Special Edition:
The health and wellbeing of prison staff

Contents

This edition is guest-edited by **Professor Karen Harrison,** a Professor of Law and Penal Justice, and **Dr Lauren Hall,** a Lecturer in Criminology, both at the University of Lincoln, UK.

Professor Karen Harrison is a Professor of Law and Penal Justice at the University of Lincoln.
Dr Helen Nichols is a Senior Lecturer in Criminology at the University of Hull.

Dr Lauren Smith is a Senior Lecturer in Psychology at The University of Lincoln, UK

Dr Andrew James Clements is a Lecturer in Work and Organisation at Aston University.
Professor Gail Kinman is a Professor of Organizational Psychology at Birkbeck, University of London

Sydney Ward is a former BSc Psychology student, now a MSc Forensic Psychology Student, at the University of Lincoln. **Dr Lauren Smith** is a Senior Lecturer in Psychology at the University of Lincoln

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Professor Mark Nolan is the Director of the Centre for Law and Justice, Charles Sturt University, Australia

Vicki Cardwell is Chief Executive Officer at Spark Inside. Polly Wright is a research, policy and practice consultant working in the criminal justice sector.

Rachael Mason is a Senior Lecturer in Health and Social Care at the University of Lincoln. Lucy Morris is the Head of Health and Wellbeing at HMP Stocken.

Chris Jennings, Executive Director Wales for HM Prison and Probation Service (HMPPS) and Chair of the HMPPS Wellbeing group, is interviewed by Dr Lauren Smith, a Senior Lecturer in Psychology at the University of Lincoln.

Priscilla Wong is Head of Occupational Health and Employee Assistance Programmes at the Ministry of Justice and is interviewed by Dr Gary Saunders, an Associate Professor of Criminology at the University of Nottingham.

Special Edition Editorial: The health and wellbeing of prison staff

*This edition is guest-edited by **Professor Karen Harrison,** a Professor of Law and Penal Justice, and **Dr Lauren Hall,** a Lecturer in Criminology, both at the University of Lincoln.*

This special edition of the Prison Service Journal places a magnifying glass over the working environments, cultures, and health implications of employment in the prison estate. The COVID-19 pandemic caused chaos for prison estates globally; being largely ill-equipped to handle infectious diseases, the ripple effects on incarcerated people and staff alike were life-changing. Although hugely impactful however, the pandemic did not simply create a host of new problems for prison staff, it also crystallised and exacerbated a range of existing problematic practices. Working in prisons brings its own set of 'pains of imprisonment'[1] for staff, with a number of documented stressors associated specifically with this environment. American research has shown for example that for prison officers comparatively to other workers, evidence of neuroticism is significant, and that this neuroticism increases with length of employment,[2] implicating the capacity of the prison environment to effect negative personality changes.

The roles of prison staff are multi-faceted and have evolved over time, slowly expanding the job parameters to include disciplinarian, rehabilitator, diplomat and more.[3] Within contexts of prison overcrowding and underfunding therefore, it is understandable that a range of complex and interlocking factors are contributing to challenging working environments and high levels of staff turnover. The relationship between workplace wellbeing and staff retention is well accepted, however it has been argued that mechanisms of increasing wellbeing at work are still broadly underutilised.[4] There is an awareness within the prison estate of the need for more proactive supports for prison staff, and more celebration of success and strengths, however there is a parallel acknowledgment of the efforts and investment required for people to thrive and the associated challenges that come with this. Some degree of autonomy and flexible working can be associated with increased work wellbeing,[5] however such features are difficult to secure when working in prisons. Not only is autonomous working a challenge within the regimented prison environment, but articles in this edition point to the further restricting effects of unhealthy workplace culture in having space to act on wellbeing problems.

Articles in this special addition bring attention to the importance of healthy workplace cultures in overcoming toxic macho cultures of overwork, resultant limited coping strategies, and the range of negative impacts on social and family life. The 24-7 nature of the organisation increases its permeation into people's lives, meaning that people work longer hours, spending less quality time with families, and experience an increased sense of responsibility to be present and continue working even whilst unwell. To capture these issues, we start this special edition with an article written by **Professor Karen Harrison** and **Dr Helen Nichols**, which focuses on a qualitative study of the health and wellbeing of governor grade staff, which the authors, plus a wider team, completed in 2021. Detailed in the article, we are told how general wellbeing is not good, with issues such as workload, work/life balance, and the prison culture discussed. Using the same data set, **Dr Lauren Smith** in the second article, builds on this and explains how for some governors this has led to a path to disenchantment, with there being a real need for HMPPS to start creating reenchanted workplaces.

Moving from prison governors to prison officers, article 3, written by **Dr Andrew Clements** and

1. Sykes, G. M. (1958). *The society of captives: A study of a maximum security prison.* Princeton University Press
2. Suliman, N., & Einat, T. (2018). Does Work Stress Change Personalities: Working in Prison as a Personality-Changing Factor among Correctional Officers. *Criminal Justice and Behavior,* 45(5), 628–643.
3. Forsyth, J., Shaw, J., & Shepherd, A. (2022). The support and supervision needs of prison officers working within prison environments. An empty systematic review. *Journal of Forensic Psychiatry and Psychology,* 33(4), 475-490–490.
4. Walker, L., Braithwaite, E. C., Jones, M. V., Suckling, S., & Burns, D. (2023). "Make it the done thing": an exploration of attitudes towards rest breaks, productivity and wellbeing while working from home. *International Archives of Occupational and Environmental Health,* 1–13.
5. Walker, L., Braithwaite, E. C., Jones, M. V., Suckling, S., & Burns, D. (2023). "Make it the done thing": an exploration of attitudes towards rest breaks, productivity and wellbeing while working from home. *International Archives of Occupational and Environmental Health,* 1–13.

Professor Gail Kinman provides an overview of wellbeing amongst prison officers, using surveys that were conducted in 2014 and 2020. Mirroring the negative findings above, the surveys found evidence of presenteeism (working when unwell) and officers being exposed to the psychosocial hazards of high job demands and psychological distress. This is supported by article 4, written by **Sydney Ward** and **Dr Lauren Smith,** which utilises survey data to discuss the key factors impacting prison officer wellbeing. Focusing on prison officer burnout, the article looks at the relationship between PTSD, Depression, and Resilience.

Article 5 then takes us to Australia, written by **Professor Mark Nolan,** where we find similar findings in terms of the wellbeing of correctional officers there. Focusing on the States of New South Wales and Victoria, the article also looks at what support strategies are in place for officers, with this being the start of a shift in focus to what is working well in terms of interventions. In Australia, one of the main programmes is Stand TALR (Talk, Ask, Listen, Refer), with the article also covering a number of other strategies and interventions. This is followed by article 6, written by **Vicki Cardwell** and **Polly Wright**, which discusses the Spark Inside Prison Staff Coaching programme and how this has been beneficial to staff across all prison grades. Finally, and in acknowledgement that it is not just prison officers and governors who work in prisons the final article, by

Rachael Mason** and **Lucy Morris,** looks at the health and wellbeing of healthcare staff in prisons, with a focus on recommendations for what can be done in the future.

This special edition also includes two interviews: one with **Chris Jennings,** Executive Director Wales and Chair of the HMPPS Wellbeing Group and, the second with **Priscilla Wong,** Head of Occupational Health, and Employee Assistance Programmes at the Ministry of Justice. Both discuss what HMPPS are doing in terms of supporting prison staff in their health and wellbeing. Finally, the edition concludes with two book reviews, one for 'Caged Emotions: Adaptation, Control and Solitude in Prison' by Ben Laws and the other 'The Prison Psychiatrist's Wife' by Sue Johnson.

Although it is difficult to design broad enough supports given the range of roles and their unique associated challenges for prison staff in various positions, it should not be regarded as an impossibility. Camaraderie and working together are, for many, identified features of working for the prison estate, demonstrating that despite working in what can be oppressive and harmful environments, staff still show the capacity to express support and solidarity to one another. Further urgent formal action is generally still required however, and the research and insights presented here aim to illuminate, acknowledge, and inform of the challenges, impacts, and required steps towards improved prison work-lives.

The Health and Wellbeing of Prison Governors in England, Wales, and Scotland

Professor Karen Harrison is a Professor of Law and Penal Justice at the University of Lincoln.
Dr Helen Nichols is a Senior Lecturer in Criminology at the University of Hull.

As readers of the PSJ know, often from first-hand experience, prisons are not ordinary places of work, with roles across all grades being both physically and emotionally demanding. While 'domestic' tasks can include escorting prisoners around the jail, the unlocking and locking of cells, processing applications, and carrying out cells checks,[1] prison work also consists of other more challenging responsibilities such as dealing with disturbances and fights, restraining inmates for their own safety, and supporting prisoners with mental health problems or who are under the influence of alcohol and/or drugs.[2] In addition, officers can be physically assaulted, subjected to hostility and threats, and spend much of their time in an unpredictable environment, notwithstanding having to cope with incidents which can only be described as traumatic. It should therefore come as no surprise that such experiences can negatively impact the health and wellbeing of those who work in prisons.

In terms of the negative impact on prison officers, research has shown how they are thought to be at an increased risk of work-related stress, when compared to the general population, which has been argued to negatively affect not just health and wellbeing, but also job satisfaction, with all of these factors increasing the risk of burnout.[3] With reference to the 11th revision of the International Classification of Diseases, the World Health Organisation explains that burnout occurs as a result of chronic workplace stress that has not been successfully managed and is characterised by a) feelings of energy depletion or exhaustion, b) increased mental distance from one's job, or feelings of negativism or cynicism related to one's job, and c) reduced professional efficacy.[4] Officers are reported to be coming to work when they are unwell,[5] with many officers also showing signs of poor mental health including symptoms of post-traumatic stress disorder.[6] Many of these issues are discussed in other articles in this special edition, however despite what we know concerning the challenges of prison work for officers, less is known about the experiences of prison work for governors and operational managers. Our research in this article is therefore not focused on prison officers, but on the health and wellbeing of prison governors and prison operational managers. As has been the case for some years, the prison estate continues to operate in the wake of turbulence caused by a multitude of crises,[7] and this has been compounded by the challenge of delivering a significantly altered regime in response to the COVID-19 pandemic. Being a particularly under researched area, it was therefore an important and opportune time to capture data on the wellbeing of those in senior management positions in prisons in England, Scotland, and Wales.

The research on which this article was based therefore explored the health and wellbeing of governor grade (bands 6-11) staff in England, Scotland, and Wales, with the data collected in 2021. The

1.   Liebling, A., Price, D., & Shefer, G. (2011). *The Prison Officer* (2nd ed.). Routledge.
2.   McGuire, J. (2018). *Understanding Prison Violence*. HMSO.
3.   Kinman, G., Clements, A., & Hart, J. (2016). Work-related wellbeing in UK prison officers: a benchmarking approach. *International Journal of Workplace Health Management*, 9(3), 290-307.
4.   World Health Organization. (2019, May 28). *Burn-out an "occupational phenomenon": International Classification of Diseases*. Retrieved December 6, 2022, from https://www.who.int/news/item/28-05-2019-burn-out-an-occupational-phenomenon-international-classification-of-diseases
5.   Kinman, G., Clements, A. J., & Hart, J. (2019). When Are You Coming Back? Presenteeism in U.K. Prison Officers. *The Prison Journal, 99(3)*, 363–383.
6.   James, L., & Todak, N. (2018). Prison employment and post-traumatic stress disorder: Risk and protective factors. *American Journal of Industrial Medicine, 61*, 725-732.
7.   Ryan, M. and Sim, J. (2016). Campaigning for and campaigning against prisons. In: Jewkes, Y., Crewe, B. & Bennett, J. (2016) *Handbook on prisons*, 2nd edition. Oxfordshire, England: Routledge.

research team, comprised of six academics,[8] conducted semi-structured interviews with 63 members of the Prison Governors Association (PGA).[9] Representative of the demographics of the broader PGA membership, 68 per cent of the participants were male and 32 per cent female, the average (mean) age was 49.7 years old, and 95 per cent identified as White British.[10] The participant sample represented all HMPPS regions, including all four HMPPS prison security categories, the Scottish Prison Service, the women's estate, the juvenile secure estate and HMPPS headquarters. In addition, participants represented a range of roles including Head of Function (Operations, Security, Residence, Safety, Reducing Offending), Deputy Governors, Governing Governors, Controllers, and a range of headquarters strategic leadership and project-specific roles. Due to the breadth of managerial titles, throughout this article the word 'governor' is used to cover all roles. The interview questions concerned the state of the participant's health and wellbeing in the past year, the strategies they had used to manage their own health and wellbeing and also those strategies they had used to help their staff. We also asked how their work impacted on their home life, acknowledging when we were asking these questions the context and impact of the COVID-19 pandemic. Finally, we asked governors whether their feelings towards their job role had recently changed.

Twelve main themes were identified from the interviews which were grouped under four top-level themes: 'Workplace Culture', 'Exacerbating and Mitigating Factors', 'Impact' and 'Fears, opportunities and suggestions for the future'. This article will begin by reporting some of the core findings concerning the health and wellbeing of the research participants, with further discussion then focused on workload challenges; work/life balance and the impact on governors' families; and finally, the prevalence of a so-called 'macho culture'. Despite the pervading influence of the pandemic at the time of data collection, participants were keen to stress that while the pandemic had exacerbated some stresses and challenges, it was not the cause of these issues, which for many, were deep rooted across the prison estate.

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Health and Wellbeing

As noted in the introduction, all interviews in the study began by asking participants to describe their health and wellbeing at work over the previous 12 months, with the overwhelming response being that it was poor. Exhaustion and stress were frequently reported, with both being linked to a range of mental and physical health issues. Many participants referred to multiple workplace stressors, identifying a range of issues that were being experienced simultaneously. The very nature of prison work was seen as acting as an instigator for these multiple stressors which, in addition to the core themes discussed later in this article, also included reduced staffing resource; having responsibility for life and death situations; increased suicidal ideation and self-harm amongst staff; a reducing number of experienced staff; frequent criticisms and scrutiny; and a distinct pressure to *'just get on with it'* (PGA 52).

Due to the origins of work-related stress being multiple in nature, staff reported feeling overwhelmed and struggled to contain their problems despite feeling that they should be kept private. Some participants reported that they were just surviving until they reached the end of their career, while others had taken the conscious decision to stop working towards or 'chasing' promotion in order to manage the stress:

> *I'm not interested in doing that anymore. I don't want to be promoted . . . I don't need the money . . . so I'm not chasing that anymore . . . I'm not going to work the stupid hours I used to work (PGA 13).*

Another commonly reported source of stress was the technological infrastructure:

Our work would be 10 times better if our technology was better . . . the network, is absolutely appalling . . . you can sometimes miss emails for two days and then they all come flying through, the computers freeze and different things like that. And if you're in the middle of a word document or on a policy that can go and unfortunately, when they reset it, you lose everything you've done. We are using Outlook 2003 and we're now in 2021 (PGA 32).

The frequency and duration of time spent in meetings was also a workload stressor for some of our participants:

We spend more than 25 hours a week in meetings . . . In reality, a Governor couldn't even start any work until 10 (PGA 39).

Due to the ongoing COVID-19 pandemic at time of interview, many participants also understandably reflected on the experience of working during such an unprecedented time. For those who were shielding, this had involved a dramatic shift in their working environment:

. . . sat at home working on a computer . . . has been a massive change . . . it was sudden, and I've got to be honest, it did affect me, because things have gone from 100 miles an hour to like five miles an hour . . . and it was really, really difficult to come to terms with . . . now managing nobody and not interacting with anyone. . . So, it's, been a massive transition (PGA 29).

For other participants, the experience of working during the COVID-19 pandemic was strongly characterised by fear. In addition to being fearful of transmitting the virus between the workplace and the home and concern for workplace colleagues and prisoners, many came into work on a daily basis 'expect[ing] it to become an outbreak site' (PGA 32). Linked to this, some participants also described feeling alone and unsupported. Apart from these COVID-19 specific factors however, as previously stated, governors were keen to note that the broader issues, challenges and stressors faced in their working lives pre-dated the pandemic and had been a pervading part of their working environment for quite some time.

Workload Challenges

The challenging nature of working in a prison environment is well acknowledged and this section focuses more closely on the amount of work that prison governors felt that they were expected to undertake. In terms of this volume, the overriding viewpoint from many of our participants was that they were having to work many more hours than their contractual 37 in order to complete their work. Estimated time spent undertaking work ranged from between 45 — 60 hours per week, with this potentially being higher when the person was also undertaking duty governor functions:

Everyone says we're all hours and we are all hours, but it's based on a 37-hour week, but you will struggle to meet anyone who ever does 37 hours . . . I did duty governor last night. So technically I worked from 7.30 yesterday morning and I should have finished at 9 but we had 2 late receptions in, so I finished at quarter past 10, and then I was in at half seven for handover this morning and that's without a break (PGA 32).

As detailed above, working such long hours had led many governors to experience stress and long-term exhaustion, with this being exacerbated by the fact that in order to complete these hours, participants were often going without lunch or any kind of meaningful break. One participant explained how they 'tended to work through lunch' (PGA 16), with this also echoed by another '*So, [I'll] work and eat at the same time*' (PGA 37).

Even where governors knew that this overworking was making them ill, some felt that if they did not work these long hours that this would actually make them feel worse. As one participant explained:

I'm employed to do 37 hours a week, [but] it would make me ill knowing all the work I wasn't doing and couldn't do. So, it's a rock

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and a hard place . . . It's not okay. But . . . people that I speak to and confide in, they're doing the same . . . so as much as I would want to say, right, that's my 37 hours done. I know I couldn't do it because the job requires significantly more than that (PGA 17).

This general overworking thus appeared to have two consequential influences on governor mindset and experience: that 1) as long as other colleagues are overworking it's fine for me to also overwork and 2) because everyone is overworking, a general expectation of such long hours is cyclically imposed. In terms of the expectation of overworking this was specifically mentioned by one of the governors in relation to having a lunch break:

. . . it makes me annoyed that there seems to be an expectation that people work through their lunch. And I really struggle with when people put meetings in over lunchtime and don't even ask you and there's just an expectation you will do it. And I don't see that as reasonable . . . if exceptionally you have to have a meeting, then you should be saying to people, look, I'm really sorry, there is no other time. Would you mind on this one occasion doing it? Rather than just putting it in the diary and expecting us to be there (PGA 5).

Another common issue in relation to overworking was the fact that in direct comparison to bands 3-5 prison officers, prison governors were not paid any extra for this overtime or alternatively were not credited with time off in lieu (TOIL). One described how when they had previously worked in a prison and prior to the COVID-19 pandemic, they were *easy doing 60 hours . . . but . . . you don't get any extra pay. You don't . . . win any prizes'* (PGA 12). This unfairness of effectively working for free was also emphasised by other participants:

Well, they just expect you to do the hours and you just can't get those hours back. Others

can get them back on TOIL, payment plus or whatever. And non-operational staff get it back through Flexi. But operational governors don't have that option at all. So, the extra we work are dead hours because we're never going to get them back. Free hours for them (PGA 28).

Work/Life balance

Working such long hours inevitably had a negative impact on many of our participants work/life balance with many describing situations where they were not able to fully participate in normal family life. In some cases, this was because even when they were at home, they were just too tired, '*by the time I went home, I was so tired, home life didn't really exist'* (PGA 15) or because they increasingly felt that they could not switch off:

I don't believe when you're a strategic manager . . . that you can leave that work at work. I don't know if some people think that we're all machines, and we can just switch on and just switch off, [but] that's impossible (PGA 21).

Another participant talked about the sacrifices which they had had to make because of the job and sadly how such sacrifices, looking back had been a mistake:

. . . the biggest sacrifice is when we had a daughter, I was commuting into London every day. And I'd leave at five o'clock in the morning. Sometimes didn't get home till midnight . . . and I did that for 10 years. And I look back now, and I think, oh my God, I missed the first 10 years of her life, and there's nothing I can do about that. You know, I beat myself up on a regular basis. And I try and invest more into my granddaughter as a bit of payback. So, she's got the benefit of what my daughter never had. So, that's probably the biggest mistake (PGA 17).

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This feeling of regret was also echoed by another who said how in relation to their children they had 'missed out on a lot' (PGA 36). The way in which the job had negatively impacted on home and family life, especially in relation to children, was also mentioned by others:

I'm away from the home a lot. I've nearly always had an hour's travel one way or another for the last 15 years. So, you know, when the kids were younger, it's difficult to get to parents' evenings and I missed taking the kids to school. And as I've got older, your kids remind you of things you didn't do . . . so there's an impact on my family (PGA 47).

Others focused on how the job and the tiredness and stress caused by it had made them less sociable at home:

I remember getting told off by my youngest son . . . we were on a long walk, and, we were having a lovely time. And then I had a phone call. And clearly, I had a lot of stuff going on in my head and things that I was worrying about, and he basically told me that I was being grumpy and not very sociable (PGA 35).

So, my husband used to work for the prison service . . . he's genuinely interested in hearing about my day. And I just don't have it in me some days to share. So, it's actually made me a bit more introspective. And you know, that's probably impacted on the steady state of our relationship. I hope my kids don't pick up on it, but they probably pick up on short moods some days (PGA 3).

Also of concern was the situation where because of wanting to be '*100 per cent present and engaged at work, and 100 per cent present and engaged in support mode for my husband . . . and 100 per cent present and supportive of the children*' (PGA 3), for many there was no time or energy left for themselves. Comments in this regard included: 'I need a bit of time for me' (PGA 4), '*it feels like you're constantly worried about everybody else rather than yourself*' (PGA 5) and:

I spend a lot of hours in work. And when I'm away from work, I need to put time with my

family first. And so, time for me comes third. At best. So, my normal fitness routine has fallen by the wayside. My diet has taken a nosedive (PGA 3).

Self-care and personal wellness were therefore either non-existent or at the bottom of a long list of other priorities.

Interestingly some governors spoke about how they were trying to change. One said how he was trying to protect his lunch hour more, while another explained how:

When I look back in my early days, I got things completely wrong. It was all work and I look back on that, and I think I'm wiser now. And I try and share that, with all the younger people . . . I'm far more aware and alive to, you know, the work life balance (PGA 17).

Expectations of investment beyond return and the need for change in this regard feed more broadly into themes concerning the cultural climate, discussed further in the next section, exemplified by one participant who stated how:

I think there's an expectation when you're a manager, that you just jump in and there is an expectation to work stupid hours and achieve what they want you to achieve and actually you do have to work longer hours than your contract, but I think there has to be that self-responsibility to be able to say to senior managers, no I'm not doing it. But people don't. Because people think if they stand up and say I'm not doing that anymore, that will ruin their career and that they'll never get on. Currently that's not in my thought process anymore. People think have you gone mad, you've almost gone sideways . . . but [now] it's about work/life balance, it's not all about career and money (PGA 53).

Prison Culture

Prison work is stressful, and at governor level it comes with high levels of responsibility, little meaningful time off, and little time to spend on self-care, socialising, and wellness. While this situation is

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concerning enough, many governors additionally explained how the working culture within the prison service made the situation many times worse. One described this as a '*macho culture [which] rightly or wrongly . . . doesn't want to accept that we suffer from stress, or anxiety*' (PGA 46), while another spoke about how '*the prison service has a massive problem with what I would call toxic masculinity . . . [where] there is a lack of safe spaces*' (PGA 37). The working environment which many of our participants found themselves in therefore meant that they could not open up and talk about their mental health or how they might be struggling with their workload because to do so would be showing signs of weakness. As one participant explained '*if you were to open up and say something, you could potentially affect your reputation or your career, or your progression*' (PGA 17). Rather than acknowledge that they were not coping, governors when asked whether they were okay would answer:

> *'Yeah' because that's what we say. That's, what being in this environment is, in the prison service. You have to say you're alright. You see somebody or you cut somebody down from hanging or slitting their wrists and somebody will ask if you're alright because that's process and then, you know, this male dominated environment you go, 'yes, I'm alright.' And then you go home, and you struggle at home. So, we're not good. We're not good at coming forward and talking about our issues (PGA 40).*

This was further explained by the same participant when they said: '*it's like in a restaurant when somebody asks if the food's alright, and if you say no, they don't know what to do because you're supposed to say yes*' (PGA 40).

Another interesting view was the sense of pride felt by some that they did not take a sick day or that they did not need the wellbeing support that was provided by HMPPS, with this view shared by a few of our participants:

> *I think there's a sort of sense, certainly, amongst older and longer standing staff, that I cope, this is how I deal with things. I'm a coper. I don't need any of that. And not a sense of shame in the sense that they would look down on somebody else using that service, but certainly a sort of sense of pride in that I don't need that sort of stuff (PGA 1).*

> *I haven't had a day sick in 27 years . . . I got quite proud of my sick record. So, I protected it, if you like, you know, behaved in a way that meant that I didn't go off. And I looked down on people who did as being, you know, somehow less dedicated and less committed (PGA 41).*

> *I think there's still that thing about with governors, and we all stick our chests out. And we're superhuman, and we don't need that. So, I think that is partly our fault (PGA 23).*

Conforming to this prevailing culture meant that for many, emotions and feelings were thus locked away and ignored:

> *My manner of dealing with it is a classic sort of male approach and very much a military approach as well. An issue goes in a box, I'll deal with that and probably have a little bit of an explosion, [but] it will go in a box, and it gets put in that cupboard. Unfortunately, sometimes the lid comes off the box. And eventually it's inevitable that lids will come off most of the boxes, but it's out of the way it's dealt with, it's compartmentalised . . . [however] the lids have been rattling quite a lot over the last year (PGA 36).*

Locking away emotions and being fearful in terms of opening these boxes was also mentioned by another participant who spoke about it being 'like Pandora's box' (PGA 21). He continued:

> *. . . you're almost damned, if you do, damned if you don't take the lid off. You don't know what's going to [come] out and can you live with it? Maybe you can and maybe you can't. Well, I'm alright at the moment, I suppose I'm making a half decent effort of it. But I think it will come out at some stage . . . it's the taking the lid off (PGA 21).*

If you were to open up and say something, you could potentially affect your reputation or your career, or your progression

Not seeking wellbeing support can however be counterproductive, not just for the individuals concerned but also as we have seen here for the general prison culture, because the less that support is sought the more this macho culture is continually perpetuated.

