WLRO)

Give women the choice of gendered supervision

Most importantly, it was felt that women SUs' opinions should be factored in to any staffing decisions. Though the Women's Lead role was a crucial one to have, it was felt important that women service users were given the choice.

"I have [had a] case taken off of me and it was given to a male… she worked better with him than she did with me… I think there should be a choice." (WLRO)

"I don't think women always need to be supervised by women. You know, I think our male colleagues have entered a profession where they are well trained and

hopefully well screened, one would hope, about their gender attitude… some women might be better off with a man" (WLRO)

5.4 A tough role but a rewarding one: Some final comments

The themes and topics discussed in these three findings chapters undeniably underline the many practical challenges, and emotional demands, involved in delivering a comprehensive and dedicated women-led service. However, it is important to finish the analysis on a positive – specifically, why the role is something very close to the hearts of the women that do it. Despite all that was said by way of difficulties, staff were also clear what rewards such work brings. And it was this commitment and passion for the work that often kept staff going through the hard times.

> *"I do like my job, I just want that noted, I know I said a lot of barriers that we face and stuff but I do enjoy my job. I do enjoy it and it is rewarding at times when you do see people successfully complete their license and things. I just think sometimes the responsibility as a women's lead isn't worth the pay grade. Because it's just you know, you've got to tick every single box and its hard work. And it's making sure you've covered everything and if something goes wrong, it's going to be on your head. So that's why it's hard – but other than that, I do really enjoy my job." (WLRO)*

> *"I love it, you know I do love it. I love seeing, you know when you see a woman get on and do well and just see the look in her face and you know, she's head up and she's smashing it. And it's so cool, it really is." (WLRO)*

Chapter summary

This final findings chapter has looked at the ways in which some of the major challenges of the Women's Lead role might be addressed. The demands of emotional labour have been explored in light of promoting resilience e.g. through providing supportive (as opposed to purely case management based) supervision, through increased organisational responsibility for staff wellbeing – including listening and responding to staff needs, and through taking steps to build resilience from within (taking personal responsibility for wellbeing). It has also considered issues of sustainability, exploring potential practical changes which might improve wellbeing,

and thus keep staff happy, and remaining in post – e.g. more manageable caseload allocations, thoughtful recruitment of staff into the Women's Lead role, and ensuring staff are well connected with other agencies and/or resources. Finally, the issue of the need for women-led provision was revisited, with consideration given to whether women SUs should be given the choice about gendered supervision. The last part of this report looks at the key points to be taken from this research, and presents a number of points for future discussion.

6.0 Summary of findings

6.1 Summary of findings (1): Unpacking the Women's Lead role

Becoming a Women's Lead

Staff came into the Women's Lead role for a range of reasons – interest, as a natural evolution of a role they were already doing, or having been asked or (more problematically) required to do it. For those who chose it, reasons included wanting to make a difference, being interested in working with women, and having a lived experience, and therefore understanding of, trauma. Preparation for the role was said to be in short supply, with trauma-informed training occurring when most staff were already in post (sometimes, quite a way into post). However, this lack of preparation was not always constructed as a problem. Great value placed on drawing from past experience, and making connections with staff from other women-centric organisations. Indeed, for both WLs and managers, there was a sense that the best learning tended to be done *on the job*.

The need for a women-led service

There was clear support for the need for a women-led service. This was typically explained by way of setting out what made women SUs unique i.e. their complexities, their vulnerability, and their likelihood of struggling with multiple risk factors (e.g. homelessness, mental health issues, substance misuse problems, and relationship difficulties). In addition, women SUs were likely to have experienced trauma and abuse, with many still living through that abuse. Due to this, a women-led service was also seen to offer 'safe spaces', where women could talk and interact away from their male counterparts. Providing such environments was felt important both for the women themselves, *and* as a foundation for building trusted professional relationships. Women were also said to operate in different ways to men i.e. more likely to want to talk, and less able/less interested in the more traditionally structured work involved in probation practice. These differences subsequently saw implications for how staff then

worked with women i.e. being less structured, more exploratory and grounding everything in person to person interaction.