Conclusion: Burning Out?

The current state of the wellbeing of prison governors in England, Scotland and Wales indicates high levels of burnout. While this research did not consistently find evidence of reduced professional efficacy, there were a significant number of reports from participants of feeling physically and mentally exhausted and as will be discussed elsewhere in this special edition, evidence of employee disenchantment.

Workload pressures, difficulty in establishing a healthy work/life balance and the exacerbating factor of working in a 'macho culture' all contribute to physical and mental health issues experienced by those responsible for the secure operation of their establishments, and for the safety of those who live and work within them. The answers to these problems are not simple. While HMPPS do offer different forms of wellbeing support, governors often told us how they were not appropriate for them, but even if they were that most people would not access them for fear of being seen as not coping. Governors are thus expected to 'put [their] big girl pants on' (PGA 13) and 'just get on with it' (PGA 52). Until we see a change in this 'toxic masculinity' (PGA 37) culture, concerns over the health and wellbeing of those working within the prison sector are likely to remain.

Losing Faith in the Service: A Path to Disenchantment among Governor Grades

Lauren Smith is a Senior Lecturer in Psychology at The University of Lincoln.

Enchanted workplaces are those where employees feel connected to their work and where they are active agents who believe they can make a difference, find meaning in their work and flourish.[1] Enchanted employees are passionate and motivated with increased happiness, job satisfaction and organisational commitment.[2] Such concepts are in turn related to increased mental and physical health, and decreased staff turnover.[3] Maintaining an enchanted workplace, and reducing disenchantment, therefore has positive implications, individually and organisationally.

Employee disenchantment represents the transition from high engagement in work, alongside admiration for the organisation, to feelings of disappointment, betrayal and disillusionment arising from perceptions about treatment by the organisation.[4] Disenchantment includes lower motivation for work, and negative emotions about colleagues, managers and/or the organisation.[5] Existing evidence has shown that a range of factors can lead to disenchantment, and the impact of disenchantment can be negative for both the individual and the organisation. For example, perceptions of inequity, whereby an employee feels their input exceeds their outcomes can lead to increased absenteeism and staff attrition, compared to employees who perceive higher levels of equity.[6] Conversely, employees feel increased fairness and satisfaction when there is equitable distribution of recognition and workload.[7] Other factors which have shown to contribute to feelings of disenchantment include feelings of distrust, and perceptions of broken promises and mistreatment, especially by superiors.[8] In addition, autonomy, defined as a state of being able to self-govern has been shown to be important in wellbeing and productivity in work.[9]

Given the link between disenchantment and both wellbeing and attrition, and that prisons are facing workforce pressures due to decreased retention,[10] it seems pertinent to understand disenchantment amongst prison leaders. This article utilises the same data and methodology outlined in Harrison and Nichols (this issue) to highlight the presence of disenchantment amongst prison governors and operational managers. Briefly, the methodology comprised of qualitative interviews with 63 prison governors and operational managers, analysed using the principles of Thematic Analysis. The current article will use the data to argue the presence of disenchantment, before exploring contributing factors to disenchantment and finally, examining how re-enchantment might be facilitated.

Findings

Feeling disenchanted

While it is important to note that this does not apply to all participants in the data set, many participants described feelings which would align to disenchantment. More specifically, when asked about whether their feelings towards their role had changed

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and, if so, how, participants described feeling let down, often after many years of service:

> I feel let down by a service that I've given years to, I feel, they let me down . . . after everything I've given and the amount of commitment over the years and the amount of dedication to a very specific, important role … [I] have lost faith in the service (PGA 29).

For some, this meant less engagement and motivation in their work, such that they were concerned about whether they were doing the right thing for the service:

> I've always loved the job. And actually, I don't feel like that at the moment, which is a shame. That challenges me because I think if I'm not giving it 100 per cent, am I doing the right thing for the service? So, I've never thought that before. I've always been that person that if the phone went, I was there. Or if there was a riot, I was there. Whereas now I'm starting to lose that motivation (PGA 20).

For one particular participant, the development of disenchantment meant a shift in the perception of their role as a vocation, towards a process of just surviving:

> I was passionate about our work. Now I'm not quite so. Now it's about survival for me (PGA 49).

Furthermore, it was described that such feelings of disenchantment were a contributing factor in the turnover of governor grade staff:

> I think I'm the fourth Governor here in four years. I've had 3 Deps in 18 months, and I think you can see even new colleagues that have come in, who should be really enthusiastic, they're getting quite disillusioned quite quickly (PGA 20).

There were a number of factors described by participants which seemed to be contributing to this path to disenchantment. These are summarised as a lack of perceived value and care, challenges to

autonomy and responsibility, bureaucracy, and reduced progression and development. Each of these will be outlined in more detail below.

Lack of perceived value and care

Within our study, many participants described feeling that they were not valued in their work. This perception had arisen from a reported lack of organisational appreciation and recognition, as well as a perceived paucity of public appreciation and recognition. Many participants described themselves as feeling like 'just a number in the machine' (PGA 40), 'a five-digit number on a spreadsheet' (PGA 43) and 'as disposable as the food containers from last night's food' (PGA 43). A number of participants reported feeling the service did not care about them. For some, this was a significant contributing factor in the transfer of feelings of motivation and engagement to a more disenchanted position. For example:

> I kind of realised that really, I am just a number to them . . . I churn out the work and I try to do the best but I'm just a number to them. They don't really give a s*** about me if I'm really honest (PGA 13).

There was a sense from some participants that while they had given everything to the service, this level of commitment and support was not reciprocated from the organisation. In addition, while many governors still had a sense of pride in the organisations they worked in and their roles as prison leaders, there was a feeling that they were not cared for at a national level:

> This service will suck every inch and ounce of me, and it won't be there for me (PGA 33).

> I'm really proud to work for HMPPS [but] nationally, no, they don't care, they don't care who you are, what you are (PGA 23).

A lack of care towards staff was also borne out through audits and inspections:

> HMIP came and did lots of things during Covid. And they came and did a few inspections . . . I'm pretty certain it was all prisoner focused. There was nothing . . .

The development of disenchantment meant a shift in the perception of their role as a vocation, towards a process of just surviving.

focused on staff, it was all around what we're providing for prisoners . . . The staff are absolutely a secondary thought, in everyone's thoughts (PGA 39).

As outlined in the previous article, prisons are not ordinary places of work. They are characterised by the presence of often traumatic incidents. Managing such incidents from a governor perspective, within the context of a perceived lack of value and care, was a contributing factor in transferring to a disenchanted state of mind:

The trauma of going through that [series of incidents] and then hitting Covid. And we hit it quite spectacularly at the beginning. These have taken their toll and I do find myself almost regularly contemplating . . . 'can I make it to January? Do I have it in me to carry on until January?' . . . I'm asking myself questions that I wouldn't have dreamt of asking myself two years ago (PGA 3).

The lack of perceived value and care seemed to be exacerbated by the fact that participants felt they had been let down in a number of ways, including safety not always being prioritised, with this example referring to the fact that prison staff were not offered vaccines during Covid, when there had been a clear threat to staff safety:

It was shortly after they'd said prison staff couldn't have vaccines. And I was fuming about that. Not least, a member of staff just died. I'm like, 'this is madness' (PGA 1).

Furthermore, disenchantment seemed to be arising in situations where governors had observed their own staff and colleagues experiencing significant health issues but not being properly cared for. Again, these reports were after many years of service:

I've got three staff off at the moment with cancer, you could be terminal, go on half pay, go on nil pay, lose your house, and then die. You know, you could have done 30 years in prison, never had a day sick . . . and I've got in

trouble so many times over the years for carrying on paying people because it's morally the right thing to do for me. But you get places in prisons where they'll go, nope, you know, because they're following the rules and do what they've got to do. It just makes you feel that we don't care as an organisation or as a government (PGA 27).

As a result, there was a clear sense that more care and consideration, particularly around staff health and wellbeing, was needed in order to retain staff:

I don't think we're at the stage yet where health and wellbeing is embedded enough to stop people from leaving (PGA 42).

Autonomy and responsibility

A core finding from our research was that governor grade staff experienced much frustration at being given a lot of responsibility, but very little autonomy in the running of their establishments:

I'm quite happy, hold me to account but give me the control to actually deliver it . . . give governors autonomy, trust governors to deliver it. But they talk about autonomy but then take it away because they want to control everything. But I'm carrying the risk if a prisoner dies in my prison, I'll be the one that's in the coroner's court (PGA 20).

The tension between autonomy and responsibility was also particularly prevalent when managing contracts with external partners within the prison, and this was a significant source of frustration:

It's the things that I have no control over, that frustrate me the most. Things like the FM contract, you know, facilities management . . . a big part of my role, what I'm judged on is the environment. I have absolutely no control whatsoever on the facilities management . . . I'm responsible for the quality of prisoner education, but I have no influence whatsoever on the contract that's been provided. Again, I've just got to use the contract to try and get the best out of them (PGA 17).

> The tension between autonomy and responsibility was also particularly prevalent when managing contracts with external partners within the prison, and this was a significant source of frustration.

It was evident that over time, the dissonance between the huge responsibility placed on governors and a lack of perceived autonomy to be able to act appropriately to such responsibilities was at best, frustrating, but, at worse, a contributing factor towards becoming more disenchanted in the role:

I'm finding it less satisfying that lack of . . . autonomy . . . perhaps I need to go and find something else, you know, something else to do. Because I miss that ability to go make what I think are sensible and reasonable decisions (PGA 41).

This was particularly troublesome for participants who had previously been very hopeful about their leadership roles, with the job not subsequently turning out to be what they had expected:

I've intensely, disliked is maybe the wrong word, but tolerated my role . . . it has not been the job that any of us thought it would be . . . none of us are working in the way that we wanted (PGA 8).

Bureaucracy

Bureaucratic disenchantment was reported in a number of ways. Firstly, participants reported their frustrations at the policies in place within the Prison Service. For one particular participant, this had led to what they described as a love-hate relationship:

I hate the prison service. I actually detest it. But I love it as well. So, I work really hard. But when I tell people they absolutely don't believe me when I say I hate the prison service. I hate everything it stands for. I hate everything it does. I hate the policies behind it, the bureaucracy behind it all . . . when you sit down and look at the core values and look at everything that we do, do I believe in all of it? No, I don't (PGA 39).

Secondly, it was widely reported in our data set that there were challenges relating to the communications between governor grades who were operational within establishments, and those who were based in Headquarters. Participants described how each party did not seem to understand or appreciate each other's roles. This resulted in perceived power imbalances and frustrations about the lack of appreciation and understanding:

Now they've got an awful lot of power at the centre. It just makes my job irritating. Really, I'd stay here run this prison [for] the next 10 years very happily. Only if people would leave me alone! (PGA 59).

So, there's people that work in headquarters that have never worked in a prison and who tell us what we're going to do, so they've got no understanding (PGA 26).

The ill-feeling arising from these perceptions was further exacerbated by what was perceived as a barrage of communication from Headquarters into prisons and a lack of a systematic approach to managing this:

I think the relationship between headquarters and prisons is very pathological. Very back to front. And nobody's got an oversight of it. So, what happens is, from the perspective of prison, you get 101 demands from the centre from 101 different people, none of whom are taking into account the other 100 people. And nobody is really taking systemic control of that and the implications of that (PGA 1).

These complex dynamics had undoubtedly contributed to feelings of disenchantment for some governor grade staff:

I can work with prisoners and staff all day long. And I can work with my colleagues all day long. It's the crap that comes down from above that I've got to the point where I'm actually thinking, 'How soon is it? Can I retire?' A while ago, I wasn't thinking that. It's just this constant barrage of stuff (PGA 24).

In addition to policy-related bureaucratic challenges, and challenges arising from the communication between Headquarters and prison-based staff, there were feelings of disenchantment

> The ill-feeling arising from these perceptions was further exacerbated by what was perceived as a barrage of communication from Headquarters into prisons.

linked to a perceived failure to invest in the service in the right areas, and to move the service forward:

> . . . we've had to cut over and over and over again, but yet the cost of living has expanded, the cost of everything has expanded. Yet, prison budgets are cut, top sliced every year, so we've got to make efficiency savings here, or maybe efficiency savings there. And then you see a new director pop up, or you see a new function pop-up in headquarters, or you see this, and you think, but that's got a band eleven, a band ten, four or five band eights. Some people become so disengaged . . . because sometimes the service feels like it's on a hamster wheel. So, you know, we move away from something, and then a few years later, it becomes flavour of the month again . . . I've been there done it. It's tedious (PGA 4).

This resulted in feelings of not wanting to be stuck doing the same thing over and over again:

> I'm not necessarily relishing the prospect of another ten years . . . just doing the same stuff again (PGA 50).

For some, this had led to feelings of wanting to find work in another area, outside of prisons, with less bureaucracy:

> I don't want to be in prisons. I think, why don't I go and do one of these jobs outside of a prison where actually the stress levels are lower, I can get on with my work. I don't have to put up with bureaucracy (PGA 39).

Reduced progression and development

Allied to the lack of perceived organisational development outlined above, a final theme in relation to disenchantment was linked to a perceived lack of progression, development, and inspiration on an individual level:

> Ten years in the prison service, I'm a bit bored. And I don't like the development opportunities [that] are available in the sense that I don't want to be the Governor of a large local, because I think it's a poisoned chalice. And I think it would be very bad for my family (PGA 1).

> The service doesn't really provide great traction or inspirational opportunity as far as I can see (PGA 33).

The lack of progression was also linked to the previous theme around a lack of perceived value:

> There is little or no inspiring direction for some of us . . . our abilities, our experience, our skills, are often just . . . taken for granted (PGA 33).

Sometimes this accompanied a sense of a lack of investment in staff which increased workload pressures on governor grades because they were having to do the work of staff working in grades below them. This created a further void of staff with the right knowledge and experience to do the role fully:

> I also think because managers are often acting down, they don't have time to performance manage, appraise, encourage the staff that they need to, it's kind of, you know, just get on with it (PGA 4).

For some people, disenchantment was evident in people ending their pursuit of promotion. This was because the process was seen as challenging and, in some cases, impossible:

> When I looked at the Dep's workbook, and I read it, I thought, there's no way somebody working in a jail is going to be able to hit all of these points. So [it's] almost impossible. And I looked at the process. And so, I thought, 'Well, you know what, I'm never going to be Deputy Governor'. And that ambition and career and appreciation died in that moment (PGA 24).

The presence of disenchantment at promotion opportunities, whilst partly due to the pressure of the promotion process itself, was also linked to not feeling supported and valued and was perceived to be creating a vacuum in senior grades:

> I genuinely think the prison service [has] got a problem looming at band 9/10/11, Deputy Governors, Governing Governor posts, and we're seeing that across the country. And you can say what you like but I'll tell you exactly what it is in my opinion. People don't want it . . . It's not like they don't feel that they're capable. There are some quality people out there. But they don't want to be cut adrift, not supported, devalued (PGA 33).

Implications: Creating re-enchanted workplaces

The findings above indicate that there is disenchantment amongst prison governors and operational managers. The main contributing factors on this transition to feeling less engaged with work were linked to a lack of perceived value and care within the turbulent prison context; a dissonance borne out of high levels of responsibility but a lack of accompanying autonomy; bureaucratic challenges arising from policy, headquarters communications, and a lack of service development and appropriate investment; and a lack of individual progression and development opportunities. When embedded in existing literature, the evidence suggests this could have a profound impact on individual wellbeing and job satisfaction, as well as workplace engagement and attrition.

However, evidence also suggests that it is possible to create re-enchanted workplaces and that there are conditions which facilitate this on an individual and organisational level. These conditions include:

- ❒ *Good working conditions,* inclusive of salary, job security, personal growth, positive leadership relationships, feeling valued and feeling part of a community;[11]
- ❒ *Meaningful work* and being able to have a positive impact on others;[12]
- ❒ *Shared leadership,* characterised by team working and support amongst leadership teams;[13]
- ❒ *Servant leadership*, which is characterised by humility and concern for others, empowerment, stewardship and holding people accountable for outcomes;[14]
- ❒ Autonomy supportive leadership;[15]
- ❒ The presence of *job crafting* whereby people are able to shape their own job to align role demands to their personal abilities and needs;[16] and

- ❒ The presence of *copassion* which refers to the responding to the positive emotions of another (not to be confused with the related concept of compassion).[17]

Therefore, implications for practice are that the Ministry of Justice, HMPPS, providers of private sector prison services and organisations such as the Prison Governors Association should work to facilitate the conditions outlined above. More specifically, there is a need for improved conditions with reference to salary, personal development, and relationships with leaders such as those working within HMPPS headquarters. There is a need for governors to feel they are having a positive impact on others, this could include colleagues, prisoners, and wider society. Teamworking, accountability, empowerment and humility should also be fostered. Governors should be supported to feel they are able to act autonomously and can have a degree of flexibility to shape their roles to individual strengths. Finally, the concept of copassion should be brought to awareness and encouraged. These conditions do not all need to be present for re-enchantment to be present, but they are also not mutually exclusive such that numerous concepts, such as autonomy and job crafting, arguably, go hand in hand. The facilitation of these could be achieved through increased opportunities for listening and reflective practice, increased gratitude communication (saying 'thank you'), flexible working opportunities, and workload reviews,[18] and via leadership training events, conferences and meetings, better general communications between prison leaders at all grades. Evaluation of such actions could also be introduced using measures of employee disenchantment,[19] and measures of job satisfaction,[20] used over time. Working towards a more re-enchanted workforce may subsequently have a positive impact on workplace engagement and retention, as well as individual wellbeing.

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Wellbeing in UK prison officers: Key factors

Dr Andrew James Clements is a Lecturer in Work and Organisation at Aston University.
Professor Gail Kinman is a Professor of Organizational Psychology at Birkbeck, University of London

Prisons around the world are in crisis due to a range of factors. Globally, the prison population is increasing beyond the resource capacity of prison systems with 121 countries operating prisons at above 100 per cent capacity.[1] Moreover, prisons across the world are typically experiencing short staffing due to poor working environments and uncompetitive pay.[2] Existing problems in prisons have been exacerbated by the COVID-19 pandemic, for example leading to less time spent outside of cells as part of disease control strategies.[3] In the UK there are fewer prison officers than there were prior to 2010.[4][5] The rate of leavers has also increased compared to pre-pandemic figures. Concern has been raised that it is difficult to retain prison officers due to unattractive pay and conditions, with trainees sometimes supervised by officers who are themselves inexperienced.[6] While the prison population is lower compared to pre-pandemic levels, 52 per cent of UK prisons are categorised as over-crowded, with the population expected to grow.[7]

Our research

We were commissioned by the POA (formerly the Prison Officers' Association) to assess the work-related wellbeing of people working in the UK prison service. Surveys were conducted in 2014 (N=1,682) and 2020 (N=1,956), with the majority of respondents being prison officers (see Table 1) working in the public sector (2014 =97 per cent, 2020=99 per cent). It should be noted that the second survey was completed prior to the first UK COVID-19 lockdown, so pandemic-specific issues were not examined. In conducting this research, we drew on a widely used framework for monitoring and measuring levels of work-related stress, along with additional measures to capture a more comprehensive sense of the challenges facing prison officers. This paper provides an overview of our findings, with a discussion of key issues that have been identified and an evaluation of changes over time.

Table 1: Proportion of sample in prison officer roles

	per cent prison officers (2014)	per cent prison officers (2020)
England and Wales	72	99
Northern Ireland	79	93
Scotland	89	86

1. Fair, H., & Walmsley, R. (2021). *World Prison Population List*. Institute for Crime & Justice Policy Research; Penal Reform International (2022). Global Prison Trends 2022.
2. Penal Reform International (2022). *Global Prison Trends 2022*.
3. Kim, H., et al. (2022). The Health Impacts of the COVID-19 Pandemic on Adults Who Experience Imprisonment Globally: A Mixed Methods Systematic Review. *PLOS ONE, 17(5)*, e0268866.
4. We use the term "prison officer" to reflect UK usage. In many countries, and in much of the literature, "corrections officer" is used. Similarly, our usage of "prison service" is used to refer to the organisations involved in managing prisons.
5. Prison Reform Trust (2023). *Bromley Briefings Prison Factfile*. London.
6. HM Chief Inspectorate of Prisons for England and Wales (2022). *HM Chief Inspector of Prisons for England and Wales Annual Report 2021-22*. London.
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Psychosocial hazards

The Health and Safety Executive Management Standards framework aims to support organisations in monitoring and managing work-related wellbeing.[8] It follows the public health principle that emphasises the need for risk assessment and preventative measures rather than relying solely on individually-targeted interventions.[9] In designing our survey, we utilised the Management Standards Indicator Tool (MSIT), which is widely used to assess levels of key stressors (known as psychosocial hazards), with benchmarks available to help evaluate organisational performance and identify targets for change.[10] The MSIT measures seven psychosocial hazards that are designed to be applicable to any type of work:[11]

❒ Demands (e.g. workload)
❒ Control (e.g. how work is performed)

❒ Manager support
❒ Peer support
❒ Relationships (e.g. absence of bullying)
❒ Role (e.g. clarity of expectations)
❒ Change (e.g. consultation on changes)

Scores for each of the seven hazard categories can range from 1 to 5, with higher levels representing a greater level of satisfaction in relation to that aspect of the work environment. As can be seen below, scores from both surveys, for each of the categories, remain below the HSE target, but small and significant improvements were found in all except peer support (see Table 2). Comparisons with the benchmarks suggest that urgent action is required in relation to demands, control, manager support, relationships, role, and change, and that there is a clear need for improvement for peer support.

Table 2: Comparison of survey findings with targets

	Kinman et al (2014)	Kinman and Clements (2020)	HSE target
Demands	2.64	2.83*	3.50
Control	2.39	2.53*	3.50
Manager support	2.57	2.69*	3.80
Peer support	3.46	3.49	4.00
Relationships	2.75	3.34*	4.25
Role	3.58	3.75*	5.00
Change	2.21	2.37*	3.67

Note: higher scores indicate more satisfaction with each of the dimensions, *= p<.001

In response to criticisms that the HSE standards fail to capture specific features of jobs that can make major contributions to wellbeing, our surveys included additional constructs drawing upon existing literature and insights from our contacts within the sector. In this article, we focus on hazards found to have particularly strong effects on wellbeing and implications for the safe functioning of prisons: exposure to aggression, new psychoactive substances, and presenteeism (i.e., pressures to work while sick).

Aggression

In both the 2014 and 2020 surveys we asked participants how frequently they experienced several forms of aggressive behaviour from prisoners: sexual assault, sexual harassment, physical assault,

intimidation, verbal abuse, and verbal threats. The most frequently reported behaviours were intimidation (regularly or often = 49 per cent (2014), 48 per cent (2020)), verbal threats (regularly or often = 52 per cent (2014), 52 per cent (2020)), and verbal abuse (regularly or often = 64 per cent (2014), 63 per cent (2020). As can be seen, the pattern of exposure to these behaviours appears stable across time. Participants were also asked if they had ever been physically assaulted by a prisoner during their career, and if so when the last occasion had been. In 2014 nearly one third (30 per cent) reported having ever been assaulted. By comparison, 57 per cent of participants to the 2020 survey reported ever experiencing assault.

Analysis of the data suggested that prison officers' experience of aggression is associated with higher levels

8. Health and Safety Executive (2017). *Tackling Work-Related Stress Using the Management Standards Approach: A Step-by-Step Workbook*. London.
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of emotional exhaustion, poorer quality sleep and work-life conflict.[12] Rumination, a repeated activation of cognition about stressors and feelings of being at personal risk of danger, was found to play a role in these outcomes. Detachment, the ability to switch off from work worries and concerns, was found to protect officers against the impact of aggression on emotional exhaustion. The need for prison officers to remain alert to potential dangers, together with a work culture that promotes the perception that the prison environment is dangerous, can contribute to the development of hypervigilance.[13] Research has found relationships between hypervigilance and exhaustion, physical symptoms of ill-health, poor sleep quality, and work-family conflict.[14]

Psychoactive substances

In recent years, the existing drug-related challenges in prisons have been exacerbated by the increase in the use of new psychoactive substances (NPS) such as Spice, which can have severe and life-threatening consequences.[15] NPS came to dominate drug markets in prisons due to early difficulties in detecting usage and the ease of smuggling.[16] Research suggests that NPS use is widespread in prisons, is associated with greater risk of violence, and represents a growing proportion of drug-related deaths.[17] Considering these concerns, our 2020 survey asked prison officers how frequently they were exposed to NPS. Most respondents (85 per cent) highlighted NPS as a serious cause for concern in their

institution. Approximately two thirds (66%) reported being exposed at least once or twice a month. Of these 22% reported being exposed once or twice a week, and 18% once a day or more. Higher levels of perceived exposure among officers were associated with a greater risk of psychological distress.[18]

Presenteeism: A sign of occupational stressors

As discussed above, prison officers are frequently exposed to commonly experienced stressors such as high workload, and occupation-specific stressors such as violence and aggression. In accordance with research findings that stress increases the risk of sickness absence, it is perhaps not surprising that the number of days lost to sickness has been increasing in the UK prison service.[19] It is important that individuals have the opportunity to recover from sickness, but presenteeism — the act of working while sick — has strong potential to delay recovery.[20] Our surveys asked prison officers about their experiences of working while sick, with 84 per cent of the 2014 sample and 92 per cent of the 2020 sample reporting engaging in presenteeism at least sometimes. The 2014 survey included an open-ended question asking participants who had worked while sick to explain why they had done so. The most common reasons referred to punitive sickness absence policies, pressure from management, staff shortages, fear of dismissal, fear of stigma, sense of duty, and concerns about workload.[21] This initial analysis

> Research has found relationships between hypervigilance and exhaustion, physical symptoms of ill-health, poor sleep quality, and work-family conflict.

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12. Clements, A. J., & Kinman, G. (2021). Job Demands, Organizational Justice, and Emotional Exhaustion in Prison Officers. *Criminal Justice Studies, 34*(4), 441–58; Kinman, G., Clements, A. J., & Hart, J. (2017). Working Conditions, Work–Life Conflict, and Well-Being in U.K. Prison Officers: The Role of Affective Rumination and Detachment. *Criminal Justice and Behavior*, 44(2), 226–39; Kinman, G., & Clements, A. J. (2022). Prison Officers' Experiences of Aggression: Implications for Sleep and Recovery. *Occupational Medicine, 72*(9), 604–8.

13. Higgins, E. M., et al. (2023). "They Might Not Kill You Today but They're Going to Get You in the End": The Correctional Subculture and the Schematization of Danger. *The British Journal of Criminology*, azac099.

14. Fritz, C., et al. (2018). On Guard: The Costs of Work-Related Hypervigilance in the Correctional Setting. *Occupational Health Science*, 2(1), 67–82.

15. European Monitoring Centre for Drugs and Drug Addiction (2015). New Psychoactive Substances in Europe. *EU Early Warning System*, 12; Fazel, F., Yoon, I. A., & Hayes, A. J., (2017). Substance Use Disorders in Prisoners: An Updated Systematic Review and Meta-Regression Analysis in Recently Incarcerated Men and Women. *Addiction, 112*, 1725–39.

16. Ralphs, R., et al. (2017). Adding Spice to the Porridge: The Development of a Synthetic Cannabinoid Market in an English Prison. *International Journal of Drug Policy, 40*, 57–69.

17. Duke, K., et al. (2023). The Risk Matrix: Drug related Deaths in Prisons in England and Wales, 2015–2020. *Journal of Community Psychology*, jcop.22989; Mason, R., et al. (2022). New Psychoactive Substances and Violence within a UK Prison Setting. *Substance Use & Misuse, 57*, 2146–50.

18. Kinman, G., & Clements, A. J. (2021). New Psychoactive Substances, Safety and Mental Health in Prison Officers. *Occupational Medicine, 71*, 346–50.

19. HM Prison and Probation Service (2023). *HM Prison and Probation Service Workforce Quarterly: December 2022*. London.

20. Johns, G. (2010). Presenteeism in the Workplace: A Review and Research Agenda. *Journal of Organizational Behavior, 31*, 519–42.

21. Kinman, G., Clements, A. J., & Hart, J. (2019). When Are You Coming Back? Presenteeism in U.K. Prison Officers. *Prison Journal, 99*, 363–83.

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informed the development of a quantitative measure used in the 2020 survey.[22] Interestingly, the reasons for presenteeism that were most frequently endorsed related to concerns about letting colleagues down and a sense of duty and professionalism. Moreover, prison officers who reported working while sick due to pressure from management and a sense of duty and professionalism tended to report more psychological distress, had poorer perceptions of workplace safety climate, and also rated their performance while sick more negatively.

The data also suggested that at least some presenteeism among prison officers was driven by concerns about punitive sickness management processes, which could result in job loss and were often combined with pressure from management. It should be noted, however, that this research was conducted before the COVID-19 pandemic when prisons were identified as high-risk environments partly due to overcrowding. Subsequent research has found that workplace COVID-19 culture, representing encouragement to follow protective practices such as quarantining while infected, tend to discourage presenteeism behaviours.[23] Future research should examine whether awareness of the risks of working while sick might have increased in prisons following the pandemic and a 'healthier' sickness absence culture implemented.

> Interestingly, the reasons for presenteeism that were most frequently endorsed related to concerns about letting colleagues down and a sense of duty and professionalism.

Interventions

Having identified a number of wellbeing challenges facing employees in the prison service, it is important to consider what steps might be taken to improve the situation. To date, few studies have evaluated wellbeing interventions in the sector. Interventions to support wellbeing can be conceptualised at three levels: primary strategies that address the source of stress; secondary interventions, that enhance people's skills to manage potentially hazardous experiences, and tertiary interventions aimed at those already experiencing difficulties in response to work-related hazards.[24] As we will show, most of the research published on interventions in prison contexts focuses on individuals and typically involve secondary rather than primary interventions. The lack of research in this area is well illustrated by a recent meta-analysis of wellbeing interventions among prison officers, where only nine papers met the inclusion criteria, four of which were unpublished dissertations.[25] In this section, we review the available published research on prison interventions, before drawing on the wider intervention literature and highlighting priorities for change.

In one intervention study, researchers provided 47 prison personnel with education about stress and its consequences, followed by training on the benefits and practice of yoga.[26] Participants were asked to evaluate the programme via a survey comprising closed and open-ended questions. While the participants evaluated the training positively, highlighting its benefits for stress management, the correlational design used hindered the ability to demonstrate the intervention's effectiveness.

Another study testing a stress management intervention with prison officers adopted an experimental design with a wait-list control group.[27] The training aimed to develop the ability to identify health risk factors and improve emotional self-regulation. The researchers reported improvements in levels of cholesterol, heart rate and blood pressure, and reduced emotional distress three months post-intervention. Participants in the experimental condition also reported higher levels of motivation, goal clarity, and support compared to the control group.

22. Kinman, G., & Clements, A. J. (2022). Sickness Presenteeism in Prison Officers: Risk Factors and Implications for Wellbeing and Productivity. *International Journal of Environmental Research and Public Health, 19*, 3389.
23. Probst, T. M., et al. (2021). Work and Non-Work Sickness Presenteeism: The Role of Workplace COVID-19 Climate. *Journal of Occupational & Environmental Medicine, 63*, 713–718.
24. LaMontagne, A. D, et al. (2007). Intervention Evaluation Literature , 1990 – 2005. *International Journal of Occupational and Environmental Health, 13,* 268–80; Montano, D., Hoven, H., & Siegrist, J. (2014). Effects of Organisational-Level Interventions at Work on Employees' Health: A Systematic Review. *BMC Public Health, 14*, 135.
25. Evers, T. J., et al. (2020). Well-Being Interventions for Correctional Officers in a Prison Setting: A Review and Meta-Analysis. *Criminal Justice and Behavior,* 47, 3–21.
26. Smith, H. P., et al. (2022). An Evaluation of a Yoga Program Designed for Correctional Administrators and Officers. *Journal of Offender Rehabilitation, 61*, 37–60.
27. McCraty, R., et al. (2009). New Hope for Correctional Officers: An Innovative Program for Reducing Stress and Health Risks. *Applied Psychophysiology Biofeedback, 34*, 251–72.

A further study evaluated the use of psychological debriefing in a prison setting.[28] Using a quasi-experimental design, the researchers found that symptoms of PTSD decreased between the first and second waves of data collection conducted before the session and one month following. While PTSD symptoms reduced, there were no significant changes in levels of anxiety and depression. It is important to note that the participants in this study self-selected into the experimental or control conditions, i.e., they chose whether to attend the psychological debriefing session or not. This is likely to be a confounding variable, whereby those more motivated to attend may have been less badly affected by PTSD or more open to this type of intervention.

The value of participatory approaches to health and safety in prison settings is well recognised.[29] Two studies have evaluated aspects of this approach with interventions primarily focusing on physical fitness and health and safety. Cherniack et al reported that aspects of the process, such as levels of participation and sophistication of interventions, improved over time.[30] Dugan et al compared the outcomes of two programmes, the first of which took a top-down approach (i.e. chosen by the organisation), while the latter was a bottom-up participatory approach (i.e. driven by frontline officers).[31] The researchers reported mixed success in both programmes, and identified important factors contributing to outcomes, such as setting achievable goals, meeting regularly to maintain continuity, and ensuring continued management support for initiatives. The researchers noted that, in some cases, proposed interventions were discouraged

> There is evidence that secondary interventions such as cognitive behavioural strategies and relaxation techniques can help manage stress, anxiety, and emotional exhaustion these are not likely to work in isolation.

by management due to operational concerns (e.g., security), with the observation that early involvement of management might help identify interventions likely to be more acceptable.

Given the lack of evidence available about what type of intervention is most effective in the prison context, it is useful to examine the wider evidence regarding wellbeing interventions at work. As has been demonstrated, there is a lack of attention to primary interventions in workplaces generally. Given the systemic nature of challenges facing prisons identified in this paper, such as short-staffing, challenging working environments, drug prevalence (including NPS), exposure to violence and pressure to work while sick, there is a clear need for interventions at the public policy and organisational level. For example, at the policy level, prison overcrowding and the resulting workload pressure for employees, might be addressed by reducing the use of incarceration. At the organisational level, workloads could be addressed by prioritising allocation of staff to ensure adequate coverage of demanding tasks and redesigning work tasks to reduce demands.[32] Participatory approaches can also be used to involve employees in identifying ways to enhance key aspects of the work environment such as job control, support and reward and recognition. While there is evidence that secondary interventions such as cognitive behavioural strategies and relaxation techniques can help manage stress, anxiety, and emotional exhaustion these are not likely to work in isolation.[33] Research evidence shows that a combination of organisational-level and individual-level interventions are more effective than

28. Ruck, S., Bowes, N., & Tehrani, N. (2013). Evaluating Trauma Debriefing within the UK Prison Service. *Journal of Forensic Practice, 15,* 281–90.
29. El Ghaziri, M., et al. (2020). Progress in Corrections Worker Health: The National Corrections Collaborative Utilizing a Total Worker Health® Strategy, *Journal of Occupational & Environmental Medicine, 62*, 965–72; Jaegers, L. A., et al. (2020). Total Worker Health® Needs Assessment to Identify Workplace Mental Health Interventions in Rural and Urban Jails. The American Journal of Occupational Therapy, 74, 7403205020p1–12.
30. Cherniack, M., et al. (2016). Participatory Action Research in Corrections: The HITEC 2 Program. *Applied Ergonomics*, 53, 169–80.
31. Dugan, A. G., et al. (2016). Process Evaluation of Two Participatory Approaches: Implementing Total Worker Health® Interventions in a Correctional Workforce. *American Journal of Industrial Medicine, 59,* 897–918.
32. Steiner, B., & Wooldredge, J. (2015). Individual and Environmental Sources of Work Stress Among Prison Officers. *Criminal Justice and Behavior, 42,* 800–818.
33. Maricu oiu, L. P., Sava, F. A., & Butta, O. (2016). The Effectiveness of Controlled Interventions on Employees' Burnout: A Meta-Analysis. *Journal of Occupational and Organizational Psychology, 89*, 1–27.

approaches addressing one level only.[34] For example, secondary interventions may help prepare individuals to respond more effectively to initiatives aimed at improving working conditions. Our own research has found evidence that prison officers would particularly welcome interventions that aim to enhance support from managers, and to address specific issues such as drug-use among prisoners and sickness presenteeism.[35] However, it may also be necessary to address individual attitudes and workplace culture, e.g., hyper-masculinity and the resulting stigma, which may militate against seeking help for mental health difficulties.[36]

Conclusions

This article has identified a range of challenges facing the UK prison service, which also reflect global prison trends. Prison officers are exposed to psychosocial hazards such as high job demands and low levels of control and support. While our research suggests that improvements have been made within the UK in some key workplace psychosocial hazards, they still fall below recommended levels and psychological distress also remains high in the sector. We recommend a multi-level approach to managing prison officer wellbeing, requiring carefully integrated interventions at the policy, organisation, and individual level. Policy and organisational level initiatives will be required for addressing organisational challenges such as overcrowding and short-staffing, and interventions involving leadership development may also help enhance support for officers. There are however some key occupational stressors inherent to working with prisoners, requiring the implementation of initiatives to support officers in managing stress and reducing rumination to recover effectively from work. By addressing these challenges, the prison service may not only enhance prison officer wellbeing, but also improve the operational sustainability of the service.

34. Montano, D., Hoven, H., & Siegrist, J. (2014). Effects of Organisational-Level Interventions at Work on Employees' Health: A Systematic Review. *BMC Public Health, 14*, 135.
35. Kinman, G., & Clements, A. J. (2020). Survey of Work-Related Wellbeing. Prison Officer Association; Kinman, G., Clements, A. J., & Hart, J. (2019). When Are You Coming Back? Presenteeism in U.K. Prison Officers. Prison Journal, 99, 363–83.
36. Barry, C. (2019). "You Can't Tell Anyone How You Really Feel": Exploring Emotion Management and Performance among Prison Staff Who Have Experienced the Death of a Prisoner. *International Journal of Law Crime and Justice, 61*, 100364.

Burnout among UK Prison Officers: The relationship with PTSD, Depression, and Resilience

Sydney Ward is a former BSc Psychology student, now a MSc Forensic Psychology Student, at the University of Lincoln. **Dr Lauren Smith** is a Senior Lecturer in Psychology at the University of Lincoln

Existing literature has identified elevated levels of occupational burnout, depression, post-traumatic stress disorder (PTSD) and low resilience levels in prison staff.[1] However, there is little known regarding the relationships between these variables in a prison officer (PO) sample. Research has identified, in other populations such as health-care workers, that depression, PTSD, and resilience are all significant predictors of job burnout.[2] Hence, the present study aimed to determine whether POs suffered from higher levels of burnout compared to other professions, in addition to whether there is a significant interaction between a POs' level of burnout and their levels of depression, PTSD, and resilience. It was hypothesised that levels of burnout, depression, and PTSD would be higher in the PO population, compared to the general working population. Resilience levels were also anticipated to be the lowest in the PO sample.

Prison Officer Burnout

Occupational burnout is the inveterate, protracted stress instigated by the chronic interpersonal and emotional pressures of a job role. The primary symptoms that manifest include emotional exhaustion, somatic fatigue, poor psychological wellbeing and physical health complications, such as type two diabetes.[3] Professions that are more hazardous, have high job demands but limited job resources, are associated with elevated burnout, increased turnover rates and higher quantities of 'absenteeism' (habitual non-attendance to one's work without legitimate endorsement from the organisation), impacting employee wellbeing and the economic proficiency of an employer.[4]

The key emergency services (police, fire brigade, physicians, military), are recognised as some of the most stressful vocations. Yet, the limited research conducted into POs has identified comparable job demands to the emergency services, in addition to higher levels of work-related stress, poorer psychopathology and elevated burnout, aptly deeming them the 'forgotten service'[5] and the 'invisible ghosts of penality'.[6] It has been contended that, contrastive to the police force, where interactions with offenders are relatively transitory, POs are in consistent contact with high-risk individuals, therefore are more consistently exposed to stressful conditions. The prison environment has been routinely commented on as a demanding,[7] unforgiving milieu for those incarcerated, hence the numerous psychiatric aids available to those in prison, yet there are limited resources accessible for prison staff to manage these stressors.

The Conservation of Resources theory hypothesises that, when a circumstance jeopardises or depletes necessary resources,[8] an objectively stressful environment is generated. Between 2010 and 2013, as

1. Jaegers, L. A., Matthieu, M. M., Werth, P., Ahmad, S. O., Barnidge, E., & Vaughn, M. G. (2020). Stressed out: Predictors of depression among jail officers and deputies. *The Prison Journal, 100(2),* 240-261.
2. Luceño-Moreno, L., Talavera-Velasco, B., García-Albuerne, Y., & Martín-García, J. (2020). Symptoms of posttraumatic stress, anxiety, depression, levels of resilience and burnout in Spanish health personnel during the COVID-19 pandemic. *International Journal of Environmental Research and Public Health, 17(15),* 5514.
3. Lubbadeh, T. (2020). Job burnout: a general literature review. *International Review of Management and Marketing, 10(3),* 7.
4. Bakker, A. B., & de Vries, J. D. (2021). Job Demands–Resources theory and self-regulation: New explanations and remedies for job burnout. *Anxiety, Stress, & Coping, 34(1),* 1-21.
5. Beacon, R (N/A) The Forgotten Service. *Forensic Psychology Consultancy UK,* 1. https://forensicpsychologyuk.com/the-forgotten-service-%E2%80%93-how-do-prison-staff-cope
6. Liebling, A. (2000). Prison officers, policing and the use of discretion. *Theoretical criminology, 4(3),* 337
7. Franke, I., Vogel, T., Eher, R., & Dudeck, M. (2019). Prison mental healthcare: recent developments and future challenges. *Current Opinion in Psychiatry, 32(4),* 342-347.
8. Hobfoll, S. E. (1989). Conservation of resources: a new attempt at conceptualizing stress. *American Psychologist, 44(3),* 513.

consequence of government ordered staffing cuts, the quantity of POs fell by approximately 30 per cent, losing over 86,000 years of experience.[9] Looking at statistics from September 2021, these show that 47 per cent of prisons in England and Wales, were classed as overcrowded.[10] Consequently, this means, at a minimum, there is a hazardous officer to prisoner ratio of approximately 1 officer to 3.6 prisoners, however, in some prisons this ratio is estimated to be a lot higher. It is also important to note that these statistics fail to consider that officers are not on shift 24/7, therefore, in reality, POs are dealing with a far larger ratio of prisoners when working on the wings, placing immense pressure on those working in this environment. The limited resources, understaffing, work overload and safety concerns put vast amounts of stress on the prison staff, alluding to why burnout increases significantly in the first year of employment, correlating to brief tenure within the job role.[11]

Furthermore, it has been argued that there are organisational difficulties that contribute to the raised levels of burnout in PO's. The ambiguity regarding the objectives of one's job role (evident in prison staff being required to implement both rehabilitative and disciplinary procedures), insufficient training, lack of autonomy in decision-making, lack of professional worth and diminutive administrative support, are all prevalent in the prison service and are all associated with higher occupational burnout/emotional exhaustion.[12] Furthermore, job burnout is also correlated with increased chances of making major errors; in the prison service, this places both the officers and the prisoners at increased risk of harm.

Prison Officer Depression and PTSD

Physiologically, occupational burnout has been equated as a predictor for somatic diseases, including hypercholesterolemia, heart disease and type two diabetes.[13] Chronic stress results in the prolonged activation of the 'fight or flight' system; when the level of perceived threat does not diminish, endocrinal hormones, specifically cortisol, remain salient in the body, damaging the internal organs.[14] Aptly, it has been reported that POs have significantly shorter life spans, higher rates of heart attacks, obesity, and hypertension compared to the general population.[15] It is also interesting to note the elevated reports of presenteeism (continuing to attend work while sick) in prison staff; 92 per cent of officers stating they remain at work occasionally when unwell and 43 per cent stating that they always work when unwell. Officers are more likely to continue to work while experiencing mental health problems, compared to physical ailments; this is due to the unhealthy 'sickness culture' perpetuated by mental health stigma, minimal organisational support, and work overload in the prison service.[16]

Chronic stress exposure has also been linked with neuron atrophy and disrupted typical synaptic plasticity, resulting in dysfunctional psychopathologies, such as depression. Depression is a mood disorder that results in failure to function adequately; symptoms include suicide ideation, feelings of worthlessness and diminished pleasure.[17] Prevalence rates of depression within the prison service have been identified as significantly higher than the general population. A previous study found that approximately one third of their PO sample reported depressive symptoms, with job burnout identified as the most significant predictor

> Depression is a mood disorder that results in failure to function adequately; symptoms include suicide ideation, feelings of worthlessness and diminished pleasure.

9.   Morris, Grahame. (2021). *Easington MP Reveals Prison Service has Lost 86,000 Years of Experience Since 2010.* https://www.grahamemorrismp.co.uk/2021/04/22/easington-mp-reveals-prison-service-has-lost-86000-years-of-experience-since-2010/.
10.   House of Commons Library. (2021). *UK Prison Population Statistics.* https://commonslibrary.parliament.uk/research-briefings/sn04334/
11.   Jaegers, L. A., Vaughn, M. G., Werth, P., Matthieu, M. M., Ahmad, S. O., & Barnidge, E. (2021). Work–family conflict, depression, and burnout among jail correctional officers: A 1-year prospective study. *Safety and Health at Work, 12(2)*, 167-173.
12.   Lubbadeh, T. (2020). Job burnout: a general literature review. *International Review of Management and Marketing, 10(3), 7.*
13.   Salvagioni, D. A. J., Melanda, F. N., Mesas, A. E., González, A. D., Gabani, F. L., & Andrade, S. M. D. (2017). Physical, psychological and occupational consequences of job burnout: A systematic review of prospective studies. *PloS one, 12*(10).
14.   Mariotti, A. (2015). The effects of chronic stress on health: new insights into the molecular mechanisms of brain–body communication. *Future Science OA, 1*(3).
15.   Cheek, F., & Howard, R. (1984). Stress management for correctional officers and their families. *American Correctional Association, 106*, 56-73
16.   Kinman, G., & Clements, A. J. (2022). Sickness Presenteeism in Prison Officers: Risk Factors and Implications for Wellbeing and Productivity. *International Journal of Environmental Research and Public Health, 19(6)*, 3389.
17.   American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.).

of depression.[18] It is implied that POs are more susceptible to suffering with impaired mental wellbeing due to the high job demands, dangerous interactions with prisoners, absence of decision making, lack of social support and lack of resources compared to other professions. The preponderance of both burnout and depression in prison staff has also been linked to negative additional health consequences, including elevated suicide risk and higher risk of addictions.

Prison Officer PTSD

PTSD is stimulated from exposure to a traumatising event(s) resulting in involuntary, distressing recollections of the event(s) through flashbacks or triggering cues which may cause paranoia, detachment, and negative self-perception.[19] A study in the USA found that 53.4 per cent of correctional officers reported PTSD symptoms; this was positively correlated with reports of burnout.[20] Burnout symptomology, including depersonalisation, emotional exhaustion and stress, have been identified as early symptoms, leading to PTSD development in PO's.[21] PTSD prevalence in POs has been largely associated with this elevated exposure to violent encounters within the prison. Disconcertingly, the rates of PTSD in prison staff have been found as equivalent to PTSD rates of veterans who fought in the Iraq/Afghanistan wars.[22] This comparison is comprehensible when the level of violence within prisons is considered;

> PTSD is stimulated from exposure to a traumatising event(s) resulting in involuntary, distressing recollections of the event(s) through flashbacks or triggering cues which may cause paranoia, detachment, and negative self-perception.

in 2020 there were 8,476 inmate-on-officer assaults in England and Wales.[23]

Heightened PTSD rates have also been depicted in officers who encounter suicidal prisoners, and between December 2019-December 2020, the rate of self-inflicted deaths was 0.8 per 1,000 prisoners.[24] Thematic analysis concluded that prison staff believe they are accountable when an inmate takes their own life, due to not feeling qualified and appropriately resourced to tackle prisoner mental health concerns.[25] However, due to the 'silence culture' among prison personnel, trauma experienced is not adequately acknowledged and the available mental health support services are perceived as inaccessible. The accumulation of unresolved trauma in POs has been linked to hypervigilance, paranoia and immense distrust; without treatment/trauma interventions, these behaviours persist, even when officers leave the prison service. [26]

Prison Officer Resilience

Resilience is the adeptness to recuperate after experiencing adversity; higher resilience levels have been suggested as a buffer to the adverse corollaries of stress. Individuals who are more resilient display an increased prospective for post-trauma personal development; it is more probable that they will avert the negative mental health consequences that are often prompted by intense stressors.[27] In prison staff, there are several elements ascertained with elevated resilience;

18. Jaegers, L. A., Matthieu, M. M., Werth, P., Ahmad, S. O., Barnidge, E., & Vaughn, M. G. (2020). Stressed out: Predictors of depression among jail officers and deputies. *The Prison Journal, 100(2)*, 240-261.
19. American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.).
20. Jaegers, L. A., Matthieu, M. M., Vaughn, M. G., Werth, P., Katz, I. M., & Ahmad, S. O. (2019). Posttraumatic stress disorder and job burnout among jail officers. *Journal of Occupational and Environmental Medicine, 61*(6), 505.
21. Boudoukha, A. H., Altintas, E., Rusinek, S., Fantini-Hauwel, C., & Hautekeete, M. (2013). Inmates-to-staff assaults, PTSD and burnout: Profiles of risk and vulnerability. *Journal of Interpersonal Violence, 28*(11), 2332-2350.
22. James, L., & Todak, N. (2018). Prison employment and post traumatic stress disorder: Risk and protective factors. *American Journal of Industrial Medicine, 61*(9), 725-732.
23. Ministry of Justice (2021). *Safety in Custody Statistics, England and Wales: Deaths in Prison Custody to December 2020 Assaults and Self-harm to September 2020*. London.
24. Ministry of Justice (2021). *Safety in Custody Statistics, England and Wales: Deaths in Prison Custody to December 2020 Assaults and Self-harm to September 2020*. London.
25. Sweeney, F., Clarbour, J., & Oliver, A. (2018). Prison officers' experiences of working with adult male offenders who engage in suicide-related behaviour. *The Journal of Forensic Psychiatry & Psychology, 29*(3), 467-482.
26. Miller, M. (2019). *Corrections Officers' Scale of Trauma (COST)* (Doctoral dissertation, Carlow University).
27. Finstad, G. L., Giorgi, G., Lulli, L. G., Pandolfi, C., Foti, G., León-Perez, J. M., ... & Mucci, N. (2021). Resilience, Coping Strategies and Posttraumatic Growth in the Workplace Following COVID-19: A Narrative Review on the Positive Aspects of Trauma. *International Journal of Environmental Research and Public Health, 18*(18), 9453.

employment in male prisons with low suicide rates yet higher self-harm statistics, preceding suicide prevention education, personal encounters with suicide, perceived abundance of positive resources, affirmatory inmate-officer relationships and a sense of belonging in the PO social group.[28]

The schemas and coping mechanisms that officers employ can also influence their resilience levels. Officers who utilise a 'deep acting' approach, actively attempting to experience the emotion perceived to be appropriate for the circumstance, have higher resilience and lower stress levels compared to individuals who employ 'surface acting'; exhibiting the contrasting emotion externally to what they actually feel internally.[29] Increased psychological wellbeing, lower burnout and higher life satisfaction has also been identified in officers who implement 'detachment'; compartmentalising their work-self from their home-self.[30] 'Detachment' is also used to eliminate emotional connectivity when contending with traumatic incidents, like inmate suicide; this technique has been associated with enhanced resilience. Concerningly, the 'detachment' strategy has also been associated with strained psychological wellbeing and work-family conflict; it is indicated that the frequent use of emotional disconnection leads to callousness becoming a dominant personality attribute.[31] Hence, detachment techniques should be implemented with caution; although effective in the short-term, long-term consequences are not considered. Additional positive personal factors, including optimism, hopefulness and support systems, have also been correlated with lower PO burnout; these relationships being mediated by higher resilience levels.[32]

> Detachment is also used to eliminate emotional connectivity when contending with traumatic incidents, like inmate suicide; this technique has been associated with enhanced resilience.