The practical challenges of women-led provision

Working with complex women brought obvious challenges. In particular, the difficulties of trauma-informed versus offence-focused practice. Reflecting again on the ways men and women SUs operate, there were issues raised around using probation techniques with women which had principally been developed to accommodate 'male lives' and 'male ways of being' i.e. less discursive, and more structured and task oriented. Traumatised women, it was said, required a more empathetic model of supervision. Conversely, some staff noted that, though obviously important, trauma-informed ways of working meant that offence-focused work became obscured. For some, rather than the former being a *part* of the probation process, it became the *whole* process.

The complexities of women's cases subsequently translated into the time taken for working with them. Women were said to be more reliant on frontline staff, had considerably more involvement from other services and agencies, and generally would take longer to arrive at change because of everything else they were (mentally and emotionally) carrying. The challenge of never having enough time seemed to again reflect the dynamics of a criminal justice system that principally ran to support men. Finally, women SUs were likely be single parents and/or have primary care-giver responsibilities. This often meant the women being unable to attend appointments due to other commitments. Though WLs endeavoured to work with women in more flexible ways to accommodate this, it created substantial difficulties when it came to enforcement.

6.2 Summary of findings (2): Wellbeing, resilience and the emotional demands of supervising women

The demands of the job

The complexities of women's cases saw huge demands placed on staff in terms of emotional labour – in particular, in terms of empathy. Though staff saw empathy as a core part of the role, they also reflected on what the cost of that empathy was. Indeed, emotional exhaustion, and anxiety induced stress were common experiences. In addition, high personal standards when it came to expectations of care, and lingering feelings of responsibility for the women's wellbeing, saw staff constantly question themselves and their actions. The struggles of trying to leave things at work, often translated into mental health challenges for those who were not easily able to do so. Dealing with daily trauma also saw staff navigate the terrain of vicarious trauma. This was often compounded for staff who had histories of abuse themselves, and who additionally saw the risks of "over empathising" due to similar or shared experiences. Vicarious trauma was of particular concern to managers, and often threw up additional issues around specialised support, and suitability for the role.

Considering wellbeing

The WL role was explained as challenging beyond what frontline staff might usually expect in the supervision of service users. As such, the impact on wellbeing was sometimes profound. The sheer complexities of women's cases, and lack of time available to deal with them, lead to stress, anxiety and feelings of being overwhelmed. Though it was recognised that *all* frontline probation work came with a degree of stress, it was thought to be magnified within the WL role. The longer term implications of all this saw some staff members go off on sick leave – something which one manager claimed to be almost inevitable.

The demands of the WL role also saw talk of sustainability. In trying to do and be everything, the Women's Leads sometimes felt mired with the pressure of it all. Importantly though, no-one talked of not being *able* to do the role, in terms of not

having the skills to meet the demanding requirements of the job. The problem was situated very clearly in how the Women's Lead role was structured and understood. Interestingly, ratings of the sustainability of the Women's Lead role saw a more positive picture, with most staff considering it to have some issues but, it might be deduced, not insurmountable ones.

Support structures

Given the many practical challenges of the Women's Lead role, and the additional emotional demands that working with complex and traumatised women presented, support for staff doing this role was paramount. Reflected in both interviews and survey responses, colleagues – in particular, the immediate team – came out as the frontrunner when it came to job-related support. Being able to "offload" about difficult or complex cases, being able to seek reassurance, and simply just seeing a friendly face were ways in which support was explained. Managers were also seen to offer core support, with WLs seeing them as approachable, committed, and understanding of the demands of the job. However, they were also understood to be very busy, meaning finding time to meet with them was sometimes difficult. Personal relationships also formed part of WLs' support structures. However, there were seen to be limitations to what support they could offer. Though loved ones might *listen and sympathise*, by not being in the role themselves, they were unable to *understand and empathise*. Finally, support also came through clinical supervision. This allowed staff the space to air worries or grievances, relate to others experiencing similar job-related issues, and process difficult feelings. However, there were also concerns about the group setting of clinical supervision, with some not feeling comfortable to talk publically about difficulties lest it exposed their vulnerabilities – a point raised by managers too. Survey responses reflected interview responses, with staff indicating 'the team' as offering the primary source of support, and the highest level of support. Senior management and friends/family came out as less supportive, the latter likely due to reasons stated earlier. Clinical supervision was not always staff's first port of call for support, however ratings placed it as offering a great deal of support where staff had accessed it.