From a neural perspective, resilience training has been demonstrated to alter the structure of the brain, by amending the depiction of fear in the amygdala and modifying brain plasticity.[33] There are no current studies investigating the influence of resilience training on PO's, although, a small pilot study, using mindfulness training on correctional officers in the USA, illustrated lower stress, improved psychological and physical health, post-training.[34] Previous research has ascertained an association between low resilience and high burnout in a PO sample, thus the ability to foster resilience may prove beneficial in the reduction of PTSD, depression and occupational stress in the prison service.[35]

Methodology

The study, under discussion here, was administered using the web-based survey platform Qualtrics™ and distributed across the social media sites Facebook and Twitter; these were publicly available posts therefore available for anyone to access. Demographic information was collected, including age, gender, job title, past or current employment as a PO and if they had previously worked as a police officer/a fire-fighter/a medical professional or served in the military. 165 participants (83 female, 82 male) took part in the study, ages ranging from 18-64 years. 122 responses were retained: 66 (54.10 per cent) current POs (29 female, 39 male), 23 (18.85 per cent) prior POs (14 female, 9 male) and 33 (27.05 per cent) full-time employees in other professions (25 female, 8 male). Other professions included teachers, bus drivers and a postman. Previous research has alluded that employment as a physician, in the emergency services or in the military has significant implications on burnout, mental health and resilience levels.[36] To ensure

28. Slade, K., & Lopresti, S. (2013). *Promoting resilience in prison staff: research findings*. Nottingham Trent University.
29. Lee, L., & Madera, J. M. (2019). Faking it or feeling it: The emotional displays of surface and deep acting on stress and engagement. *International Journal of Contemporary Hospitality Management*, 31(4), 1744-1762.
30. Kinman, G., Clements, A. J., & Hart, J. (2017). Working conditions, work–life conflict, and well-being in UK prison officers: The role of affective rumination and detachment. *Criminal Justice and Behavior, 44*(2), 226-239.
31. Arnold, H. (2005). The effects of prison work. In A. Liebling & S. Maruna (Eds.), *The effects of imprisonment* (pp. 391-420).
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33. Tabibnia, G., & Radecki, D. (2018). Resilience training that can change the brain. *Consulting Psychology Journal: Practice and Research, 70*(1), 59.
34. Hillhouse, M., Farabee, D., Smith, K., Nerurkar, J., Sahd, D., Bucklen, K. B., & Hawken, A. (2021). Mindfulness Training for Correctional Staff: A Randomized Pilot Study. *Corrections*, 1-15.
35. Klinoff, V. A., Van Hasselt, V. B., Black, R. A., Masias, E. V., & Couwels, J. (2018). The assessment of resilience and burnout in correctional officers. *Criminal Justice and Behavior, 45*(8), 1213-1233.
36. Smith, B. W., Dalen, J., Wiggins, K., Tooley, E., Christopher, P., & Bernard, J. (2008). The brief resilience scale: assessing the ability to bounce back. *International Journal of Behavioral Medicine, 15*(3), 194-200.

it was only repercussions of working in the prison environment that were analysed, participants who currently or had previously worked as a police officer, fire-fighter, in the medical field or in the military, were excluded. Hence, 28 responses were removed because of the exclusion criteria. Responses from participants who had previously worked as prison officers were analysed separately from the PO and full-time employee samples, to determine whether no longer working in the prison service had any implications on their levels of burnout/mental health/resilience.

Participants were asked to complete a series of four questionnaires. The Brief Resilience measure (BRM)[37] to assess an individual's ability to recuperate after experiencing stress; The Burnout Test Maslach-Pines Burnout Measure Short Version (BMS-10)[38] to evaluate workplace emotional, physical, and mental exhaustion; The Abbreviated Post-Traumatic Checklist—civilian edition (PTL-6),[39] to screen for PTSD; and Beck's depression inventory short form (BDI-SF)[40] to evaluate the severity of depressive symptoms. The research received ethics approval from the University of Lincoln and links to support helplines, such as the Samaritans were provided.

Results and Discussion[41]

Contrary to what was hypothesised, a non-significant difference in the mean average of occupational burnout was found between POs, past POs, and full-time employees. Significance refers to the statistical probability that an effect on the outcome data is unlikely to be the result of chance. Thus, a non-significant finding suggests that effects observed are likely attributable to chance and not a specific cause or variable. Although a significant difference was not concluded between the samples, high levels of burnout were demonstrated by the PO population. It was not anticipated, however, that reports of burnout would also be raised in the full-time worker population. However, when analysing this finding holistically, the overall heightened burnout levels may be attributable to the COVID-19 pandemic, which was still ongoing during data collection. Increased stress and burnout levels have been illustrated among a plethora of professions, from healthcare workers to teachers since the commencement of COVID-19.[42] Interestingly, the prior PO sample displayed, although still relatively high, the lowest mean rank burnout level out of the three populations. Hence, the removal of the origin of the stress, by leaving the prison service, may have resulted in this lower mean rank of burnout.

Another potential explanation for the non-significant difference in burnout levels also regards COVID-19. Globally, prisons were unequipped to handle a highly infectious disease; the crowded structure of prisons did not easily allow for safety precautions such as social distancing. Subsequently, prisoners were confined to their cells for up to 23 hours a day, resulting in prison violence decreasing by 34 per cent.[43] It can be interpreted that the increase in prisoner isolation reduced workload, caused less safety concerns and created more clear role guidelines for PO's. These alterations in prison protocols potentially mitigated some of the key sources of PO burnout, ergo resulting in the smaller difference in burnout between the three populations. It is theorised that, prior to the pandemic POs would have augmented burnout; future research must consider the impact COVID-19 had, not only within the prisons but, globally.

Correlational analysis determined that there was a positive correlation between occupational burnout and depression, in all three samples; as burnout increased, as did levels of depression. However, despite depression and burnout being presented as distinct paradigms, some argue that these conditions are not separate, rather they are the same thing (poor discriminative

> Globally, prisons were unequipped to handle a highly infectious disease; the crowded structure of prisons did not easily allow for safety precautions such as social distancing.

37. Malach-Pines, A. (2005). The burnout measure, short version. International Journal of Stress Management, 12(1), 78.
38. Lang, A. J., & Stein, M. B. (2005). An abbreviated PTSD checklist for use as a screening instrument in primary care. Behaviour Research and Therapy, 43(5), 585-594.
39. Beck, A. T., & Beck, R. W. (1972). Screening depressed patients in family practice: A rapid technic. *Postgraduate Medicine, 52*(6), 81-85.
40. Full statistical findings can be accessed by contacting the author.
41. Jalili, M., Niroomand, M., Hadavand, F., Zeinali, K., & Fotouhi, A. (2021). Burnout among healthcare professionals during COVID-19 pandemic: a cross-sectional study. *International Archives* of Occupational and Environmental Health, 94(6), 1345-1352.
42. Ministry of Justice (2020). *Violence involving prisoners*. Ethnicity facts and figures. London.
43. Meier, S. T., & Kim, S. (2022). Meta-regression analyses of relationships between burnout and depression with sampling and measurement methodological moderators. *Journal of Occupational Health Psychology, 27*(2), 195.

validity).[44] Contradictory to this, others argue that the pathologies are separate but are both influenced by stress; burnout being associated with work stressors and depression being 'context-free'.[45] Due to the underdetermined relationship between the two constructs, it is important to exhibit caution when interpreting the present study's findings; future research is needed to distinguish the relationship between the two features.

Furthermore, a significant positive correlation was identified between burnout and PTSD, in all samples. The significant interactions between burnout and mental health disorders, identified in the present study, emphasises the negative consequences fostered by an unhealthy work environment. It is argued that organisational change is required, within the prison service and other occupations, to manage understaffing, provide role clarity, increase safety and provide managerial support, to enhance employee wellbeing.

Preliminary research using stress-reduction interventions has shown promise in reducing burnout in prison personnel; stress management programmes used on correctional officers in the USA, enhanced their physiological markers (blood pressure, cholesterol etc.), improved their productivity and reduced their self-perceived emotional distress.[46] Due to the lack of overall research into wellbeing interventions for POs, it is difficult to determine an efficacious approach to mitigate stress in prison personnel. However, research has identified that trauma interventions, debriefs and routine screenings are beneficial in mitigating the effects of PTSD in other professions.[47] Thus, it is advised that further research is conducted to identify the efficacious interventions that aid in the reduction of PO PTSD and burnout.

The current study identified a significant negative correlation between burnout and resilience in all three samples. This implies that, the more resilient an individual is, the less susceptible they are to becoming emotionally exhausted. Preceding literature has highlighted that, in POs, increased resilience is a mediating factor between reduced burnout and resilient-promoting factors, such as having an optimistic perspective and social support systems.[48] Providentially, resilience training has been portrayed as a tool that can promote cognitive growth and adaptation to adversity.[49] Unfortunately, there are no current studies exploring the effect of fostering resilience in the PO population, although, a previous pilot study using mindfulness training on correctional officers in the USA, did depict reductions in stress and an increase in psychological and physical wellness.[50] Further, resilience interventions, such as mindfulness practices, used on police officers have demonstrated enhanced overall wellbeing, increased job satisfaction and decreased stress/burnout.[51] It is theorised that these improvements observed in police officers, would be generalisable to PO's due to the comparable job demands, reports of high burnout and rates of absenteeism. Hence, it would be of interest for future studies to examine the efficacy of resilience training techniques in increasing the wellbeing of prison personnel.

Correspondingly, resilience training should also be considered to reduce the severity of depression and PTSD in POs; the present study's findings revealed significant negative correlations between resilience and

> The significant interactions between burnout and mental health disorders, identified in the present study, emphasises the negative consequences fostered by an unhealthy work environment.

44. Koutsimani, P., Montgomery, A., & Georganta, K. (2019). The relationship between burnout, depression, and anxiety: A systematic review and meta-analysis. *Frontiers in Psychology, 10*, 284
45. McCraty, R., Atkinson, M., Lipsenthal, L., & Arguelles, L. (2009). New hope for correctional officers: an innovative program for reducing stress and health risks. *Applied Psychophysiology and Biofeedback, 34*(4), 251-272.
46. Skogstad, M., Skorstad, M., Lie, A., Conradi, H. S., Heir, T., & Weisæth, L. (2013). Work-related post-traumatic stress disorder. *Occupational Medicine, 63*(3), 175-182.
47. Klinoff, V. A., Van Hasselt, V. B., Black, R. A., Masias, E. V., & Couwels, J. (2018). The assessment of resilience and burnout in correctional officers. *Criminal Justice and Behavior, 45*(8), 1213-1233.
48. Tabibnia, G., & Radecki, D. (2018). Resilience training that can change the brain. *Consulting Psychology Journal: Practice and Research, 70*(1), 59.
49. Hillhouse, M., Farabee, D., Smith, K., Nerurkar, J., Sahd, D., Bucklen, K. B., & Hawken, A. (2021). Mindfulness Training for Correctional Staff: A Randomized Pilot Study. *Corrections*, 1-15.
50. McCraty, R., & Atkinson, M. (2012). Resilience training program reduces physiological and psychological stress in police officers. *Global Advances in Health and Medicine, 1*(5), 44-66.
51. Brassington, K., & Lomas, T. (2021). Can resilience training improve well-being for people in high-risk occupations? A systematic review through a multidimensional lens. *The Journal of Positive Psychology, 16*(5), 573-592.

both depression and PTSD in all samples. Building resilience has been shown to mitigate the symptoms of depressive and trauma disorders, though resilience training has been conveyed as more successful when used as a prevention technique, prior to the development of poor psychological wellbeing, by equipping individuals to face adverse circumstances.[52] Therefore, it is proposed that resilience techniques should be taught as part of prison officer training. Complementary use of counselling techniques following traumatic incidents, such as cognitive behavioural therapy, may also be beneficial in mitigating poor psychopathology in officers. However, a social change is also imperative to alter the PO 'sickness' culture; by increasing mental health awareness, accessibility to counselling services and reducing the stigma of asking for help, it is hypothesised that stress/depression/PTSD levels will decrease.

Regression analysis found, in accordance with former research, that high PTSD, high depression and low resilience were significant predictors of high occupational burnout. The model explained the most variance in the past officer sample (79.3 per cent); the higher the percentage, the more comprehensive the predictor variables are in explaining the outcome variable. Thus, it is implied that the high rates of PO turnover may be attributable to job burnout. Interestingly, when the PTSD variable was isolated from the model, it was non-significant for the prior officer sample. It has been posited that returning to a trauma site may exasperate PTSD symptoms such as flashbacks; since retired officers are no longer obliged to the visit the prison, this may reduce their encounters with their PTSD triggers. When resilience was isolated from the model it was also non-significant; this was repeated in all three samples. Hence, it is suggested that a lack of

> Building resilience has been shown to relegate the symptoms of depressive and trauma disorders, though resilience training has been conveyed as more successful when used as a prevention technique.

resilience on its own does not inherently result in burnout.

Furthermore, a comprehensive percentage of the variance for the PO sample was explained by the model (77.4 per cent); this suggests that PTSD, depression and resilience can be used to identify PO burnout. However, additional research has identified other variables associated in PO burnout, not acknowledged in the model; for example, anxiety disorders and insomnia.[53] Future research is encouraged to enhance the present model by incorporating supplementary notions, such as anxiety, to explain the further variance in PO burnout.

Notably, the least variance explained by the model was identified in the full-time employee sample. PTSD, depression, and resilience separately were not significant predictors of burnout, however, when combined the model was significant, explaining 64.8 per cent of the variance. Thus, it is implied that there are other variables that significantly influence burnout in the non-officer population. Alternative research has theorised that personality type impacts susceptibility to occupational burnout; lower self-esteem, introversion, negative affectivity, and external locus of control have been linked with higher burnout.[54]

Intriguingly, a longitudinal study discerned that after 4 years of working as POs, the sample demonstrated a decline in agreeableness and conscientiousness; these personality traits have been negatively correlated with burnout.[55] Neuroticism, which is positively correlated with burnout, was also shown to increase after 3-4 years of employment as a PO. Hence, it can be interpreted that the disparity in the amount of variance explained by the model, between the PO and non-PO samples, may be as a result of the prison officer occupation altering the personality dispositions of the officers.

52. Sygit-Kowalkowska, E., Piotrowski, A., & Hamzah, I. (2021). Insomnia among prison officers and its relationship with occupational burnout: the role of coping with stress in Polish and Indonesian samples. *International Journal of Environmental Research and Public Health, 18*(8), 4282.
53. Lovell, B., & Brown, R. (2017). Burnout in UK prison officers: the role of personality. *The Prison Journal, 97*(6), 713-728.
54. Einat, T., & Suliman, N. (2021). Prison changed me—and I just work there: Personality changes among prison officers. *The Prison Journal, 101*(2), 166-186.
55. Jaegers, L. A., Vaughn, M. G., Werth, P., Matthieu, M. M., Ahmad, S. O., & Barnidge, E. (2021). Work–family conflict, depression, and burnout among jail correctional officers: A 1-year prospective study. *Safety and Health at Work, 12*(2), 167-173.

Limitations

Foremost, participants were not asked to state how long they had been employed as a PO. The absence of this data poses an issue as it cannot be determined if newer officers participated; burnout has been shown to increase in the first year in the occupation but continues to increase year on year, thus inexperienced officers, theoretically, would report lower burnout, impacting the data collected.[56] Further, a lack of demographic detail was collected regarding rank/position of the officers; for example, the job role requirements differ between Band 3 POs and Band 4 supervising officers, therefore burnout may impact prison staff differently depending on their authority/position. This is fitting when considering that lack of job autonomy and poor managerial support is heavily associated with raised burnout. Future research should collect more comprehensive information to further understand the potential differences within the prison staff sample.

The use of self-report methodology produces additional shortcomings within the findings. A prominent disadvantage to self-administered questionnaires is the potential introduction of social desirability bias. Likewise, it is contended that individuals lack introspective ability, therefore are unable to assess their ability, for constructs like resilience, accurately. Unlike experimental studies, causality cannot be directly established. Hence, it is suggested that prospective research should supplement self-report data, with longitudinal observations to determine the progression and prevalence of burnout in PO's.

Conclusion

Irrespective of the aforementioned drawbacks, the present study identifies the prominence of occupational burnout within current and former POs, but also within the general working public. Corresponding with preceding research, the current findings emphasise that PTSD and depression symptomology is correlated with raised burnout, yet higher resilience is associated with lower burnout. Thus, resilience is a skill that should be amplified; resilience training has been shown to influence better overall psychopathology, job satisfaction, reduce burnout and increase performance at work. This is impactful in guiding the practical applications for, not only the prison service, but to all working environments.

Correctional Officer Wellbeing in Australia

Professor Mark Nolan is the Director of the Centre for Law and Justice, Charles Sturt University, Australia[1]

This article attempts to overview the strategies, programmes, and support aimed at addressing the challenge of promoting and maintaining mental health and wellbeing amongst correctional officers working in Australian prisons, by focusing on New South Wales (NSW) and Victoria. Australia is a country without a system of Federal prisons, so staff in all places of detention are managed by correctional departments in each Australian State or Territory, and not by the Federal Government. This means that there can be up to eight different governments and their departments taking different approaches to these issues. Following this overview, a number of Australian research projects on the mental health and wellbeing of correctional officers in Australia will be overviewed, including a study on the wellbeing of Indigenous Australian correctional officers. These are all studies that make clear calls for what should be the future of research in this area in Australia and elsewhere.

A Scan of Australian Prison Staff Health and Wellbeing Programmes and Support

An investigation of programmes and support services promoted publicly by Governments and correctional services in Australia reveals several approaches, which are too many to include in this article. Interestingly, at least four of the eight jurisdictions within Australia promote the same correctional staff health and wellbeing programme: the Stand T.A.L.R Programme. For that reason, this programme is discussed in depth before proceeding to an overview of other approaches seen in NSW and Victoria.

Stand T.A.L.R. Programme

The Stand T.A.L.R programme is a prominent approach that is publicised as addressing the challenge of maintaining good mental health and wellbeing amongst correctional officers in at least four Australian jurisdictions: Western Australia (where the programme was devised in 2017), NSW, Victoria, and Queensland. The acronym T.A.L.R stands for 'Talk. Ask. Listen. Refer' and the focus of the programme 'encourages officers and their colleagues to ask for professional assistance as early as possible, as well as help treat and manage issues including anxiety, stress and depression'.[2] The programme encourages correctional officers to seek out colleagues for mental health support and advice on referrals available and instructs correctional staff on how to listen to such disclosures and to refer the colleague on. The programme involves normalisation of discussions about mental health amongst correctional staff colleagues.

The Stand T.A.L.R programme was developed by and for correctional officers by the Western Australian Prison Officer's Union (WAPOU) and first presented to both correctional officers and executive managers in WA Corrections in August 2017 at the WAPOU Respect Your Mental Health seminar.[3] Mental health professionals who discussed and supported this programme at the seminar included BeyondBlue, the Black Dog Institute, WA Association for Mental Health, the Black Dog Ride, WorkSafe WA and the WA Department of Justice.[4] By 2020, it was reportedly being delivered to more than 4,000 correctional officers in both Australia and New Zealand.[5]

The peer-led nature of the programme delivery approach is thought to be one of the programme's strongest elements leading to successful reception and uptake. Testimonials found on a relevant Stand T.A.L.R website are positive such as 'In 16 years, this is the best training I have seen for staff'; [6] all reinforced by the claimed positive results such as increases in use of Employee Assistance Programmes six months following the implementation of the programme in WA.[7]

New South Wales

Beyond the Stand T.A.L.R programme, current support and programming offered to correctional staff in NSW prisons includes 10 other programmes and services labelled 'wellbeing support for CSNSW [Corrective Services New South Wales] staff'.[8] This is consistent with a current reform and restructure 'Towards 2030' that makes explicit the psychological safety of staff.[9] For example, CSNSW staff can access the support of more than 100 Peer Support Officers with a list of colleagues trained as peer support volunteers accessible internally by corrections staff. As in many Australian organisations, CSNSW also offer the confidential Employee Assistance Programme (EAP) service, currently contracted to a commercial provider, Benestar,[10] who specialise in provision of individual wellbeing EAP services as well as critical incident, grief, organisational change, role supervision, assessments, wellness checks, and mediation services. EAP support services offered are not limited to work incidents or work team dynamics, and attempt to offer holistic support to an employee, meaning correctional officers can discuss any personal issue they need psychological support regarding, and this may be something not triggered at all by work. Often, EAP providers like Benestar merely report the number of consults back to the client (CSNSW) but typically do not identify individuals accessing the service by name or any other identifying information.

A range of other wellbeing officers are offered to CSNSW staff to access, including chaplains offering confidential support in a range of matters relating to correctional work but also personal issues. Added to this is a co-sponsored welfare officer role, supported by the Public Service Association,[11] a NSW public sector union. Relevant public-facing website entries about the Welfare Officer role usefully identify the Senior Correctional Officer in that role by name and invites staff to access support via phone, email or in onsite meetings. Links on the CSNSW wellbeing support site also list details of available support from specialist Alcohol, Tobacco, and Other Drugs (ATOD) counsellors; all the more important, perhaps, following the wave of making correctional centres smoke free that has provided tobacco use challenges for staff and detainees alike.[12] CSNSW have an Employee Alcohol and Other Drugs Policy and Procedure,[13] with offered counselling aimed at supporting individual and collective compliance with those instruments. There is also a relevant similar policy issued by the CSNSW Brush Farm Corrective Services Academy which trains recruits and offers professional development course opportunities for experienced correctional officers.[14] Tips and tools and other free programmes are offered to correctional officers in NSW such as the 'Make Healthy Normal' programme which is part of the NSW Government's 'NSW Healthy Eating and Active Living Strategy'[15] providing both eating and active lifestyle advice. CSNSW staff can apply for a 'Fitness Passport' which is a common offering to employees made by large organisations in NSW that allows a member to gain unlimited access (via discounted or included entry) to over 200 gyms and pools across NSW.

Three other publicly-advertised wellbeing programmes offered in NSW are worth noting here. The RAW [Resilience@Work] Mind Coach programme (also known as Mindrama)[16] is an evidence-based,[17]

> EAP support services offered are not limited to work incidents or work team dynamics, and attempt to offer holistic support to an employee.

8.   Corrective Services New South Wales (nd). *Wellbeing support for staff.* Available at https://correctiveservices.dcj.nsw.gov.au/support/wellbeing-support-for-staff.html
9.   PSA (2022). *Corrective Services NSW reform: Towards 2030.* Available at https://psa.asn.au/corrective-services-nsw-reform-towards-2030/
10. https://www.benestar.com/
11. https://psa.asn.au/
12. Cancer Council NSW (nd). *Smoke-free prisons.* Available at https://www.cancercouncil.com.au/cancer-prevention/smoking/smoke-free-environments/smoke-free-prisons/
13. Corrective Services New South Wales (nd). *Policies.* Available at https://correctiveservices.dcj.nsw.gov.au/resources/policies-and-publications/policies.html
14. Brush Farm Corrective Services Academy (2017). *Alcohol & Other drugs Policy & Procedure.* Available at https://www.bfcsa.nsw.gov.au/Documents/BFCSA-Alcohol-Other-Drugs-Policy-Procedure.pdf
15. NSW Health (nd). *Healthy Eating Active Living.* Available at https://www.health.nsw.gov.au/heal/Pages/default.aspx
16. https://mindarma.com/home/
17. Ibid, the program was built after consulting relevant meta-analytic and systematic review work on existing individual resilience research, such as Joyce, S., Shand, F., Tighe, J., Laurent, S. J., Bryant, R. A., & Harvey, S. B. (2018). Road to resilience: A systematic review and meta-analysis of resilience training programmes and interventions, *BMJ Open, 8* (e017858).

online, resilience and mental health training programme customised for CSNSW to be of benefit to correctional officers and supported by the Black Dog Institute.[18] There is a focus on mindfulness and the management of difficult thoughts and uncomfortable emotions and work periods involving high stress. Examples of the findings of the evaluations of this evidence-based programme include results from a cluster randomised controlled trial with first responders from 24 Primary Fire and Rescue and Hazmat stations within New South Wales.[19] The findings showed that the intervention group using the RAW programme increased in 'adaptive resilience' over time, with adaptive resilience defined as successful adaption to stressful life events and circumstances. The greatest improvements in adaptive resilience were shown for those completing all or most of the online programme of 6 sessions (e.g., 5-6 online module sessions).[20] Notably, in this evaluation, 'bounce-back resilience' (the ability to recover from stress as measured by the Brief Resilience Scale (BRS)) did not differ between intervention and control groups.

The CSNSW-run Brush Farm Academy is a registered training organisation which also offers two wellbeing and health programmes for correctional officer recruits and other experienced correctional staff.[21] These are: (i) Resilience a Mental Toughness Programme,[22] and, (ii) Mental Health Awareness.[23] The former centres around science-based positive psychology tools explained via an interactive 1-day workshop aimed at providing a framework for correctional officers to 'thrive in a constantly changing environment as well as everyday situations'.[24] [25] The latter is an interactive 2-day workshop with practical exercises and presentations.

> For the frontline roles, it's important to have a good level of physical wellbeing to carry out the job confidently and safely.

Victoria

One interesting and early emphasis on the importance of physical and mental health for prospective correctional officer recruits in Victoria is a 'Prison Officer Health Self-Assessment' tool.[26] The website notes: 'For the frontline roles, it's important to have a good level of physical wellbeing to carry out the job confidently and safely. This simple self-assessment will help you rate yourself on aspects of health that are covered in the medical and fitness assessment component of the recruitment process.' This self-assessment tool seems to be focused more on physical health (e.g. BMI, blood pressure, cardio fitness, respiratory function, vision, hearing, core strength, upper body strength, lifting ability, etc) but does include one question about mental health, stating that 'mental health is just as important as physical health in helping us maintain a healthy perspective' probing further 'have you in the past five years sought treatment for any mental health conditions'. If a prospective recruit selects yes to having sought treatment in the past five years, the self-assessing prospective correctional officer recruit is informed: 'Candidates should be free from psychological symptoms and functioning normally after completing treatment, medication, or counselling. There are some exceptions, for example, because of bereavement or relationship counselling where the condition is short lived, and you have responded quickly to treatment. You will need a report from your treating practitioner with details of your past and current treatment.'

A recent development in Victoria was the Cultural Review of the Adult Custodial Corrections System titled *Safer Prisons, Safer People, Safer Communities* conducted by three expert advisors in December 2022.

18. https://www.blackdoginstitute.org.au/
19. Joyce, S., Shand, F., Lal, T. J., Mott, B., Bryant, R. A., & Harvey, S. B., (2019). Resilience@Work Mindfulness Program: Results from a cluster randomized controlled trial with first responders. *Journal of Medical Internet Research, 21*(2): (e12894)
20. Ibid, p. 4.
21. NSW Government (nd). *Welcome to the Corrective Services NSW Academy*. Available at https://www.bfcsa.nsw.gov.au/Pages/home.aspx
22. NSW Government (nd). *Resilience – A Mental Toughness Program*. Available at https://www.bfcsa.nsw.gov.au/Pages/courses/workplace/Resilience-%E2%80%93-A-Mental-Toughness-Program.aspx
23. NSW Government (nd). *Mental Health Awareness*. Available at https://www.bfcsa.nsw.gov.au/Pages/courses/safety/mental_health_first_aid.aspx
24. Such as the resilience frameworks positive psychologists promote such as Yates, T. M., Tyrell, F. A., & Masten, A. S. (2015). Resilience theory and the practice of positive psychology from individuals to societies (Chapter 44) in S. Joseph (Ed.) *Positive psychology in practice: Promoting human flourishing in work, health, education, and everyday life*. John Wiley & Sons.
25. NSW Government (nd). Wellbeing support for staff. Available at https://correctiveservices.dcj.nsw.gov.au/support/wellbeing-support-for-staff.html
26. Victoria State Government (nd). *Prison Officer Health Self-Assessment*. Available at https://www.surveymonkey.com/r/DQKNDGH

The subsequent Victorian Government response to that review dated March 2023 emphasises the need for 'long-term change and future investment'.[27] The Government response acknowledges that the corrections 'workforce is pivotal to the proper function of our justice system and keeping our community safe. They will be at the heart of the reform needed to modernise Victoria's custodial corrections system — and we will support them every step of the way.'[28] One key commitment is to engage with staff, to use staff expertise as guidance and to 'consult directly with corrections workers and their representatives'.[29] The Government has also committed to enhancements of their Health and Wellbeing Strategy,[30] including a 24/7 early injury intervention service following physical or mental workplace injuries, a new family Assistant Support scheme to help family members of correctional officers, and the appointment of a Chief Psychology Officer who will lead the psychological care for correctional officers and other corrections employees. As well as improved complaints, misconduct and disclosure procedures, in an effort to reduce bullying, discrimination, sexual harassment and racism, a new Custodial Mental Health and Wellbeing Action Plan will be developed following a mental health audit of the safety of correctional officer work.[31] Recruitment, training and support programme content will be reviewed, including via the development of an ethical decision-making framework for staff guiding important decisions such as use of force and segregation/separation and via the leadership of a new senior role, the Assistant Commissioner Workforce and Integrity. A new Assistant Commissioner for Aboriginal Services, and the re-establishment of the Aboriginal Workforce Unit, will focus on the wellbeing of Aboriginal corrections officers via Aboriginal Wellbeing Officers and an Aboriginal Employment Policy.[32]

> The Government response acknowledges that the corrections workforce is pivotal to the proper function of our justice system and keeping our community safe.

Research on Correctional Officer Wellbeing in Australia

This section highlights some important empirical research that has been conducted in Australia on correctional officer wellbeing.

Indigenous Australian Correctional Officer Wellbeing

It is appropriate to begin with some rather unique research on the experience of First Nations Australians as correctional officers. Indigenous Australian clinical psychologist and Dharug nation member (a nation spanning inland Western Sydney and Blue Mountains) Dr Justin Trounson and colleagues have conducted some important research on subjectively-reported social and emotional wellbeing and coping strategies employed by 15 Aboriginal or Torres Strait Islander Australians in correctional facilities in Darwin, Alice Springs and Tennant Creek in the Northern Territory of Australia.[33] At the time of data collection, around 84 per cent of inmates in the Northern Territory identified as Indigenous. Thirteen males and two female correctional officers working in minimum to maximum security settings, with a mean age 38.5 years and ages ranging from 24-55 years, and with between 1.5 and 32 years correctional experience, were offered the choice of either participating via in-person focus groups or semi-structured interviews over the phone. Focus groups were facilitated by a registered psychologist of Indigenous descent, and the semi-structured interviews were conducted by a provisional psychologist supervised by a registered Indigenous psychologist. Thematic analysis of the interview data, also coded by an independent coder of Indigenous descent, revealed four higher-level themes from the participants' discussion of stressors, protective factors and response tendencies: (a) cultural connection, (b) morale, (c) social functioning, and (d) somatic health.

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27. Victorian Government (nd). *Victorian Government response to the Cultural Review of the Adult Custodial Corrections System*. Available at https://www.vic.gov.au/victorian-government-response-cultural-review-adult-custodial-corrections-system/
28. Ibid, p. 3.
29. Ibid, p. 4.
30. Ibid, pp 4-5.
31. Ibid, p. 6.
32. Ibid, p. 6.
33. Trounson, J. S., Oppenheim, R. K., Shepherd S. & Pfeifer, J. E. (2022). Social and emotional wellbeing among indigenous Australian correctional officers. *Psychiatry, Psychology and Law, 29*(2), 223-240.

Stressors for Indigenous correctional officers related to cultural connection, for example, a lack of sensitivity by non-Indigenous work colleagues towards cultural matters important to both prisoners and Indigenous correctional officers. However, cultural awareness possessed by and informing non-Indigenous officers, or the Indigenous identity of a correctional officer itself, was suggested by participants to facilitate appropriate and culturally safe interactions between Indigenous prisoners and all correctional officers; especially where an understanding of culturally shaped emotions and coping of Indigenous prisoners (e.g., around the time course of mourning for lost family members etc) was well-understood. Culturally initiated Indigenous Australian correctional officers often obtained significant respect from prisoners due to being initiated members of Aboriginal communities, but, sometimes, those same correctional officers also reported stress that initiated status also provided some awkwardness in discharging some functions (e.g., strip searching). A sound source of resilience reported by Indigenous correctional officers was engaging, at work and outside of it, in traditional customs and community activities.

Discussion of *morale* by Indigenous correctional officers included reported happiness in witnessing the rehabilitation of fellow Indigenous prisoners as a form of strengthening one's own culture via assistance of Indigenous prisoners. On the flip side, Indigenous correctional officers reported significant disappointment and low morale when it was obvious that, as First Nations correctional officers, they may not be offered any specialised culturally sensitive employee support programmes. Possible traumatic reactions needing such specialised support, for example, were reports of being surprised, rather than forewarned, that a family member was incarcerated, which often triggered unwanted and overwhelming emotions in public that were difficult to handle for the officer. To manage morale fluctuations, Indigenous correctional officers reported both emotional venting (many attempting to be careful not to do this in front of Indigenous prisoners) and some beneficial routine psychological detachment from the job at the end of the shift (including changing out of uniform before leaving the centre).

In terms of *social functioning* aspects of wellbeing reported by Indigenous correctional officers,

> A sound source of resilience reported by Indigenous correctional officers was engaging, at work and outside of it, in traditional customs and community activities.

participants highlighted that adopting the most appropriate and rapport-building communication strategies when interacting with Indigenous prisoners facilitated wellbeing around correctional work. Being able to communicate with prisoners as fellow Indigenous Australians, and in ways that were cognitively appropriate for the individual prisoner, made Indigenous corrections officers more pleased with their job than when they otherwise witnessed foreseeable inappropriate interactions between non-Indigenous officers and Indigenous prisoners. The clearly articulated stressor reported here was that a lack of teamwork or consultation with First Nations colleagues meant that the rich source of cultural expertise held by Indigenous correctional officers within the team was not utilized to shape and eradicate inappropriate interpersonal interactions between non-Indigenous officers and Indigenous prisoners.

Hand-in-hand with such team dysfunction were reports by Indigenous officers of overt racism towards them by non-Indigenous officers, such as receiving greater scrutiny of performance relative to non-Indigenous officers, and, being expected as a fellow officer to tolerate racist and abusive communications between non-Indigenous officers and Indigenous prisoners. A related stressor here, was reported to be the need to manage multiple roles and identities such as officer, colleague, family member, and cultural member; a set of simultaneously salient and often conflicting identities not always the same as the set of identities juggled by non-Indigenous officers. If a role within the prison meant that an individual Indigenous officer of lower cultural rank was actually more highly ranked within the prison hierarchy, cultural tensions were reported to arise both at work and in the community outside of work. Similarly, feeling cultural pressure to use position within the prison to look after family members or Indigenous prisoners was discussed as being generally difficult to reconcile with expected standard operational procedure within the prison. Even though the Indigenous officers realised that work avoidance was not always the best response to tensions relating to social functioning, sometimes peer support from other Indigenous correctional officers was not always available or appropriate for the range of issues described above.

Finally, the Indigenous correctional officers also discussed the *somatic health* impact of response

choices made to cope with workplace adversity. Substance use, including binge drinking beyond social drinking facilitating peer-support, and emotional eating were reported. Some of the participants were committed non-drinkers. Some used sporting activities such as team sports, gym sessions, and leisure activities like fishing, to cope with workplace adversity and to manage wellbeing. Some of the team sporting activities assisted building morale and support in correctional officer cohorts and also bridged the racial divide at times between Indigenous and non-Indigenous correctional officers. Some Indigenous officers wanted more cohort building opportunities that spanned the racial divide and thought health training, or other training opportunities, as well as greater and integrated all-of-team social events for the correctional officer team, could be as effective and health-promoting as sporting opportunities at times.

Types of Coping Strategies Used by Correctional Officers

Related to this important work on the wellbeing of Indigenous Australian correctional officers, and, the importance of culture to wellbeing at work, the potential moderating impact of the type of coping strategy response employed in reaction to workplace adversity was examined by Trounson and colleagues in a broader international sample of correctional officers (72 per cent frontline workers), including a sample of mainly American (42 per cent) and Australian (39 per cent) correctional officers answering an online survey measuring perceived workplace adversity.[34] Workplace adversity was measured on the Work-Related Environmental Adversity Scale (WREAS)[35] a 16-item scale of officers' responses to perceived adversity (either emotional and avoidant (EA) responses or interpersonal/solution focused (ISF) responses), a 19-item measure of wellbeing, and self-reported negative organisational impacts (absenteeism, presenteeism, and job dissatisfaction). The ISF strategy use was seen to have an impact in decreasing distress and increasing a sense of thriving at work, which, in turn had the expected positive impact on negative work impacts (see Table 1). Such research is an important reminder that the best wellbeing interventions and programmes for correctional officers should target the development of ISF over EA strategies, such as is the goal of the Advanced Mental Strength and Conditioning (AMStrength)[36] training programme. It is important to choose the best type of response to workplace adversity not only in reactive programme offerings for those displaying significant levels of stress and mental illness, but also in proactive initiatives for those in the 'missing middle' currently not showing clinical levels of distress.[37]

Table 1: Strategies in reaction to workplace adversity.[38]

ISF Strategies	EA Strategies
Communication skills	Drinking alcohol
Conflict management skills	Self-isolation
Help seeking	Self-harm
Trauma processing skills	Emotional disconnection
Social engagement	Venting
Humour	Lack of physiological response control
Workplace support	
Resource recovery	
Cognitive flexibility	
Problem-solving skills	

Measuring Social Climate in Australian Prisons and Links to Assessment of Staff Wellbeing

Related to understanding the wellbeing of correctional officers is a broader effort to measure the 'social climate' in prisons including the social climate of Australian prisons. Important attempts at such assessments of culture and milieu have been conducted by Professor Andrew Day and colleagues using the Essen Climate Evaluation Schema,[39] with calls for annual

34. Trounson, J. S., Pfeifer, J. E., & Skues, J. L. (2019). Perceived workplace adversity and correctional officer psychological well-being: An international examination of the impact of officer response styles. *Journal of Forensic Psychiatry and Psychology, 30*(1) 17-31.
35. Trounson, J. S., Pfeifer, J. E., & Critchley, C. (2016). Correctional officers and work-related environmental adversity: A cross-occupational comparison. *Applied Psychology in Criminal Justice, 12*(1), 18-35.
36. https://www.cipsrt-icrtsp.ca/en/policy-brief/amstrength; Trounson, J. S., & Pfeifer, J. E. (2016). Promoting correctional officer wellbeing: Guidelines and suggestions for developing psychological training programs. *Advancing Corrections, 1*, 56–64; Trounson, J. S., & Pfeifer, J. E., (2017). Corrections officer wellbeing: Training, challenges and opportunities. *Practice: The New Zealand Corrections Journal, 5*(1), 22–28.
37. Ibid.
38. Trounson, Pfeifer, & Skues (2019). n 35, p. 25.
39. EssenCES, comprising three factors: inmates' social cohesion and mutual support, hold and support ie. staff taking a personal interest in the progress of inmates, and experienced safety.

assessments of this type.[40] The main focus of such social climate assessments in Australia has been on exposing any causal relationship between offender rehabilitation and the nature of the assessed social climate of the prison, with the questionnaire respondents being inmates. There is no reason why revealing this particular causal relationship is the only way to use quantitative social climate assessments. It is conceivable that such established, and even the more recent measurements of prison social climate could also be useful predictors of wellbeing issues for staff, as well as the rehabilitative potential of a prison for an offender.[41] The EssenCES, for example has one question loading on the 'experienced safety' factor asking respondents whether 'at times, members of staff feel threatened by some of the inmates'. A related measure of social climate, the Prison Social Climate Survey,[42] designed by the US Department of Justice Programmes, measures *staff* perceptions and is described as a questionnaire asking for correctional personnel's perceptions and impressions of living and working conditions in their prisons.

Conclusion

This overview of approaches to correctional officer wellbeing focusing on NSW and Victoria, reveals a useful focus on both preventative and reactive resilience and other strengths-based approaches to wellbeing for officers. A range of evidence-based programmes, and programmes designed and delivered by serving correctional officers themselves (e.g., the Stand T.A.L.R. programme) is a welcome feature of these approaches. Research conducted in Australia, including with Indigenous Australian correctional officers, follows a useful emphasis on examining the utility of different types of responses to felt workplace adversity and provides a wealth of recommendations for the employee and the trainer alike. It is suggested that even more creative assessments of correctional officer's views about social climate may expand the relevance of those assessments and provide further understanding of what needs changing in the workplace for the benefit of correctional officer health whilst also supporting the rehabilitation of detainees.

40. Day, A., Casey, S., Vess, J., & Huisy, G. (2011). Assessing the social climate of Australian prisons. *Trends and Issues in Crime and Criminal Justice, 427*, 1-6.
41. Eg. Bosma, A. Q., van Ginneken, E., Palmen, H., Pasma, A. J., Beijersbergen, K. A., & Nieuwbeerta,P. (2020). A new instrument to measure prison climate: The psychometric quality of the prison climate questionnaire. *The Prison Journal, 100*(3), 1-26.
42. https://www.ojp.gov/ncjrs/virtual-library/abstracts/prison-social-climate-survey-consolidated-version

Coaching: a valuable tool to support wellbeing and resilience in the prison workforce

Vicki Cardwell is Chief Executive Officer at Spark Inside.[1] *Polly Wright* is a research, policy and practice consultant working in the criminal justice sector.

Prison staff have been described as 'hidden heroes' whose work is largely out of view from the wider public and yet there are over 34,000 (FTE) individuals employed in our public sector prisons.[2] The Prison Strategy White Paper states that it is this workforce 'who hold the greatest potential to make prisons safe, secure and decent, and places that help prisoners to turn their lives around'.[3] While HMPPS is 'committed to ensuring that staff feel valued and supported to develop a long and fulfilling career',[4] it is acknowledged that the prison workforce faces huge challenges, exacerbated by the Covid-19 Pandemic. It is therefore essential that staff have the right support and resources in place to enable them to do their jobs well, while ensuring they are well whilst doing their jobs. Spark Inside's professional, qualified coaching provides a valuable source of support that responds to the current challenges within the workforce, while promoting positive wellbeing and resilience.

What is coaching?

Coaching is a powerful tool that empowers people or systems, through a facilitated conversation, to find their own solutions to the challenges they face. Fundamental to the practice, is the belief that each person is the expert in their own lives. Unlike mentoring, coaching offers no advice or guidance, and unlike therapists, coaches focus on the present and future, not the past. Drawing on psychological theory, coaching uses tools and techniques, such as specific questioning and thought-provoking prompts, to increase self-awareness and personal responsibility, and promotes behaviour change. The conclusions reached through life coaching are self-generated by the clients, making them personalised and sustainable. Moreover, the self-awareness, empowerment, and clarity of purpose gained by clients can be transformational, gaining them the mental strength they need to achieve their aims in the most difficult of circumstances.

While coaching has long been recognised in private and commercial spheres as an effective approach to leadership development, there is an increasing use and recognition within the public sector. Both the NHS and National College of Policing provide nationwide coaching programmes for frontline staff, and coaching is a key resource offered in the Civil Service Accelerated Development Scheme.[5] The Government have identified a number of ways in which coaching can support its workforce, including confidence building, relationship management, conflict resolution, role transition and personal resilience.[6]

The HMPPS employee package 'Looking after our people' describes coaching as a 'proven successful, popular and impactful learning method'[7] and a coaching and mentoring strategy is currently being developed to extend coaching to all grades, with targeted opportunities such as Thrive (linked to the Race Action Plan), aimed at staff specifically from ethnic minority backgrounds.[8]

Spark Inside coaching in prisons

Established in 2012, Spark Inside is one of only a handful of specialist coaching organisations that delivers coaching to people who live and work in

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1. To find out more about Spark Inside see: www.sparkinside.org; https://www.linkedin.com/company/spark-inside/; Twitter; team@sparkinside.org
2. Ministry of Justice and HM Prison and Probation Service. (November 2022). *HM Prison and Probation Service workforce quarterly: September 2022*. London.
3. Ministry of Justice. (2021). *Prison Strategy White Paper*. London.
4. HM Prison and Probation Service. (2022). *Looking After Our People: The Prison Service Employee Package*. London.
5. HM Civil Service (2023 April 6) *Civil Service Accelerated Development Schemes.* London.
6. HM Cabinet Office. (2020 July 7). *Coaching: The Civil Service Leadership Academy*. London.
7. HM Prison and Probation Service. (2022). *Looking After Our People: The Prison Service Employee Package*. London.
8. HM Prison and Probation Service. (2022 August). *Guidance: Looking After Our People: The Prison Service Employee Package*. London.

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prisons. As a pioneer of this approach, the charity has now worked with over 1,500 people either living or working in custody, using coaching to unlock the potential of individuals and drive culture change in the criminal justice system. Spark Inside has delivered one-to-one life coaching to over 80 prison staff of all grades including frontline officers and Governors, with 100 per cent of clients saying they would recommend Spark Inside coaching to their colleagues.

Spark Inside's team of coaches meet high quality coaching standards and are fully qualified and accredited, with over 10,000 hours of practice combined. They bring a significant amount of experience from private and corporate sectors, as well as trauma recovery, alcohol and drugs recovery, and mental health. The same coaches provide Spark Inside coaching to both young men in custody and staff, and are fully vetted, key trained, and have up to date understanding of security, safeguarding, and risk management practice and procedures. They are required to participate in professional coaching supervision. A key aspect of the coaching process is the 'coaching relationship' and as such, all coachees are carefully matched with a suitable coach. In addition, Spark Inside has robust evaluation and monitoring systems in place to continually evidence the impact of their coaching on those living and working in prisons.

> The prison environment itself represents significant challenges for its workforce. Prison staff are often working in overcrowded, under-resourced and chaotic environments.

Challenges facing the prison workforce

The prison workforce currently faces substantial and inter-related challenges, one of the most significant of which is staff retention. Staff shortages in the prison service have been described by HMIP as the 'single most limiting factor to progress',[9] and official figures show that one in seven prison officers in England and Wales resigned during the 12 months to September 2022.[10] In a recent survey of 1,689 public prison staff, nearly half of the respondents said they planned to look for another job soon and more than 60 per cent said they regretted their choice of career.[11] The high rates of staff attrition have led to a loss of valuable knowledge and experience within the prison workforce. Over half of staff have less than 5 years' experience,[12] and around a third of prison officers have less than 3 years' experience.[13] New recruits to the prison service are increasingly younger, and although they have the potential to become effective members of staff, they arrive with limited experience and require additional support.[14]

The prison environment itself represents significant challenges for its workforce. Prison staff are often working in overcrowded, under-resourced and chaotic environments characterised by high levels of violence. In the 12 months to September 2022, there was a 11 per cent increase in the number of assaults compared with the previous year, with serious assaults on staff increasing by 6 per cent.[15] A report by the Joint Unions in Prison Alliance found that almost two-thirds of prison workers had felt unsafe at work in the last 12 months.[16] Evidence suggests that prison staff who feel fear more frequently will experience higher levels of stress and are more likely to resign.[17]

In addition, trauma and mental ill-health are prevalent within prison environments; over 50 per cent of people living in prison report mental health problems,[18] and 53 per cent of women and 27 per cent

9.   Prison Reform Trust. (2022 July 15). *New figures spark fears of a perfect storm in prisons* [Press release]. https://prisonreformtrust.org.uk/new-figures-spark-fears-of-a-perfect-storm-in-prisons/
10. Ministry of Justice and HM Prison and Probation Service. (November 2022). *HM Prison and Probation Service workforce quarterly: September 2022*. London.
11. Kinman, G. and Clements, A. (2021). *Survey of Work Related Wellbeing*. Prison Officer Association
12. Ibid
13. HM Prison and Probation Service and Ministry of Justice. (September, 2022). *HMPPS Workforce Quarterly: June 2022*. London
14. Taylor, C. (2022 October 11). Short-staffing in prisons must be tackled. *Chief Inspector's blog*. https://www.justiceinspectorate/hmiprisons/chief-inspectors-blog/chief-inspectors-blog-short-staffing-in-prisons-must-be-tackled/
15. HM Prison and Probation Service and Ministry of Justice. (January 2023). *Safety in Custody Statistics, England and Wales: deaths in prison custody to December 2022 Assaults and Self-harm to September 2022*. London.
16. Joint Unions in Prisons Alliance. (2019). *Health and safety in prisons: Safe Inside*. www.ucu.org.uk/media/10304/Safe-inside-JUPA-report-on-health-and-safety-in-prisons/pdf/JUPA_safe_inside_health-and-safety-in-prisons_report_Jun19.pdf
17. Clements A.J, Kinman G. and Hart J. (2020). Chapter 10: Stress and wellbeing in prison officers. In Burke, R. and Pignata, S. (Eds) *Handbook of Research on Stress and Well-being in the Public Sector.* (pp.137-151). Edward Elgar Publishing.
18. HM Chief Inspector of Prisons. (2021). *Annual report 2020–21*, London.

of men have childhood experiences of emotional, physical or sexual abuse. During the first half of 2020, there were 15,615 prisoners put on an Assessment Care in Custody and Teamwork (ACCT)[19] care plan due to being at risk of self-harm or suicide.[20] Prison staff are therefore at considerable risk of vicarious trauma which is of potential detriment to both their mental and physical health.