Managers too spoke of the essential role of support for WLs, and their responsibilities in responding to that. Most significant was the role of supervision. Though always important to probation practice, the emotional and mental demands of the Women's Lead role meant consistent supervision was essential, especially when it came to clinical supervision.

6.3 Summary of findings (3): Strengthening the sustainability of the Women's Lead role

Building a resilient workforce

Building resilience was a priority for staff, with a more supportive model of supervision being identified as a core need. The current more administrative model saw 'business needs' eclipse 'staff wellbeing needs'. Both WLs and staff talked of the benefits of employing a more holistic model of supervision, where the needs of the individual were *as* important as case management reviews. In addition, resilience was felt to be built through having more routes towards useful clinical supervision e.g. offering it on both a group and one-one- basis. Resilience was also thought be built through an organisational responsibility for the wellbeing of staff, which was proportional to that expected for service users. Though 'good practice' was highly focused on the service user's experience, there was felt little to no equivalent consideration for staff. This also extended to managers who, in having little time to reflect and decompress themselves, sometimes struggled to be able to do the same for their staff. Finally, resilience was also said to come from within the person. This was explained in terms of the importance of self-care, being clear of boundaries, and trying to avoid the becoming too emotionally invested in their women SUs.

Ensuring a sustainable model

Perhaps unsurprisingly, sustainability was centred on caseload allocations, with staff calling for more time, lower caseloads, and a broader division of women's cases across staff. Managers themselves acknowledged the importance of this, yet stated low staff availability, and the need for specifically trained staff, meant caseload

reductions were complicated. Sustainability was also found in connections with other women-centric agencies and services. Staff placed great value on these relationships in terms of shared responsibilities, an understanding of what working with women required, and generally having another person there to talk to. Such factors were thought to support better practice and improve wellbeing. Where such resources weren't available, the role was said to be even more demanding as the WLs were required to be all things to all people.

Sustainability was also found in more considered recruitment to the WL role. A shortage of probation officers often meant probation services officers were required to take on the more complex women's cases. Though PSOs saw themselves as very capable of doing the job, they often experienced a 'crash course' beginning, where they were required to learn very quickly what was expected of them. Related to this, managers suggested the role should be specifically advertised for, and not just an evolution for somebody already in post. The choice for Women's Lead had to be the *right* one, not just the *available* one. Finally, staff offered up a number of simple and practical ways in which the role might be made more sustainable. This was simply in ensuring staff had the right tools for the job i.e. laptops and mobiles, and allowing more flexibility in how they worked – including having one 'admin day' out of the office.

Giving women the choice

Although, as covered earlier in this chapter, staff advocated for the need for a dedicated women-led service, it was also contended that men too were capable of managing women service users – (though, as the survey results suggested, perhaps not as effectively). Most importantly though, staff simply felt women SUs should have the choice.

A tough but rewarding job

Despite the many practical challenges and emotional demands involved in delivering women-led probation services, staff were also clear about what rewards the job brought. Seeing women grow, succeed and even flourish was often what kept Women's Leads going, even through the hard times.

7.0 Moving forward

7.1 Points for discussion

The following section explores some of the key discussion points to come out of the research. Though these do not comprise recommendations per se, they are points which may be useful for senior management to reflect on when it comes to the sustainability of the Women's Lead role, both in terms of recruitment *and* retention of staff.

1. **Recruiting the right people into the role:** The Women's Lead role is a demanding one, and requires much of the staff who are in post. It was felt the job was best suited to those who *actively* wanted to do it i.e. individuals who were committed to, and passionate about, working with women. Managers in particular argued for the need for the Women's Lead role to reflect the *right* person, and not just the *available* person. It was suggested that if that right person wasn't already within the staff base, then the option for external recruitment should be considered. By making the job one that people *chose* to do rather than were *compelled* to do, the likelihood of longer term retention was said to significantly increase.