Job satisfaction amongst prison staff has been found to be lower than other comparable public sector workers — including both the police and NHS workers,[21] with operational managers and Governor grades described as often feeling '*unvalued, disenchanted and disengaged*'.[22] Staff have shared with Spark Inside that they often feel 'stuck', without the time for future planning and opportunities to explore possible solutions to challenges or aspirations for the future. It is also important to recognise the experience of staff with protected characteristics — particularly Black and minority ethnic staff. A recent HMIP review described Black staff (who represent 3.4 per cent of prison officers) as experiencing 'high levels of stress at work and discrimination that hindered their career progression'.[23]

It is of no surprise that, given the high levels of work-related stressors described above, prison staff have an elevated risk of poor mental and physical wellbeing. A recent survey of prison officers found high levels of anxiety and burn-out,[24] and calls have been made by HMIP, operational managers and Governor grades for more to be done to support the wellbeing of staff.[25] Staff also highlight a lack of work-life balance, with negative repercussions for their sleep quality, personal relationships, and wider health.[26]

> A recent HMIP review described Black staff (who represent 3.4 per cent of prison officers) as experiencing 'high levels of stress at work and discrimination that hindered their career progression'.

The role of Spark Inside's coaching in responding to challenges faced by the workforce

In order for the prison workforce to respond effectively to the needs of the individuals in their care, they need to feel supported, safe, valued and well within their roles. A whole-systems and multi-faceted approach is required to address the many challenges facing the workforce, however coaching provides one resource that can play an integral role in contributing to the wellbeing and resilience of prison staff. Since April 2020, Spark Inside have provided professional, qualified one-to-one coaching for over 80 prison staff, nine of whom are Governor grade. Within this group, Spark Inside has recently coached 20 newly promoted Custodial Managers, where early feedback suggests there can be significant impact from coaching. The sessions have largely taken place in staff's personal time. Early findings from Spark Inside's feedback surveys are positive.

Improving wellbeing

HMPPS aims 'to create a work environment that supports employee health and wellbeing'[27] and acknowledges that staff are most effective when they are 'healthy, happy, and able to be themselves'.[28] Coaching has been linked to a wide range of positive indicators of wellbeing, such as reduced stress and anxiety, the ability to think positively about the future and improved self-confidence. A review of the impact of coaching on employee well-being by the Institute of Employment Studies, found that coaching was effective in increasing levels of wellbeing by improving individuals' ability 'to feel relaxed, to feel useful and to think clearly'.[29] Evaluation of the NHS *Looking After You*

19. Assessment, Care in Custody and Teamwork (ACCT) is the case management approach used in prisons to support prisoners who are at risk of self-harm and suicide.
20. Allison E. *and* McIntyre, N. (2021 February 10). Number of prisoners in England and Wales on Suicide watch rises steeply. *The Guardian*
21. Kinman, G. and Clements, A. J. (2021). *Survey of Work Related Wellbeing*. Prison Officer Association.
22. Smith et al. (2022). *Just get on with it: a qualitative exploration of the health and wellbeing of prisoner operational managers and Governor grades*. University of Lincoln.
23. HM Inspector of Prisons. (2022). *The experiences of adult black male prisoners and black prison staff*. HM Inspectorate of Prisons.
24. Memon, A. and Hardwick, N. (2021). *Working in UK prisons and secure hospitals during the Covid-19 pandemic*. Royal Holloway University of London
25. Smith et al. (2022). *Just get on with it: a qualitative exploration of the health and wellbeing of prisoner operational managers and Governor grades* (June 2022) University of Lincoln.
26. Kinman, G., Clements, A. J., & Hart, J. (2017). Working Conditions, Work–Life Conflict, and Well-Being in U.K. Prison Officers: The Role of Affective Rumination and Detachment. *Criminal Justice and Behavior, 44*(2), 226–239.
27. HM Prison and Probation Service. (2022). *Guidance: Looking After Our People: The Prison Service Employee Package*. London.
28. Ibid
29. Hicks B, Carter A and Sinclair A. (2013). *Impact of coaching on employee well-being engagement and job satisfaction*. Institute for Employment Studies.

Too programme, which delivered coaching to 5,000 primary care staff in its first 18 months, found that it led to 'a significant increase in staff wellbeing and resilience'.[30] These findings have been echoed in feedback from Spark Inside's coachees:

This has all translated into me being better at my job, which is so important when working in a stressful environment (Spark Inside coachee).

Coaching could replace potentially damaging ways to relieve the stress of living within or working in a prison (Spark Inside coachee).

With all the stress that staff here are under having a person that they can unload some stress on and talk things over is vital for our job (Spark Inside coachee).

For prison staff who are working in highly stressful environments, amongst colleagues and prisoners who are often also stressed, having access to a Coach with whom they are able to form a connected, safe, and trusting relationship, is a valuable resource in helping to co-regulate stress and recover from trauma. The independent nature of Spark Inside coaches has been identified by prison staff as a key component of effective coaching, enabling them to feel safe enough to disclose any challenges they might be facing:

I think that opportunity to step away from day-to-day work and talk with someone independent… someone external; and to feel that I could be really honest…I liked the fact that I was able to be really honest about my current experience and what I wanted to achieve (Spark Inside coachee).

It gives you the ability to speak about things that are happening at work without the fear of being judged or constricted on what you feel that you need to say (Spark Inside coachee).

HMPPS is increasingly recognising the benefits of reflective practice in promoting staff wellbeing and has recently introduced Guided Reflective Practice as a model of supervision into the Youth Custody estate, to support staff with the emotional impact of their roles. Creating an 'open, learning culture' is one of the key principles in the HMPPS Business Strategy,[31] and coaching provides a valuable opportunity for staff to pause and reflect on their own practice:

Life coaching is a good way to think about your job role and to remember what worked, how did you make it work and what can you do in the future to improve it (Spark Inside coachee).

Furthermore, having the space and time to talk and be listened to, by coaches who offer a holistic, person centred, caring, empathetic and judgement free approach has been identified as one of the key benefits of Spark Inside coaching by prison staff:

[My coach] made me feel at ease and like I could trust him. He was extremely empathetic and had a great energy about him. I opened up to him a lot about my experiences and he helped guide me to find new goals and to figure out what I wanted to do whilst getting my confidence back (Spark Inside coachee).

Studies into prison officer wellbeing have identified 'hope, optimism and perceptions of social support'[32] as key elements in reducing incidences of staff burn-out. Coaching, which offers one-to-one solution focused support, is a valuable resource in providing these elements. It can also help staff to recognise what they need to promote their own physical and mental wellbeing:

> The independent nature of Spark Inside coaches has been identified by prison staff as a key component of effective coaching, enabling them to feel safe enough to disclose any challenges they might be facing.

30. Carter, A and Mason, B. (2021). *Coaching for Wellbeing* [Infographic]. Institute for Employment Studies.
31. HM Prison and Probation Service (2019). *HMPPS Business Strategy: Shaping Our Future.* London.
32. Clements, A. J. and Kinman G. (2021). Job demands, organizational justice, and emotional exhaustion in prison officers, *Journal of Criminal Justice Studies*, 443.

They helped me come to terms with the fact that I need to balance my health and my work (Spark Inside coachee).

Improving job satisfaction

Coaching's solution focused, forward-thinking approach can provide staff with valuable space and time to consider new ways of working and identify solutions to existing challenges. A review of the national coaching scheme for police staff found that 77 per cent of participants felt more optimistic about their career prospects as a result of receiving coaching.[33] There is significant evidence from coaching in both public and private sectors, that coaching helps staff to feel more valued in their workplace and is effective in boosting morale and motivation.[34] This has been reflected by staff who have received Spark Inside coaching:

I recognised that it was a real investment in me as well. And I think that gives people a boost…I'd spoken about what I wanted to get from it, I was then matched with someone — all of that feels like investment in that there's lots of people that want me to do well (Spark Inside coachee).

Staff in receipt of Spark Inside coaching have also reported that their coaches have supported them to feel more positive about the demanding nature of their roles by helping them to feel more confident in their ability to carry out their role effectively; identify ways to manage their time and workload efficiently; recognise the value of their role and what they have achieved; and, set realistic and achievable goals. As participants explain:

It helped me believe in myself, set goals at work, and help me to become promoted (Spark Inside coachee).

Looking at things more positively has changed my whole perspective! (Spark Inside coachee).

I developed more confidence in my work, myself, and my capabilities. [My coach] made me realise that I could make a lasting difference to other people. He made me feel like I could

achieve my dreams and goals both personally and professionally (Spark Inside coachee).

Furthermore, Spark Inside coachees have noted that the development of both confidence and skills through coaching is particularly valuable for staff moving into new positions:

I think when we look at some of the retention issues, there is often stuff about people not feeling trained for the job that they're doing. And not having time to learn. I think probably one of the biggest things we are guilty of is people move to the next grade or, to the next post and almost like overnight, you are supposed to wake up the next day with the knowledge of how to do that (Spark Inside coachee).

I think it would be really helpful for first time managers. Because there isn't really a formal process for developing you to suddenly become a manager… I think actually giving people that time, I think it would help people to perhaps see where their strengths are, but actually work on some of the areas that need developing so they can perhaps build some of those skills (Spark Inside coachee).

Improving staff effectiveness

Improved staff wellbeing and job-satisfaction will inevitably impact on staff's ability to undertake their roles effectively. When staff are stressed, dissatisfied, and feeling under pressure they are less able to respond effectively to the needs of their colleagues or prisoners. A Government review of workforce burnout and resilience in NHS and social care stated that 'staff who are burnt out are at increased risk of error-making and are more likely to suffer from low engagement (lack of vigour, dedication and absorption in work), cynicism, and compassion fatigue'.[35] Staff in receipt of Spark Inside coaching highlighted the benefits of an approach that enabled and empowered them to find their own solutions, rather than more directive approaches to professional development:

33. Police Superintendents Association (2020). *Police Superintendents association passes successful coaching and mentoring programme on to the college of policing*. https://www. policesupers.com/news/police-superintendents-association-passes-successful-coaching-and-mentoring-programme-on-to-the-college-of-policing.

34. Stewart-Lord, A., Baillie, L. and Woods, S. (2017). Health care staff perceptions of a coaching and mentoring programme: a qualitative case study evaluation. *International Journal of Evidence Based Coaching and Mentoring, 15*(2), 70-85; Lean K. and Rees S. (2021) Creating Space: an evaluation of bitesize coaching, Oxford Academic Health Science Network; Richmond J. (2020). *The democratization of coaching and leadership development*, Forbes. https://www.forbes.com/sites/forbesbusinesscouncil/2020/09/29/the-democratization-of-coaching-and-leadership-development.

35. House of Commons Health and Social Care Committee. (2021 June). *Workforce burnout and resilience in the NHS and social care.* https://committees.parliament.uk/publications/6158

My experience of life coaching is that it builds people's ability to change, and helps them make better choices, in a way that just forcing the 'right' answer down someone's throat doesn't (Spark Inside coachee).

Evaluation of coaching has found it to have a positive impact on how staff work with both their colleagues and the individuals they support. Data from coaching in schools, for example, has demonstrated a positive impact on student outcomes as well as improved staff wellbeing and collaborative school cultures.[36] Prison staff who have received Spark Inside coaching have described the ripple effect of one-to-one coaching, helping them to become more effective at working collaboratively with their colleagues and team:

I took a step back to understand how I can be perceived if I listen and discuss instead of dictating. My team have taken well to this approach, and I am able to delegate without any complaints in my delivery of tasks required (Spark Inside coachee).

This is particularly valuable for those in leadership positions, as HMIP states that good leadership is 'one of the most important factors in driving improvement and ensuring better outcomes for prisoners'.[37] There is increasing evidence that compassionate leadership results in more engaged and motivated staff with high levels of wellbeing.[38] The Kings Fund states that effective, compassionate leadership involves a 'focus on relationships through careful listening to, understanding, empathising with and supporting other people, enabling those we lead to feel valued, respected and cared for, so they can reach their potential and do their best work'.[39] Coaching can model both effective listening and understanding, at the same time as encouraging coachees to recognise

the value of compassionate working practices. Equally, Spark Inside coachees have described the positive impact on their work with individuals in custody:

It had a great effect as I set goals for myself that I had to achieve in improving my impact at work, which was lacking in some areas before the coaching sessions began.

I was able to sit back and take a look at what was happening from an outside view and other people's views also. I realise that listening and taking in what people say is also a very powerful way of helping people (Spark Inside coachee).

Addressing staff retention

While the current Government inquiry into the reasons why staff are leaving the prison service is still underway, there is evidence to suggest that if staff wellbeing and job-satisfaction can be improved, so too can staff retention rates. While coaching can only ever play a small part in addressing staff retention, it can be a valuable resource to include in wider staff retention strategies. Evaluation of the NHS's programme of coaching has found that the more employees' wellbeing increased, the less likely they were to have intentions of leaving.[40] As the Government continues to invest significant resources in recruiting prison staff, it is imperative that evidence-based staff support, and development interventions are put into place to build on this investment.

Where next for coaching prison staff?

Spark Inside has commissioned an independent evaluation by the University of Lincoln to further

> Prison staff who have received Spark Inside coaching have described the ripple effect of one-to-one coaching, helping them to become more effective at working collaboratively with their colleagues and team.

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36. Hollweck, T. and Lofthouse, R.M. (2021). Contextual coaching: levering and leading school improvement through collaborative professionalism. *International Journal of Mentoring and Coaching in Education, 10*(4), 399-417.
37. HMP Inspectorate of Prisons (2021 July). *Leadership Expectations*. https://www.justiceinspectorates.gov.uk/hmiprisons/our-expectations/leadership-expectations/
38. West, M. (2021). *Compassionate Leadership in Health and Social Care.* The Swirling Leaf Press
39. Bailey, S. and West, M. (2021). *What is compassionate leadership?* The Kings Fund.
40. Carter, A. and Mason, B. (2021). *Coaching for Wellbeing.* Institute for Employment Studies

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explore the impact of coaching on prison staff wellbeing, effectiveness, and job satisfaction. Given the overwhelmingly positive feedback thus far, Spark Inside will continue to offer this service where possible — from officer to Governor grade — across the prison estate.

Spark Inside is now exploring the value of coaching staff when it sits alongside other coaching interventions, including coaching people who live in prison, training both groups with coaching skills, and facilitating dialogue. Spark Inside's ambition is to create a coaching culture in prisons so that rehabilitation is possible, and it is heartening that early indications suggest a ripple effect:

That does have a value on more than just me. There is a value to the organisation in that if the seven people I manage are developed in terms of their skills, their ability to manage their workloads, their ability to do the jobs that they're employed to do, that can only be a positive thing to the wider organisation (Spark Inside coachee).

While the challenges facing the prison workforce are significant and far reaching, evidenced based interventions, such as coaching, can provide a valuable resource to support the wellbeing and resilience of a workforce, who in turn play a vital role in ensuring the wellbeing of those living in custody.

Health and wellbeing of healthcare staff in prisons: Joining practice reflections and the academic literature

Rachael Mason is a Senior Lecturer in Health and Social Care at the University of Lincoln. Lucy Morris is the Head of Health and Wellbeing at HMP Stocken.

With Lucy having a key role in supporting the healthcare staff at her establishment and Rachael having an interest in the health and wellbeing of people in the criminal justice system, we wanted to write an article that bought together our two worlds, taking a personal reflection on the key issues in practice in the present day, and exploring how these issues mirror, or not, what research has been done on the health and wellbeing of healthcare staff in prisons, resulting in recommendations for what can be done in future.

Reflective discussion

We started our paper by having a discussion on what Lucy has experienced whilst working in prison alongside healthcare staff. The conversation focused on the factors that seem to influence healthcare staff members health and wellbeing whilst at work. Lucy focused in on several areas, which were used as a basis to find academic literature to explore the areas, seeing if this was a common experience across prison settings. The areas Lucy identified included being able to access training and support. It was acknowledged that training helps to make us feel more confident and enables us to feel more secure in the work we are doing, which in turn, reduces stress and allows us to employ practical coping skills. This is essential for practitioners who are expected to keep up to date with a wide range of skills needed for the prison environment. Support helps us feel like we are not alone, and this can come from peers, managers, or from the organisation we work for. Good support can help us manage our stress and worries, leading to better health and wellbeing, whereas a lack of support can decrease our sense of worth, connectedness, and sense of safety. Lucy raised the importance of these factors when working within a prison setting, as safety is a significant feature of the environment. When discussing the impact of working in prisons, Lucy reflected on how staff often work shift patterns, and may not always leave work on time, resulting in disruptions to their sleep patterns which

creates fatigue. This then also impacts on their work-life balance, their ability to rest properly between shifts, and the ability to take time away from work to process events and relax. Lucy highlighted the nature of the work being undertaken and that staff are working in environments that expose them to trauma, either first hand in the situations they respond to such as self-harm or suicide, and through talking to patients and listening to their experiences of trauma, vicariously impacting on their own mental health and wellbeing. Over time, this repeated exposure to traumatic situations, and listening to traumatic experiences, can desensitise staff to this trauma and they may start to normalise what they are exposed to. This can affect the empathy we feel with another person and may result in situations being dealt with in a mechanical way as a coping mechanism. All the while, the exposure to trauma and how this is dealt with by the healthcare staff member, is impacting on their own health and wellbeing which they may not always be aware of.

Literature search

To map the reflections from Lucy to the wider literature on the health and wellbeing of healthcare staff in prison, we conducted a search of academic literature in relevant health and psychology databases. We used keywords/phrases related to healthcare staff, prisons, and health and wellbeing to gain literature published from around the world. The articles were read and information that related to the reflections from Lucy was retrieved and are presented below under four key themes: Access to training, Access to support, Barriers to support, and Impact on the person.

Access to training

Training can help people feel more confident in their roles, helping to reduce their stress levels and to keep them safe in the work they do. Often training is focused on what is essential for the environment such as health and safety briefings, with an additional focus

on increasing knowledge and awareness of situations specific for the environment such as suicide, self-harm, blood borne viruses, or being called to a coroner's court. Lucy reflects that the training offered often depends on who you work for (NHS or private healthcare provider, HMPPS or private prison providers, and healthcare agencies) and what is included as part of their mandatory training packages. This often leads people to question whose responsibility is it for ensuring healthcare staff have access to the right training which is needed to prevent stress and keep them safe.

In a survey of healthcare professionals in the USA,[1] lack of training was noted as a challenge of working in the prison environment which resulted in people feeling less positive about their role. In Italy, it was found that staff felt they had been given no training on how to handle emergency situations and so when Covid-19 hit, they were not prepared to deal with this which caused distress to both the healthcare workers and the patients they were looking after.[2] In a sample of Australian forensic nurses, they were more likely to report good access to training for professional development and rated their jobs as engaging and stimulating creating a good sense of job satisfaction.[3] However, the opposite was found in Italy with nurses rating opportunities for development as low within their work environment which impacted on their job satisfaction.[4] It has been noted that to have a good quality of work life, continuing professional development opportunities need to be offered to help empower staff and minimise risks.[5]

When considering health and safety in prison, a study in Brazil into the risk of contracting Tuberculosis found that people who had annual training were more likely to wear protective equipment, and that nurses were more likely to have had the training than any other healthcare workers.[6] This demonstrated the importance of training to reduce the risk to physical health. A study in Wales that evaluated the impact of training on Blood Borne Viruses (BBVs) found that post completion of the e-learning module, the scores on a knowledge test had risen and more people were aware of personal protection equipment they could access at work.[7] This shows the impact regular training can have.

Exploring experiences of clinicians who worked with people who had committed murder, participants said their professional training did not prepare them for the emotional reaction when hearing about offences and working with people who have hurt others, and this led them to doubt their ability to manage any potential behaviours which may be displayed.[8] To help bring training of working with people in prison into professional courses, universities have worked with prison establishments to secure placements for student nurses and doctors.[9] These experiences have evaluated well, providing students with an insight into the environment which some have then considered as a career. However, it was not

> Lack of training was noted as a challenge of working in the prison environment which resulted in people feeling less positive about their role.

1.   Stephenson, A. L., & Bell, N. (2019). Finding meaningful work in difficult circumstances: A study of prison healthcare workers. *Health Sciences Management Research, 32*(2), 69-77.
2.   Testoni, I., Francioli, G., Biancalani, G., Libianchi, S., & Orkibi, H. (2021). Hardships in Italian prisons during the Covid-19 emergency: The experience of healthcare personnel. *Frontiers in Psychology, 12*, 619687.
3.   Happell, B., Martin. T., & Pinikahana, J. (2003). Burnout and job satisfaction: A comparative study of psychiatric nurses from forensic and a mainstream mental health service. *International Journal of Mental Health Nursing, 12*, 39-47.
4.   Carnevale, F., Delogu, B., Bagnasco, A., & Sasso, L. (2018). Correctional nursing in Liguria, Italy: Examining the ethical challenges. *Journal of Preventative Medicine and Hygiene, 59*(4), E315-E322.
5.   Barbosa, M. L., Menezes, T. N., Santos, S. R. D., Olinda, R. A., & Costa, G. M. C. (2018). The quality of life of health professionals working in the prison system. *Cien Saude Colet, 23*(4), 1293-1302.
6.   Mitchell, C. S., Gershon, R. R. M., Lears, M. K., Vlahov, D., Felknor, S., Lubelczyk, R. A., Sherman, M. F., & Comstock, G. W. (2005). Risk of tuberculosis in correctional healthcare workers. *Journal of Occupational and Environmental Medicine, 47*(6), 580-586.
7.   Ellen Perrett, S., Erricker, M., & Lyons, M. (2014). Evaluate the impact of a BBV e-module on BBV knowledge. *International Journal of Prisoner Health, 10*(1), 47-54.
8.   Harris, D. M., Happell, B., & Manias, E. (2015). Working with people who have killed: The experience and attitudes of forensic mental health clinicians working with forensic patients. *International Journal of Mental Health Nursing, 24*(2), 130-138.
9.   van de Mortel, T. F., Needham, J., Barnewall, K., Djachenko, A., & Patrick, J. (2017). Student nurses' perceptions of clinical placements in Australian prison health services: A mixed methods study. *Nurse Education in Practice, 24*, 55-61; Bouchaud, M. T., Brooks, M., & Swan, B. A. (2017). A retrospective analysis of nursing students' clinical experience in an all-male maximum security prison. *College of Nursing Faculty Papers and Presentations*, paper 88; Abbott, P. A., Brooker, R., Hu, W., Hampton, S., & Reath, J. (2020). "I just had no idea what it was like to be in prison and what might be helpful": Educator and learner views on clinical placements in correctional health. *Teaching and Learning in Medicine, 32*(3), 259-270.

without difficulty as students said they felt unprepared for the environment and they found it hard to deal with the emotions exhibited by people as they entered prison and when discussing their life, as well as managing their own emotions when trying to separate the person from their crime to provide good patient care. Their preconceived ideas of working in prison, such as worries about their safety, were overturned in most cases. However, some reported that they felt the environment was not suitable for newly qualified healthcare professionals due to the skills needed to navigate strict boundaries with patients and deal with challenging behaviours. During interviews with nurses working in prisons in the USA, they commented that students should be brought into the environment to help understand this career option,[10] showing this may help to increase interest in working in these environments and better prepare people for the emotional element of the role.

Access to support

Just as with training, Lucy reflects how the type of support you can access for your health and wellbeing depends on who you work for. Different organisations may have different resources on offer, however, there is a wide range of support offered by the prison establishment if staff felt comfortable accessing this. The research into the types of support on offer for healthcare staff is somewhat lacking within the prison service. Some teams offer clinical supervision which staff find useful as a space to reflect and discuss any work issues that may be impacting their health and wellbeing and the effectiveness of this has been seen in research.[11] However, when staff relationships are not positive, it can create an issue with how supported they feel, especially if raising a concern against another member of staff. Ultimately, staff just want to know that the organisation cares for them and small initiatives can help to demonstrate this which was evident when working in establishments that did in house awards for example, and the hidden hero agenda which makes people in prisons feel more visible, increasing a sense of self-worth. However, acknowledgement of this in the academic literature was lacking.

When exploring quality of work life in Brazil, it was noted that access to support, alongside rest breaks, are needed to keep people rating quality of work life highly.[12] Perceived organisational support was the strongest factor found to be associated with job satisfaction and significantly reduced the intention to leave the profession.[13] Doctors in Australia highlighted the importance of organisational support and the need to be able to work as a team when they were discussing resilience of working in challenging areas of practice.[14] Thinking about the support we get from other colleagues and working as a team, a study in the USA found that nurses were mostly satisfied from support they received from physicians, and this was strongly related to how satisfied they felt with their job.[15] When exploring the relationship healthcare staff have with prison officers in the USA and Canada, nurses said that if they felt supported by the officers, they felt more autonomous in their role and felt this improved the environment of care for the patient.[16] Other studies noted how it felt like a 'clash of cultures' trying to work alongside prison officers in England and Wales which increased their emotional labour and stress.[17] Support from colleagues in healthcare departments seemed to be mixed, with some studies finding this was a good source of support, and some finding cases of bullying,[18] negative

> Perceived organisational support was the strongest factor found to be associated with job satisfaction and significantly reduced the intention to leave the profession.

10. Cukale-Matos, S., & Champion, J. D. (2022). Exploring cognitive dissonance in the correctional nursing experience. *Public Health Nursing, 39*, 545-552.
11. Ibid: see footnote 3
12. Ibid: see footnote 5
13. Ibid: see footnote 1
14. Stevenson, A. D., Phillips, C. B., & Anderson K. J. (2011). Resilience among doctors who work in challenging areas: A qualitative study. *British Journal of General Practice, 61*(588), e404 – e410.
15. Chafin, W. S., & Biddle, W. L. (2013). Nurse retention in a correctional facility: A study of the relationship between the nurses' perceived barriers and benefits. *Journal of Correctional Health Care, 19*(2), 124-134.
16. Weiskopf, C. S. (2005) Nurses' experience of caring for inmate patients. *Journal of Advanced Nursing, 49*(4), 336-343.
17. Walsh, E. (2008). The emotional labour of nurses working in her Majesty's (HM) prison service. *Journal of Forensic Nursing, 5*(3), 143-152.
18. Zhang, Y., El Ghaziri, M., Dugan, A. G., & Castro, M. E. (2019). Work and health correlates of sleep quantity and quality among correctional nurses. *Journal of Forensic Nursing, 15*(1), 42-51.

attitudes,[19] and even violence coming from those who they were working with.[20] This, unsurprisingly, had a negative impact on staff members health and wellbeing. The need for good relationships with each other was highlighted as a positive impact on reducing violence in the workplace.[21]

Nurses in the USA described their work environment as moderately to severely stressful as it poses high psychological and physical demands, low supervisor support, low decision-making authority and is driven by a masculine culture, however, this did not seem to impact on the satisfaction they got from the job or their intention to leave.[22] In contrast, a sample of nurses in another study in the USA said they felt the positive side of the job was feeling supported by their peers and mentors,[23] which was also mentioned in a study in Australia,[24] and in Italy.[25]

To support nursing managers in Australia, a framework was implemented to help build reflection on their behaviours which participants found to be a good networking opportunity which enhanced their confidence and understanding of the role they were undertaking.[26] However, this study was not able to show a reduction in burnout suggesting there are other factors that influence this than simply providing a support framework. Reflection is a key element of clinical supervision and was rated as important to both the healthcare worker and the patient as it impacted on the care they were able to give.[27]

> Barriers to accessing support may result in people developing their own coping strategies such as becoming 'hard' and having lower levels of empathy over time as was found in a study in the USA.

Barriers to accessing support

Even if support is available to people, it does not mean that it is actually available in terms of them having the time, space, and confidence to access it. Lucy highlights that staff shortages impact on not feeling you can take time to access services for yourself due to not wanting to let the team down. There may also be a misconception about who the support is for, especially if it is provided by a service that you are not employed by, for example can you access prison service support if you are employed by a different organisation? This leads people believing it is not for them and maybe perceiving there is a lack of support. Additionally, what if your issue is to do with the prison service and the only support is through their system? It presents barriers and staff may be left with a sense of isolation, although there are gaps in the research that have explored what these barriers are. The belief that 'they do their best for their patients, not themselves' means that they often sacrifice their own health and do not access support.[28]

Barriers to accessing support may result in people developing their own coping strategies such as becoming 'hard' and having lower levels of empathy over time as was found in a study in the USA.[29] Additionally, it was found in England and Wales that people had developed the ability to separate work from their home life by leaving their job at the gate and detaching to reduce the emotional labour and maintain psychological wellbeing,[30] which for some people results in their work/life balance being the least stressful area of their job,[31] as found in the USA.

19. Ibid: see footnote 1
20. Cashmore, A. W., Indig., D., Hampton., S. E., Hegney, D. G., & Jalaludin, B. B. (2012). Workplace abuse among correctional health professionals in New South Wales, Australia. *Australian Health Review, 36*, 184-190.
21. Cashmore, A. W., Indig, D., Hampton, S. E., Hegney, D. G., & Jalaludin, B. B. (2016). Factors influencing workplace violence risk among correctional health workers: Insights from an Australian survey. *Australian Journal of Primary Health, 22*(5), 461-465.
22. El Ghaziri, M., Dugan, A. G., Zhang, Y., Gore, R., & Castro, M. E. (2019). Sex and gender role differences in occupational exposures and work outcomes among registered nurses in correctional settings. *Annals of Work Exposure and Health, 63*(5), 568-582.
23. Ibid: see footnote 1
24. Ibid: see footnote 3
25. Ibid: see footnote 4
26. Newman, C., Patterson, K., & Clark, G. (2015). Evaluation of a support and challenge framework for nursing managers in correctional and forensic health. *Journal of Nursing Management, 23*, 118-127.
27. Ibid: see footnote 3
28. Cashmore, A. W., Indig, D., Hampton, S. E., Hegney, D. G., & Jalaludin, B. B. (2012). Workplace violence in a large correctional health service in New South Wales, Australia: A retrospective review of incident management records. *BMC Health Services Review, 12*(1).
29. Ibid: see footnote 12
30. Ibid: see footnote 18
31. Flanagan, N. A. (2006). Testing the relationship between job stress and satisfaction in correctional nurses. *Nursing Research, 55*(5), 316-327.

Impact on the person

Being in prison can have detrimental effects on everyone whether they reside or work there. There is no surprise that the issue of burnout is considered in the research literature, as well as other mental and physical health conditions. Lucy reflects on the physical impacts relating to working shifts which impacts on sleep and work life balance, and the numerous psychological impacts including listening to and witnessing traumatic events which may result in desensitisation and normalisation of the working environment.

The exposure to health issues such as BBVs and communicable diseases is a risk whilst working in prison and research has shown that healthcare staff are often exposed to bodily fluids or contaminated materials, posing a risk to their own health. Rates of exposure are high and were found to be more prevalent in male staff than female in a USA sample.[32] It has also been found that in the prison environment in the USA, there is a lower rate of compliance with health and safety procedures (such as handling contaminated needles, disposal of sharps, and wearing eye protection) by healthcare staff, and a significant rate of underreporting of incidents.[33]

Healthcare workers in the USA were found to have had a higher rate of sleep disturbances compared to prison officers during Covid-19,[34] with a further study demonstrating a low mean daily sleep amount (6 hours).[35] Additionally, half of the nurses surveyed in a study in the USA had shorter sleep duration than the national average, and a third of them reported poor sleep quality, both of which was associated with working shifts and night work.[36]

The academic literature repeatedly refers to burnout and many attempts have been made at measuring this in healthcare workers although the findings are not consistent. A study in Australia compared mainstream mental health nurses to those working in forensic settings including prisons and this revealed that those in the latter, had lower levels of exhaustion and burnout with higher levels of job satisfaction.[37] In comparison to prison officers in the USA, rates of burnout during Covid-19 were found to be higher in officers than in healthcare staff and levels of resilience were high in both.[38] In the USA, the relationship between burnout and job satisfaction and staff retention was explored.[39] Unsurprisingly, this found that burnout decreased job satisfaction and increased the intention to leave in the next 12 months. A further study in the USA found that a third of those working in jails reported being burntout but almost all found the job meaningful and over two thirds would recommend the job to others.[40] They found that burnout was significantly affected by making ethical compromises, in particular, not being able to maintain patient confidentiality, as well as feeling physically afraid whilst at work. In contrast, another study in the USA found low to moderate levels of burnout and low to average job satisfaction.[41] In Italy,

> The exposure to health issues such as BBVs and communicable diseases is a risk whilst working in prison and research has shown that healthcare staff are often exposed to bodily fluids or contaminated materials, posing a risk to their own health.

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32. Ibid: see footnote 23
33. Gershon, R. R. M., Mitchell, C., Sherman, M. F., Vlahov, D., Lears, M. K., Felknor, S., & Lubelczyk, R. A. (2005). Hepatitis B vaccination in correctional health workers. *American Journal of Infection Control, 33*(9), 510-518; Gershon, R. R. M., Sherman, M. F., Mitchell, C., Vlahov, D., Erwin, M. J., Lears, M. K., Felknor, S., Lubelczyk, R. A. & Alter, M. J. (2007). Prevalence and risk factors for bloodborne exposure and infection in correctional healthcare workers. *Infection Control and Hospital Epidemiology, 28*(1), 24-30.
34. Burhanullah, M. H., Rollings-Mazza, P., Galecki J., Van Wert, M., Weber, T., & Malik, M. (2002). Mental health of staff at correctional facilities in the United States during the Covid-19 pandemic. *Frontiers in Psychology, 12*.
35. Guardiano, M., Boy, P., Shapirshteyn, G., Dobrozdravic, L., Chen, L., Yang, H., Robbins, W., & Li, J. (2022). Working Conditions and Wellbeing among Prison Nurses during the COVID-19 Pandemic in Comparison to Community Nurses. *International Journal of Environmental Research and Public Health, 19*(17), 10955.
36. Ibid: see footnote 19
37. Ibid: see footnote 3
38. Ibid: see footnote 36
39. Ibid: see footnote 1
40. Karla, R., Kollisch, S. G., MacDonald, R., Dicky, N., Rosner, Z., & Venters, H. (2016). Staff Satisfaction, Ethical Concerns, and Burnout in the New York City Jail Health System. *Journal of Correctional Health Care, 22*(4), 383-392.
41. Munger, T., Savage, T., & Panosky, D. M. (2015). When Caring for Perpetrators Becomes a Sentence. *Journal of Correctional Health Care, 21*(4), 365-374.

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average levels of burnout were recorded with depersonalisation being the most affected element for the nurses studied.[42] When exploring some more of the predictors of burnout, a study in the USA found that work that interfered with home life was the biggest factor for having a negative experience at work and increasing stress.[43] Interestingly, being optimistic and having positive attitudes towards prisoners was significantly related to having a positive experience at work. The authors made the rational conclusion that if you view those you are working with more favourably, you will enjoy your work more. In the USA, it was found that females had a significantly higher rate of burnout than males.[44] The study suggested this may be related to them reporting more incidents of bullying and more likely to be worried about their safety at work.

The exposure to traumatic events has been linked to burnout and has a significant impact on the person. It has been found that healthcare staff feel their roles expose them to distressing material and distressed clients, and most people involved in a study in Australia reported moderate to high levels of vicarious trauma.[45] Higher levels of vicarious trauma were related to higher risks of experiencing post-traumatic stress syndrome, although rates of this were low overall in the sample. In one study in the USA, the theme they described was 'we experience unique stress' which discussed exposure to intense traumatic situations with few resources unlike what might be on hand in a hospital.[46] During Covid-19, there was exposure to additional traumas such as ordering body bags due to not knowing what the impact was going to be in England.[47] In Italy, a study discussed the impact of

Covid-19 and the riots that happened as a consequence.[48] The staff discussed having to witness the death of prisoners and feeling as though people higher up in the organisation did not understand the first-hand experiences of this.

The overall impact on healthcare workers mental health has been explored in China and the USA. Staff reported higher levels than the national norm of somatisation, obsessive compulsive symptoms, anxiety, and paranoid ideation, with females more likely to report these concerns.[49] A similar finding was discovered in another study in China and that mental health concerns were related to low job satisfaction.[50] The authors concluded that to improve job satisfaction, and increase retention, work needs to be done on supporting workers mental health. Healthcare workers were found to score higher on depression and anxiety symptoms than prison officers in a study in the USA,[51] emphasising the significant impact working in prison can have on healthcare staff.

One of the most studied impacts of the workplace on healthcare staffs' wellbeing was exploring exposure to violence. Violence is a broad term that covers both verbal and physical acts and has been found to be perpetrated by both prisoners and staff members towards healthcare staff. Exploring factors that influence violence, a study in Australia found that workplace polices, professionalism, collaborative working, and good relationships can help reduce the risk from both prisoners and staff, whereas a lack of staff, or experienced staff, poor relationships, bad management of bullying, high workloads, and small clinic rooms can increase the risk.[52] In a further study by the authors,

> It has been found that healthcare staff feel their roles expose them to distressing material and distressed clients, and most people involved in a study in Australia reported moderate to high levels of vicarious trauma.

43. Gallavan, D. B., & Newman, J. L. (2013). Predictors of burnout among correctional mental health professionals. *Psychological Services, 10*(1), 115-122.
44. Ibid: see footnote 23
45. Newman, C., Eason, M., & Kinghorn, G. (2019). Incidence of Vicarious Trauma in Correctional Health and Forensic Mental Health Staff in New South Wales, Australia. *Journal of Forensic Nursing, 15*(3), 183-192.
46. Ibid: see footnote 12
47. Wainwright, L., Senker, S., Canvin, K., & Sheard, L. (2023). "It was really poor prior to the pandemic. It got really bad after": A qualitative study of the impact of COVID-19 on prison healthcare in England. *Health and Justice, 11*(1).
48. Ibid: see footnote 2
49. Liu, X., Jiang, D., Hou, Z., He, M., Lu, Y., & Mao, Z. (2017). Mental Health of the Prison Medical Workers (PMWs) and Influencing Factors in Jiangxi, China. *International Journal of Environmental Research and Public Health, 14*(12), 1459.
50. Liu, X., Jiang, D., Li, B., Lu, Y., & Mao, Z. (2018). Somatization, obsessive-compulsive symptoms, and job satisfaction of the prison medical workers in Jiangxi, China. *Psychology Research and Behaviour Management, 11*, 249-257.
51. Ibid: see footnote 36
52. Ibid: see footnote 22

they note that verbal abuse was most likely when preparing or administering medication, and physical abuse was more likely when trying to calm or restrain a person.[53] In most cases, the abuse had resulted in mental stress for the healthcare worker. In a study in the USA, 99 per cent of respondents said they felt at risk of violence and 96 per cent said they had been abused at work.[54] Females were more likely to report verbal abuse and sexual harassment whilst males were more likely to experience physical abuse.

What can be done? Recommendations for practice

To help improve the health and wellbeing of healthcare staff and reduce the likelihood of burnout, staff attrition, and a lack of empathetic care, Lucy reminds us that 'little things mean such a lot and make a massive difference'. Organisations could consider how they can show people they value them and the work they do. On a local level, this could be conducting internal staff awards to show appreciation, and on a national level, there needs to be increased support and wider strategic thinking about how to improve job satisfaction and the wellbeing of staff. The benefits of supervision have been seen, especially having a safe place to reflect and debrief after incidents, and this could be made mandatory which, for some healthcare professionals, may assist with their revalidation process. Access to annual training to help staff remain vigilant as well as providing opportunities to learn may help to reduce risks to staff and to improve their job satisfaction and mental wellbeing. Finally, a better role appreciation is needed to help staff across the full prison service to understand how they fit into the patient journey and the bigger picture. This may aid in reducing violence and abuse, making staff feel safer in their work, and promote collaborative practice that improves the working life for all staff.

Conclusion

We would like to conclude this article with some take home messages:

For all prison-based staff:

❏ Understand your environment and your role within it
❏ It is ok to ask for supervision (preventative and not reactive)
❏ You are just as important as your patient, whatever your role is in that patient journey

For all organisations working within prisons:

❏ Don't think that health and wellbeing is not your responsibility, everyone needs to play a part
❏ A part of tendering should be to explore how the organisation supports staffs' health and wellbeing and this should be weighted in the process (social value)
❏ Understand how the systems of the organisations can fit with the prison-based systems, creating harmony in what is offered rather than increasing the conflict
❏ Create a peer support network at a national level (NHS England) for all prison healthcare staff which can help to share learning and best practice

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53. Ibid: see footnote 29
54. Ibid: see footnote 23

Promoting Staff Wellbeing within HMPPS

*Chris Jennings, Executive Director Wales for HM Prison and Probation Service (HMPPS) and Chair of the HMPPS Wellbeing group, is interviewed by **Dr Lauren Smith,** a Senior Lecturer in Psychology at the University of Lincoln.*

Chris joined HMPPS Wales as the Executive Director in January 2019 and in May 2020 took on oversight of the national Public Protection Group. He has worked in the Ministry of Justice for over 15 years in a broad range of roles including operational, programme, corporate and more strategic roles. Most of his senior level experience has been in leading large-scale operations and delivering change into operational environments. He has done this across different elements of the justice system and in varied geographies. He has also spent time on broadening his experience on a secondment into devolved regional Government in the Southwest of England. He balances his professional time with spending time with his family and is a proud dad of three children.

The interview took place on 31st August 2022

LS: How would you describe the health and wellbeing of people working in prisons?

CJ: I would describe it as a real challenge. I think the role that our staff have got working in prisons is one that's very challenging, although it's a fantastic role, you get the chance to work with people and change their lives and keep the public safe, so it's wonderful, but that does come with its challenges. So, with respect to their health and wellbeing, I would say it's something that we're very alive to from both a physical and mental angle.

LS: What are the main challenges to the wellbeing of prisons staff, and have you got a sense of how that might differ depending on factors like grade, the prison setting, length of service and so on?

CJ: I think the wellbeing of staff does depend on the type of role you do and the challenges that you would face in relation to your wellbeing. And because it will be different if you are working in OMU [Offender Management Unit], or if you are an OSG [Operational Support Grade], or if you're a governor, and it might be different depending on how long you've been there, too. I would split the challenges into two broad areas, there's a physical element to it, as well as a mental element. And that, again, will depend on the type of role that you do. So, for example, we do have fitness

tests for certain roles within our organisation, because physical fitness is an important part of being able to fulfil some of our roles. But that's less true for some of our other types of roles. So, it does depend. But if we focus on the mental side of things, the challenges do vary depending on what sort of job you're doing. So the job of a governor, will be carrying a lot of weight and responsibility on behalf of their teams, which will feel different to the job of an officer working on a wing, which will feel much more physical, be in a much more physical environment and be working much more day to day with prisoners, either young people, male or female, or transgender prisoners, and so the risk factors to their wellbeing will be different. What I think is important for us to think about, when we're trying to put in place the right support for people is to recognise that people's roles are different, and their wellbeing needs will be different. And of course, aside from the different roles that people do, everyone is a human being and their personal wellbeing needs will be unique to them as a person aside from the role. So, I don't think you can be too generic and say, officers need this type of wellbeing support, governors need this type of wellbeing support, because really, it is about the individual, we know, that is the best way for us to think about it.

LS: What are some of the key differences in terms of wellbeing and the challenges to wellbeing when comparing prison environments to perhaps some other working environments?

CJ: I've worked in the criminal justice system for 20 years, although only in HMPPS for three, so I can think about other parts of the criminal justice system to make some comparisons and undoubtedly, in prison is where you're spending the most time day to day with people in the criminal justice system. In a court setting you spend a lot of time with victims and witnesses, defendants, and lawyers, but prison is a 24/7 service. We're unique in that, aside from the police perhaps. So, the nature of working in a 24/7 organisation with people on a day-to-day basis is unique and you've got the residential nature of it, which again makes it a unique environment to work in. And we've got a wide range of physical environments that our staff are working in, from headquarters type buildings, right the

way through to several one-hundred-year-old Victorian built prisons, and everything in between, with different sizes and shapes. So, the physical environment is also unique. And I think the nature of the fact that we're working so consistently with people in our care on a day-to-day basis makes it a unique challenge. The balance of what all of our staff are doing, and again, depending on their role, between the public protection and changing lives part of our job, that's a really interesting challenge to make sure we're getting the balance right with our decency and respect agenda, and keeping everyone safe, who's in our care, but not going too far past that important professional boundary that we need to maintain in terms of order and control. And I think that, again, is a unique aspect where we're trying to help people because we've got a lot of vulnerable people who need our help, but we've also got to keep everybody safe at the same time and maintaining that balance is a real skill.

LS: So, with all those challenges going on in the background, where does staff health and wellbeing lie in terms of HMPPS priorities?

CJ: It's right up there. I think everybody who works in our system is aware that they've got responsibilities to themselves and their colleagues around the wellbeing agenda. So, I think it's right up there, and, in our strategies and our plans, it features very heavily. But more importantly than that, it features highly in people's consciousness on a daily basis, and the sense of camaraderie and wanting to look after each other is something that I think it's hugely impressive and hugely important to us as a service to deliver what we need to deliver. People do have each other's backs and looking out for each other in a way that demonstrates to me we've got a positive culture around wellbeing and wanting to look after each other. So, there are formal things that we can do as an organisation, for example, the training for Mental Health Allies is something we've done over the last couple of years. We also need to make sure that we've got care teams in prisons who are properly allocated the time they need to do their jobs and we're rolling out TRiM [Trauma Risk Management] training. So, there are things we can do formally as an organisation to make sure we're putting in place the right support and giving people the skills, they need to look after each other. But there's a whole

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level of it, which is less formal, which is about a sense of when you're working in a high-risk environment, with some very challenging people, some very vulnerable people, there is a sense of everybody's got to help each other out to deliver the outcomes we want.

LS: What steps have been taken to identify what support prison staff might need in relation to their wellbeing?

CJ: I think there's probably a variety of ways we look to get staff insight as to what we need. Again, there are formal things that we do, such as the staff survey, and the Staff Quality of Life Survey, which is done by our audit function on a regular basis. There's the wellbeing survey, which is a bigger survey, and we've targeted that at a number of prison colleagues as well. So, there are formal data capture things that we can do to get the evidence as to what interventions we might need to put in place, but I also think a lot of it is driven at a local level, and it's not necessarily about those national data sources. And actually, it's through staff forums, and through the morning meeting, where, staff are having a conversation with the senior officer on their wing about what they're worried about that day or that week, or what's going on or how they're managing it, that also makes sure that at a very local level, local support can be provided at a very individual level, in a way, that is not really an organisational thing, because I can't possibly know from a staff survey, that officer X on a wing is having a bad day, because they've got some complex things going on in their life, and they need a bit of help. So, I think you've got to take the national stuff to make sure we're doing those national things, but we've also got to make sure that the right culture exists at a local level, to ensure appropriate support is in place. One size isn't going to fit all. So, I think, we've got to keep trying to capture those national level things, but we've also got to keep encouraging people to be having those conversations at a more local level, because you need both, you can't have one without the other.

LS: What policy exists to support prison staff in relation to their wellbeing?

CJ: We've got a Wellbeing Strategy and a People Plan, both of which incorporate the wellbeing agenda

and set out what it is we're trying to do. Over the last couple of years, we've also set ourselves wellbeing priorities which has been approved by the HMPPS leadership team; we refreshed those again, only a few months ago, having set them at the beginning of COVID. We've tried to simplify those a little bit. So, we've got a set of priorities, and beneath that an action plan, which sets out what we're trying to do in this space.

LS: How does wellbeing impact on staff retention?

CJ: Well, I think it has the potential to have a huge impact on retention. If we're not getting wellbeing right, that could absolutely be driving people to ask questions about whether they want to stay doing the job. So, it has the potential to have a huge impact on retention, and if we're doing it well, maybe more people would stay, and if we're not doing it well, maybe more people would want to leave; we do try to look at it through that lens. So again, in our exit surveys and the data that we capture from people who have chosen to leave, we do try to understand what the wellbeing angle to that might be, and there are some things that we've learned through that process. Some of that is not about wellbeing; some of it's about people wanting a different career, and they want a different job, and it's got nothing to do with wellbeing, but some of it's about how well we supported people whilst they've been with us. That's again, a really useful data source for us to think about, are we getting it right? Are we putting in place the right support to people? We've had a real focus over the last few years, in particular, on new staff joining us, and making sure that we're putting in place robust support for people coming into the environment for the first time and over those first couple of years, where, you know, they're still adapting and getting used to the demands of the job and the environment. But, however good our POELT [Prison Officer Entry Level Training] programme is, there's nothing like doing the job for real and we really want to make sure that we're wrapping the right support around that cohort of people who are joining us, so that they can thrive in the job, and retention doesn't need to become an issue. It's about career development, that is the conversation we want to have, not retention, it's about how we can support people to develop.

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LS: Looking at it from the opposite side, how does retention impact on wellbeing?

CJ: Across all grades, if people leave, then, that obviously puts more pressure on other colleagues, whether you're in a management grade or not. So, we have got some sites around England and Wales where retention is an issue and that has undoubtedly put a bit more pressure on to other colleagues, and that's where the camaraderie and the looking after each other and 'we're in it together' kind of attitude really comes into it, because people have to double their efforts in relation to that to really make sure we are continuing to provide a good service to those in our care, despite the fact that we've got some staffing challenges. So, it can work that way round too.

LS: What plans are there to improve retention in HMPPS?

CJ: There's a huge amount going on in this space and I'm not the retention expert, but we're putting in place mentors and buddies for new members of staff, we've got a new pay deal that was announced recently, which we hope will make a big difference, we've improved pay across the board, which we hope will help. We're doing more to support managers who have a key role to play in supporting people's wellbeing and tackling retention issues, to give them more support and more training to enable them to do their jobs, because that's such a key role. So, there's a wide range of things that we're doing across the piste to try and improve retention, and, fingers crossed, we're starting to see the green shoots of success in that regard, even in our most challenging sites.

LS: What other initiatives have been implemented to support wellbeing? And have they been successful?

CJ: The support we've got in place ranges from our care teams, which we've had in place for quite some time, and continuing to make sure that the people in care teams get the time and the training and the support they need to carry out their functions. We've rolled out over 1,000 Mental Health Allies across prisons over the last couple of years, these are volunteer members of staff, who receive some training and are on the ground to support their colleagues. They're not trained counsellors, but they're there to help spot signs, and work with colleagues who might want to come

and have a chat with them and help signpost them to some more formal support if that's what they need. We've got a formal contract with Pam Assist, which is our occupational health support, where people can access professional counsellors and training for a wide range of needs that they might have. And then other things we've got in place, not formally run by HMPPS, but we will always try and signpost people to for support, such as the Charity for Civil Servants, which provide really good support to people; trade unions have got a really key role to play in supporting their members, always really keen to remind people of the benefits of that, and our staff networks are fantastic. We've got three staff networks focused on providing tailored support to colleagues from different protected characteristics groups, and those that cross different protected characteristics groups as well. So, I think there's a huge amount in place. For people, we've rolled out TRiM training which is particularly useful when staff experience a particularly traumatic event. So, there's a huge amount going on. The remaining challenge for us is whether we're doing enough of that in a proactive way. We are good at reacting when things don't go so well; we're really good at looking after our colleagues and making sure that we put in place support, but the next bit of the journey for us is to challenge ourselves as to whether there's more we can do on the proactive side.

LS: Do you have a sense of, in terms of some of the things that you've talked about, how successful they are and how that success is measured?