2. **Being mindful of less experienced staff (especially PSOs)**: Though PSOs in the Women's Lead role felt they were more than capable of doing the job, many talked of being thrown in at the deep end, without having any prior experience or knowledge of supervising women service users. Learning was done 'on the job', and without the benefit of being a qualified PO. Supporting less experienced staff, (not necessarily just PSOs), through comprehensive job-related training, or even mentoring, in the *early* stages of taking on the WL role might provide enormous benefits in terms of helping staff feel better equipped and confident in their decisions. This is particularly important when it comes to the specialised trauma-informed approaches in supervising women.

3. **Providing a more supportive model of supervision:** The emotional costs of supervising women, and the unique demands of the job (i.e. the time taken to manage women's cases, the risks of vicarious trauma etc.), frequently took their toll on the Women's Leads. Though staff were happy to put in the work, there were calls for a more comprehensive package of support – one that focussed as much on the wellbeing of staff, as it did on the management/auditing of cases. It was suggested that maybe a dual supervision model could be put in place – one which looked at the administrative side of the job and another which responded to the emotional wellbeing of the staff member. Though this might mean a more resource intensive approach to staff supervision, the feeling amongst WLs and SPOs was that this might provide long-term benefits by way of keeping more staff in post, and losing less to stress-induced sick leave.

4. **(Related to above) Ensuring managers have the capacity to support their staff to the extent they need:** Both WLs and managers noted that time was always a factor in preventing managers from supporting their staff in more intensive ways. Though not all Women's Leads suggested needing this level of support, some did with others indicating they would generally like more time with their manager. Responding to this then, it might be a point of consideration for senior managers to think of ways in which SPOs and other managers might be allotted more time (perhaps through freeing up other parts of their role) to be able to give the level of support needed to their staff.

5. **Consider ways in which caseloads might be made more manageable:** As the findings from this research have firmly underlined, the average time needed for working with women SUs is significantly higher than for working with men SUs. WLs have thus ended up over-stretching themselves so as to meet the complex and multiple needs of these women, and relatedly, rushing through other aspects of the job so as to find enough time to fit everything in. Though it was recognised that reducing caseloads comes with a particular set of challenges, the implications of not doing so was seen to produce more serious consequences, as described in previous points e.g. staff going off on sick leave, or leaving the job altogether. A consideration point for senior managers might be in thinking through ways in which time might be freed up for Women's Leads,

such that they were able to work with women SUs more comprehensively, and do so without the consequence residing in their own wellbeing (i.e. stress and exhaustion). This might be usefully achieved through consultation with WLs and their managers so such issues can be directly addressed.

6. **Broadening the scope of clinical supervision:** Clinical supervision was placed as a useful and helpful tool in managing the demands of the WL role. Minor critique was around 1) access to such supervision (e.g. not as frequent as needed, and in geographic locations that made attendance difficult), and 2) that group supervision was not always helpful as some staff felt vulnerable talking about their struggles in front of others. It is perhaps useful then to consider the possibility of making clinical supervision more available (perhaps through recruiting more practitioners able to provide such clinical support), not requiring staff to travel to supervision (make it geographically more available), and offering 1-2-1 sessions as an alternative to the group model.

7. **Acknowledging some areas are less well-resourced than others, and that it does affect staff resilience:** There were obvious geographic discrepancies when it came to provision of women's services, and the resources that Women's Leads could draw on to help them undertake the role e.g. having close links with other agencies, who were able to shoulder some of the responsibilities. Though the geographical issues has not been underlined in this report, (for reasons of research confidentiality), there were notable differences amongst Women's Leads in how able they felt to do the job based on the wider support structures around them. Though it was not necessarily asked for this to be changed, some issues were beyond the scope of the organisation, recognition of these difficulties would likely go far in understanding why some WLs consider the role significantly more demanding than others, and as such experience more wellbeing issues because of it.

8. **Let staff work more flexibly:** The intensity of the Women's Lead job saw some staff feel they were burning out, as they were constantly on the go. Many spoke of the (psychological) benefits of being allowed a little more flexibility – most significantly, having a day a week to work from home. Of note, the national

Covid-19 pandemic of this year has in fact highlighted how probation practice is not only possible, but in some cases preferable, to work from a remote position. It is this suggested that a future review of the Women's Lead role might see a more permanent model of work flexibility when it comes to the supervision of women's cases.

9. **As a final point, the option of gendered provision:** Given the social and structural inequalities faced by women, and the particular vulnerabilities of women service users, the importance of having a women-led service was felt essential. However, there was nuance within this. Indeed, though women ROs were generally considered better placed to understand the needs of women SUs, male ROs were seen as equally up to the task, and should be allowed to do this where appropriate. Most significantly though, staff simply felt that women SUs should have the choice. Not only might this be empowering for women SUs in making the call regarding gendered supervision themselves, such flexibility in women-led provision might also carry the benefit of having more staff available to help manage the more complex and demanding nature of women's cases.

7.2 Conclusion

The research described in this report is part of an emergent, yet sparsely attended to, area of probation practice, which looks at the experiences of women who supervise women on probation. Though the focus has been solely on female probation staff at Kent, Surrey & Sussex Community Rehabilitation Company, the findings from this research, and the subsequent implications from those findings, have significant reach and resonance to all aspects of women-led probation service provision. Moreover, this research has also touched on the newly developing field of emotional labour in probation work, and through drawing on a gendered perspective, has offered an additional dimension to this area of work. It is anticipated that the points raised in this report might lead to some meaningful debates within the sector, and more locally, some key changes within KSSCRC which seek to better support the women who undertake this demanding, yet integral role.

References

Coley, D. (2016). Reflective Practice: The cornerstone of what we all do. Retrieved from: http://probation-institute.org/wp-content/uploads/2018/03/D-Coley-GSRA-March-2017.pdf

Corston, J.(2007). The Corston Report: A Review of Women with Particular Vulnerabilities in the Criminal Justice System. Retrieved from: http://criminaljusticealliance.org/wp-content/uploads/2017/07/Corston-report-2007.pdf.

Goldhill, R. (2016). Reflections on Working with Vulnerable Women: Connecting, Cans of Worms, Closures and Coping, *British Journal of Social Work, 46*(5),1336-1353.

Hochschild, A.R. *The managed heart: Commercialization of human feeling.* University of California Press: Berkley.

Jeung, D-Y., Kim, C. and Chang, S-J. (2018). Emotional Labor and Burnout: A Review of the Literature. *Yonsei Medical Journal*, *59*(2), 187–193.

Jones, C., & Piggott, D. (2018). Women's Strategy. Kent Surrey and Sussex, Community Rehabilitation Company. *(Internal document)*

Philips, J., Westaby, C. & Fowler, A. (2020). Emotional labour in probation. Retrieved from: https://www.justiceinspectorates.gov.uk/hmiprobation/wp-content/uploads/sites/5/2020/04/Emotional-Labour-in-Probation.pdf

McCartan, K. (2020). *Trauma-Informed practice.* HM Inspectorate of Probation. Academic Insights 2020/05. Retrieved from: https://www.justiceinspectorates.gov.uk/hmiprobation/wp-content/uploads/sites/5/2020/07/Academic-Insights-McCartan.pdf

Ministry of Justice. (2018). *Female Offender Strategy*. Retrieved from: https://www.gov.uk/government/publications/female-offender-strategy

National Offender Management Service. (2015). *Better outcomes for women offenders. London: National Offender Management Service*. Retrieved from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/457922/Better_Outcomes_for_Women_Offenders_September_2015.pdf

Westaby, C., Fowler, A. & Phillips, J. (2020). Managing emotion in probation practice: Display rules, values and the performance of emotional labour. *International Journal of Law, Crime and Justice, 61*, 1-11.

Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach.* U.S. Department of Health and Human Services. Retrieved from: http://nasmhpd.org/sites/default/files/SAMHSA_Concept_of_Trauma_and_Guidance.pdf

End notes

[i] Interview participants were also invited to complete the survey. However, as the survey was anonymous, it is not known whether the 13 who undertook the survey were new participants, or repeat participants.

[ii] Of the 35 WLROs at KSS CRC who were contacted to participate in the survey, 2 were on maternity leave, 1 was on sick leave, 1 was out of contact, and 2 had left the organisation, leaving 29 potential respondents.

[iii] Though KSS CRC also delivers probation services in Dorset, Devon and Cornwall (DDC), Bristol, Gloucestershire, Somerset & Wiltshire (BGSW), and Wales, this project predates Seetec taking over from Working Links, and therefore only explores women-led provision in Kent, Surrey & Sussex.