CJ: Some of this is quite tricky to measure. So, things like Mental Health Ally rollout for example, we have sought feedback from the Mental Health Allies, and we've had some absolutely brilliant heart-warming stories where support has been provided to colleagues that wouldn't have been before, so I've got anecdotal evidence that suggests that's been a brilliant thing to do and totally worth us continuing to invest it in. But I haven't got a 'because we've rolled out Mental Health Allies, we've improved wellbeing by 4 per cent' kind of metric. We're not able to measure it in a kind of quantitative way, but qualitatively, we can collect

feedback on whether some of these things are working, and the way we do that is through those data capture mechanisms I talked about earlier, whether they're formal, or informal, to check with people that what we're doing is working. So, it's harder to prove some of it in that sense, but we do ask people whether they've got the support that they need, and generally, I think we're reassured that the things we're doing, like the TRiM training and the Mental Health Allies, are being really well received and are delivering real benefits to staff. Given what we are talking about here is so personal and is down to individuals about how they feel about things, trying to capture that numerically is going to be a really difficult thing. I want to make sure we provide, and we think about it enough so that we've covered all the bases, we've covered all the different angles, so if somebody's got a particular need, they know where to go to get help with that need. Whether it's through a formal or an informal route, that depends on the need, but making sure we've covered all bases, and if we've done that, hopefully people will feel like we're doing our job in making sure the right support is there.

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LS: Apart from being more proactive, is there anything else that you think would help increase success?

CJ: I think the other thing that we need to do more of is celebrate the successes that we've had. So, there's a communications piece for us to do, really bringing to life how a care team has wrapped around a colleague going through a difficult time and how they've provided good support, or a Mental Health Ally. It's about the individuals who work for us, who are providing this actual, genuine, brilliant support to their colleagues and friends. I think the more we can do to celebrate it, the better that will be for people to know that they work in an organisation that cares about this stuff and invests in it, and I think there is more we could do to talk about it to promote the successes.

LS: What do you hope will change in the future in relation to prison staff wellbeing?

CJ: What I hope will change in the future is that we've achieved the aim that everyone can come to work and thrive in their roles, and that where they need

additional support, we are either providing it, or signposting somewhere where they can go and get it. I think the important part of that is realising that people aren't just their role, that people bring a lot with them to work from outside work, and our duty of care to them as an employer doesn't just stop at 'have we provided support post traumatic incident at work?', because people carry a lot in their lives, they've got caring responsibilities, or other things that might be going on in their lives, and if we stop at the prison walls and think we're only responsible for supporting people's wellbeing at work, I think that's a bit short sighted. Success, to me, would be we've got a broad enough, and good enough, range of support in place to enable everybody to thrive. I think we're a good way there, but there's more we can do.

LS: Have you got a sense of anything else that is particularly needed to support that goal?

CJ: I'm really excited by the new colleague mentors that we're rolling out now across sites. I think that's a new initiative that is bedding in as we speak, and it's building on things we've done before, we've had POELT mentors before, so it's not a completely new idea, but we're really giving it more resource now, more effort, and I think that can make a huge difference to support particularly those newer colleagues who are in the system. So, I'm really excited by that, and I think there are then things like finishing the rollout of TRiM,

continuing to make sure we put in place an ongoing continual professional development approach to Mental Health Allies and some of the things we've done, so we don't launch these initiatives and let them wither on the vine, so making sure that we're honouring people's time and effort by continuing to invest in them. So, I think that there's definitely some things I'm really excited about and some more that we've got to do, that gives me real hope that we're going in the right direction.

LS: Is there anything else that you would like to add in relation to prison staff, prison governor health and wellbeing?

CJ: The thing I would like to add would be just a huge 'thank you'. My role as the Wellbeing Champion, for HMPPS means I chair some meetings and try and have these sorts of conversations, but the real heavy lifting is being done by hundreds of colleagues, if not thousands, out there across our system on a daily basis: line managers, Mental Health Allies, Care Teams, TRiM Practitioners, Chaplains, Trade Union colleagues, a whole wide range of colleagues who are really doing the heavy lifting, to make sure that they're really supporting their colleagues to enable them to thrive at work and get the outcomes we want. So, my final comment would just be a huge 'thank you' to all those colleagues that are committed to supporting each other, in recognising that we've got a difficult job to do.

Occupational Health and Employee Assistance Programmes in HMPPS

*Priscilla Wong is Head of Occupational Health and Employee Assistance Programmes at the Ministry of Justice and is interviewed by **Dr Gary Saunders,** an Associate Professor of Criminology at the University of Nottingham.*

Priscilla Wong is a specialist occupational health nurse practitioner. She has worked at the Ministry of Justice (MoJ) for five years as the Head of Occupational Health and Employee Assistance Programmes. Priscilla's main remit is occupational health (OH) and employee assistance programmes (EAP) policy, strategy, and clinical quality. Between 2006 and 2009, Priscilla worked as the in-house Occupational Health Manager at Wandsworth Prison. Priscilla has three years of occupational health experience in the heart of the operational environment, which has stood her in good stead for this strategic national role.

The interview took place on 20th July 2022.

GS: What are your views on wellbeing among governor grade prison staff? What do you think the main issues are?

PW: We are a massive organisation so views will be varied. The evidence we have about wellbeing comes from the Wellbeing Pulse Surveys, which were conducted in April 2021, July 2021, and January 2022. Overwork was a major issue raised in those surveys. The most recent results showed that Band 11 and Band 12, which are senior managers just below senior civil servant grade, were among the highest percentage of staff coming into work when they were feeling unwell. I think the main issue is that senior leaders face a multitude of work pressures. HMP are experiencing critical staffing shortages and unfilled vacancies, which puts pressure on existing staff. Also, the work that you [GS] presented at the Society of Occupational Medicine Webinar on prison governors' workplace health resonated with the findings of the Pulse Surveys. Themes such as lack of recognition, working long hours, increased workloads, lack of reflection space, lack of support, and lack of freedom around finances for staff wellbeing. What was also interesting was the 'Fears for the Future' slide that you had about governors feeling that staff sickness was higher than usual, particularly during COVID. I suppose this was inevitable given the pandemic. However, there now appears to be a culture of a lower threshold for sickness. We see that in the workforce statistics and rising cases of absence. However, it also relates to things like regime pressures and lack of experienced staff. It's also unclear whether some governors will regain their motivation after working at such a pace for a sustained amount of time. A few years ago, I went to a governors' forum in Nottingham and did a presentation on structured professional support that was available at the time. Anecdotally, a couple of governors said to me, '…being a governor, the person who's the number one, can be a lonely place. You don't want to let your guard down because you feel that everyone is counting on you to be resilient. Counting on you to come up with all the answers and solutions.'

GS: What current system are in place to support wellbeing?

PW: Wellbeing is a huge area. There is a Head of MoJ Workplace Wellbeing who exclusively leads on wellbeing; but this is an overview of how my specific function, OH and EAP, ties into wellbeing in HMPPS. Back in December 2019, HMPPS published its People Plan and established a People sub-committee to oversee deliveries and set strategic direction. The HMPPS Wellbeing Group have set three main priorities. My function in OH and EAP is inextricably linked to that. The wellbeing priorities for 2022-2023 are to provide staff with support services, including those contracted out and locally provided services

and to promote staff services, so people know what's available and how to access them, using evidence to target services so that they have greater impact. That is our evidence base, which helps us to shape our OH and EAP products for our staff because they must be relevant. People in different business units and prisons and probation settings may want different things. We are always listening to what people feedback to us so that we can make those necessary changes. From January 2021, Reflective Sessions were introduced as a proactive and preventative mental health offering. The sessions, delivered by a qualified therapist from PAM Assist, provide a confidential space for governors to discuss the challenges of being a prison senior leader. They emphasise rewarding aspects and assist with navigating the more emotionally demanding and difficult parts with a view to reduce potential burnout and mental health related ill health. The feedback has been positive with 82 per cent of governors and 83 per cent of deputy governors participating. Of these, 95 per cent have continued to take part. Each prison is offered the opportunity to fund further sessions, on a group-only basis, beyond the senior team. A Wellbeing Toolkit for line managers has also been created by the MoJ Wellbeing team and made available on My Learning to help facilitate wellbeing conversations. In addition, a scheme to roll out trauma risk management (TRiM) practitioners to every prison continues. TRiM practitioners are trained to identify staff who may be struggling after a traumatic event and offer on-site support to help relieve symptoms of post-traumatic stress. Practitioners offer one-to-one confidential support with follow-up checks. Over 1,000 mental health allies have also been recruited in the last year. These are volunteers who have been trained to support staff and managers. They offer confidential support, raise awareness, and challenge the stigma surrounding mental health. During the COVID-19 pandemic, a national network of regional prison staff support leads was established. They act as a single point of contact in the region and connect local services to form a strong support network for individuals. They join up local staff support teams such as the care team, mental health allies, chaplaincy, TRiM practitioners, HR wellbeing leads and wellbeing champions to ensure prison staff have access to support. Our EAP service also offers a trauma and critical incident support service that can be deployed within days if a critical incident has occurred. As soon as a line manager contacts PAM Assist, they can arrange for a trauma practitioner to attend the prison to speak to staff. In September 2020, working in collaboration with the Samaritans and the Zero Suicide Alliance, HMPPS introduced a staff self-harm and suicide prevention campaign called '*Reach Out, Save Lives*'. Backed by the Lord Chancellor, the campaign drives a consistent message about reaching out to support staff and aims to impact and challenge cultural norms around a publicly sensitive topic. HMPPS have also recently launched new initiatives called the New Colleague Mentor Scheme (NCM) and the Buddy Scheme, which are both part of the Supporting Each Other framework. They have been designed from staff feedback and exit survey feedback from across the prison service. The aim is to ensure new colleagues feel more supported, capable, confident, and safe. The Buddy Scheme will not replace line manager interaction but will be an informal extra support to draw on the experience across our prisons to help new starters feel a sense of belonging. Many prisons are already running such schemes successfully. While there is no quick or simple fix to all employee problems, I'm confident that there is great innovation emerging from different disciplines within the public sector prison service, and not just from the formal OH and EAP spaces. The go-to-place for wellbeing support is the intranet which is used to get messages out there far and wide. Our OH and EAP providers both provide workplace wellbeing information platforms which staff can access and download onto their desktop, mobile phone or tablet device. There's a whole host of health promotion topics on there, such as support for people affected by the Ukraine war, to finance management, information on the menopause as well as advice to address common issues such as stress management

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and musculoskeletal issues. There is practical guidance for line managers on how to refer employees to occupational health for support and a chat box. It's a really useful information hub to have. We also launched a new product called 'My Physio Checker'. Musculoskeletal issues are the second highest reason stated for staff absence. We really wanted to look at something that was going to assist individuals in the management of musculoskeletal issues, so individuals do not have to wait for their manager to refer them. For example, some shift workers might not see their line manager for weeks and when their line manager comes back, they might be busy. Furthermore, it's not always easy for line managers to get on a computer and make a referral on behalf of their employee. This can hold up the referral process and prolong staff absences. 'My Physio Checker' is a fast-track way for somebody to do a self-assessment on a clinically validated digital tool. It was launched in the last week of June 2022. In August 2022, 56 individuals accessed it. Some of these individuals had aches and pains and they've been able to use bespoke exercise sheets that have been created for them. Some employees have been referred to physio. We will continue to evaluate it, because we want it to be a product that staff find useful and will engage with. Line managers can still refer employees using the traditional route via the portal for work-related conditions. It's not replaced anything that was already in place. We have also put a new Post-COVID Syndrome Support Service in place so managers can refer employees if they are struggling to get back to work or with their health at work after experiencing COVID. This service is still being accessed by staff and still proving useful. We have also launched another digital assessment tool called 'My Health Condition Management', which is a proactive self-referral programme. It can be accessed by staff who have specific high-risk concerns. All this came about because of COVID. We wanted people to have access to clinical advice easily. It was designed for employees who have diabetes, asthma, obesity, those kinds of

conditions that may exacerbate an existing metabolic syndrome or may cause it later in life. For those staff who are deemed 'high risk', they could be sent a free self-management pack, which includes a blood pressure machine, a blood sugar monitor, peak flow meters and/or a pulse oximeter along with videos and fact sheets on how to use them. For those staff who really need one-to-one monitoring and coaching, with their consent, they will be added to a separate health coaching programme. We've had some really good feedback where staff have commented that they have lost weight or that they've managed to get their blood sugar under control. It used to be a telephone service but has now been put into a digital format so that it is more accessible for staff on a 24/7 basis.

GS: How does wellbeing support operate in practice?

PW: In terms of communications, most of the information about OH and EAP products can be found on the intranet. We also provide updates on these products when we attend national meetings, such as health and safety, employee relations, trade union and HMPPS Wellbeing Group to name a few. Aside from informing on utilisation rates, we present the story behind them and provide user feedback. I think a good news story can sometimes stick better than metrics. We also send out updates via internal communications, posters and pens to prisons and probation. Those are generally the channels of promotion. We are also looking at wellbeing support utilisation. There are hotspots where utilisation is quite low. The account director from PAM Assist is reaching out to senior HR leads to promote wellbeing products. Our occupational health provider has bi-monthly HR regional meetings. This enables a two-way consultation, because sometimes there can be a disconnect between client and third-party provider. Since this mechanism of collaboration and communication was implemented, it's helped us iron out those niggles. It's a safe space for our business and the providers to talk about what's been going well, as well as what hasn't been going well.

> It's a safe space for our business and the providers to talk about what's been going well as well as what hasn't been going well. Also, it provides opportunities to present and promote their products.

Also, it provides opportunities to present and promote their products. If you simply tell people to go and look for information on the intranet, then chances are that they won't because everybody is busy with competing priorities. However, if you have somebody who speaks with passion and conviction from a provider side, and they manage to convince our internal stakeholders that these products and services are effective, they will be used more frequently. What EAP providers do is look at the industry metrics that they take. They look at large EAP clients and what their usage is across the EAP services. HMPPS, over the last 12-month period, represents 23 per cent of total use across services. The average for other large EAP clients is about 13 per cent. So HMPPS are using more of the EAP services than other similarly large organisations and that is discounting website activity.

GS: What are you learning from the feedback?

PW: What we're learning from the feedback is that whilst the metrics provide us with objective measures, personal narratives can also give powerful explorations of how individuals interact with service systems. That has an important role persuading stakeholders and having a business case for funding. One of the themes from the Post-COVID Syndrome Service was that some people reported being sceptical about using it. However, when they did use it, they often felt they benefited from it and admitted that they wish they'd have accessed it earlier. Similar sentiments have been reported about accessing counselling services. Perhaps culturally people feel that these products are not as confidential as we make out. This might be something that puts people off engaging with them. Also, when somebody has an experience which is suboptimal, they relay that experience — then it's a case of bad news travels faster than good news. Generally, with regards to EAP, people have mixed views towards them. For example, the Pam Assist provision that we have in place, some governors reported that many who use it thought it was good.

However, some people don't use it for fear of being found out and being labelled, although EAP is absolutely confidential.

GS: If money was not an issue, how would you improve wellbeing?

PW: I think employers can invest a lot of money and resources on services and products to improve wellbeing, but they will only prove their value if there is the right level of engagement and utilisation. I see two main challenges. One is communications. In an organisation of our size, there are a range of different messaging priorities that employee wellbeing must compete with. Within this context, communications about wellbeing can struggle to penetrate and land well. I think in terms of employee wellbeing services and products, we have a comprehensive suite of offerings in place already. If money wasn't an issue, then I would suggest developing a useful pragmatic strategy to promote the existence of these services. This would include the delivery of physical EAP and OH roadshows on a more frequent basis in prisons and probation units via a whole prison Wellbeing Day Events. I know some prisons actively put these in place but, needless to say, COVID-19 has significantly disrupted the best of endeavours. If money was no object, and there was enough resource to cover staff to attend such events, employees would have the opportunity to speak to EAP and OH in real time. They would be able to ask questions about how their services benefit employees and this would provide reassurance and confidence in using them. Employees can learn about OH and EAP by reading the plentiful guidance on the intranet but let's be realistic, who has time to do that unless they have a specific need to use the service? Employees learn about the products from other colleagues who have had experience of using them and make a judgement based on what they hear. This is human nature and sadly when a negative story is relayed that sticks and it puts people off. The other main barrier is that staff

> The Pam Assist provision that we have in place, some governors reported that many who use it thought it was good. However, some people don't use it for fear of being found out and being labelled, although EAP is absolutely confidential.

are time poor and so the services don't get utilised to their maximum potential, such as the centrally funded workshops. When we are talking about staff being time poor and stretched, we are looking at much bigger picture considerations about adequate staffing levels. As you know, this is a theme frequently raised in your recent research study of prison governors and in Professor Gail Kinman's research on prison officers. If money was no object, we would be able to employ a sufficient number of prison staff so there would be no worries about not being able to run full regimes in prisons. This would then create protected time for employees and line managers to engage with training on health, wellbeing, and safety matters as well as preventative interventions such as reflective sessions and health promotion and wellbeing days and workshops. Of course, HMPPS are working extremely hard and innovatively to address staff shortages and have deployed ways of increasing prison officer recruitment. For example, Unlocked Graduates, which is a two-year scheme that aims to recruit graduates into the prison service to work as frontline prison officers and complete their Masters degree. Furthermore, there is the Veterans' Recruitment Programme via the Advance into Justice Team and the Operational Support Grade Fast Track to Prison Officer Programme plus a new Justice Leaders Scheme.

The most important thing for staff is having a work-life balance. Having adequate staffing levels would minimise long hours and allow staff to switch off when they are not on duty. It would allow them to spend time with their loved ones, enjoy their hobbies and go on holiday. It would allow them to dedicate their precious time and energy on these things without intrusive work thoughts seeping in. This would inevitably improve their wellbeing. A good work-life balance, I'm sure you would agree, is one of the key factors that fortifies wellbeing for anyone.

Book Reviews

Caged Emotions: Adaptation, Control and Solitude in Prison
By Ben Laws
Publisher: Palgrave Macmillan
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(eBook)
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(eBook)

Reviewer: Ray Taylor LL.M. is a security policy official at His Majesty's Prison and Probation Service, formerly a prison officer at HMP Pentonville.

Studies of emotion in prisons are hard to find. This is somewhat surprising, given the highly emotionally charged environment of a typical prison. As the author says: 'In spite of these explicit descriptions of feeling, academic accounts of imprisonment are prone to expunge rather than foreground emotionality (p4).'

In the Introduction, Laws argues that the problem is not so much absence of emotions in prison writing as the lack of any detailed analysis. That and limiting the scope of consideration of the 'affective dimension' to aggression and violence in men's prisons and to sexual relationships in women's, with little work on other emotions such as anger. There is also a tendency to focus on emotionally charged incidents such as riots, assaults, self-harm and deaths. Thankfully, there is now an increasing interest in the 'emotional geography' of imprisonment.

The book has two parts reflecting the two separate studies the work is based on. The first involves an examination of the experiences of 25 men in HMP Ranby and 25 women in HMP

Send, both 'closed' prisons. In the introduction, Laws states that his work has studied emotions as 'powerful energies in motion that have personal depth… but are shaped by the crucible of (anti) social life in the prisons studied (p6).' He also states that he 'gives much credence to psychoanalytical views of emotions and how these perspectives intersect with the biographical, social and spatial dynamics of imprisonment (p6).'

This approach involves a highly subjective appraisal of the emotional landscape of prison life, reflecting the author's own perspective on what is and is not important when it comes to studying the affective dimension. There is therefore a risk, I would suggest, that the analysis has been shaped by the feelings and thoughts of Laws' selection of what he has considered relevant to this environment, at the expense of objective analysis.

Laws asks how prisoners regulate and express emotions in the closed world of a prison. Further, what are the social and spatial pressures that control, limit and constrain emotional expression in this environment? What role does gender play in the expression and control of emotion? In both studies, these questions were sometimes hard to stare at directly, says Laws, and other questions need to be considered, not least how people's emotions have shaped their lives in the time before being imprisoned. This is the main subject of chapter two, in which 'troubled lives' outside of prison are considered. Laws states that the aim of the book is to shift the emphasis from

emotional masking to emotional suppression, presumably because the latter is more within the scope of the psychoanalytical tradition previously mentioned. Laws quotes examples of horrific childhood experiences and makes reference to much of the prevailing research in these areas, supported by testimony from his research participants.

Chapter three talks about emotions and the self. It provides evidence from research subjects that prisoners will tend not to let their emotions out into the open for fear of scrutiny and, ultimately, what is often a punitive response from staff. Being made subject to the 'ACCT' self-harm reporting system, for instance, is seen by many prisoners as detrimental. Prisoners, says Laws, do not find such systems supportive, rather they are at best report writing for its own sake, at worst, a means of regulating emotion and suppressing it.

Suppression of emotions in prison will typically take place in a male prison in response to pressures from peers and staff alike. For instance, one prisoner was quoted as saying if he came out of his cell crying and getting upset, people would just call him a 'pussy'. For one woman who was interviewed, having to bottle one's emotions up is contrary to what happens outside of prison where she is allowed to cry, to show emotion, without worrying about the consequences. Suppression of emotions for long enough will inevitably lead to episodes of emotional 'explosion' and this too is explored. The narrative continues with consideration of

how prisoners process and distil their emotions, sometimes flexibly and sometimes with rigidity. The chapter concludes on an optimistic note that, although the self-regulation of emotion is typical within prison, relational aspects of imprisonment including family ties, relationships with other prisoners and with staff, will contribute to an understanding of prisoners' emotional worlds.

Chapter four develops the theme of regulation through relationships further and provides a detailed picture of how prisoners support their emotions through the process of interaction with those around them. Most prisoners, says Laws, engage in what he describes as the social exchange of emotions to some degree. The narrative breaks down this process into relationships with friends and family, with staff and with other prisoners. Describing how the process differs between men and women we find that, not surprisingly, female prisoners are 'more fluent' than their male counterparts when it comes to emotions.

Chapter five continues with an exploration of emotions and spaces, and this is to be welcomed in a narrative about emotions in the carefully controlled spaces within a custodial environment.

Part two focuses on segregation and emotions and provides a welcome exploration of isolation and solitary living. It is based on 16 in-depth qualitative interviews with prisoners segregated in HMP Whitemoor, a high-security prison in Cambridgeshire. Laws is particularly concerned with self-segregation and why men might choose to self-isolate, despite the obvious disadvantages and health risks of living in solitary conditions. Laws explores the complexity of motivations and the degree to which isolation affects the emotional state.

In conclusion this work makes a valuable contribution to the study of life in prison and the emotional drivers that make the prison environment what it is. The work might have benefitted from further clarity by explaining how the 'psychoanalytical approach' suggested has assisted with an interpretation of the meaning and context of the emotional experiences encountered and reported on in the study.

That said, it does provide a detailed and highly thoughtful descriptive account of the emotional geography of three prisons, as experienced by 41 men in prison and 25 women and is a powerful reminder not to ignore the emotional context of incarceration. Further work on the 'emotional geography' of prisons would be very welcome as would a specific methodology to help present theoretical interpretations of the emotional dimension of incarceration.

The Prison Psychiatrist's Wife
By Sue Johnson

Reviewer: Tim Newell is a retired prison governor. He was editor of the Prison Service Journal in the 1990s and is currently a member of Quakers in Criminal Justice.

This is a beautifully written account of the experience of working creatively in a top security setting of control. The insider family view of the impact of the tension between creativity and control makes for a compelling read about the events as they rolled out. This is an emotive account by Sue Johnson of what it was like to be committed to the ground-breaking work of her psychiatrist husband, Bob Johnson, in putting original ideas of creativity, compassion, and challenge in the most demanding of settings in prison.

Bob Johnson was asked in 1991 by John Marriott, the Governor of top security prison Parkhurst, on the Isle of Wight, to work with the most dangerous group of prisoners in the Secure Unit on C Wing. For the preliminary visit, Sue was invited and she and Bob both visited the wing with the Governor. They met staff and some prisoners, one of whom addressed Sue and asked if she would let Bob come to work in the prison. There was a clear felt need for Bob's innovation. Bob agreed to work there after this most unusual preliminary visit.

The whole experience of working on the wing was unusual and exploratory. The personal and professional demands on Bob were considerable and given his style of working required resilience and courage. Bob's approach was to help men consider the roots of their violence through early childhood experiences. Realising that childhood experiences form people's outlook, approach and view of life, Bob sought to work with the challenges of the men's early years. Frozen fear was explored within a relationship of trust and consent. Clearly this was sensitive work and called for a focus that was demanding. To facilitate the work, Bob filmed the sessions so there was a record of developments. He gained the confidence of the men through a consistent presence and his enthusiastic personality. Suppressing anxiety through medication had been the norm on C Wing, but Bob worked with the real experiences and memories of the men. Bob's work in Parkhurst showed that compassion and trust succeed in gaining consent. Working with prisoners who had experienced childhood trauma developed understanding and

increased their sense of control. But there was a quiet scepticism from fellow medical staff in the prison and few officers showed enthusiasm, yet respected Bob's consistency and commitment. Although he had good support from the Governor, Bob's theories and practice were seen as a challenge to political left and right. While the left described poverty (economic and political) as the primary cause of offending, the right proposed criminality to be an inherent human attribute in criminal individuals. The right were unlikely to agree with economic causal explanations or believe in the possibility of transformation.

In the book, Sue Johnson describes how the stresses of prison life were lived through her, reflecting the experience of many prison staff's families in the need to share and to be supportive of stressful, demanding work. This is a rare insight into the stresses on the partner while innovative, challenging processes were trialled with those categorised as dangerous. Sue had a rewarding position at Manchester Metropolitan University which she enjoyed when Bob was invited to work on C Wing in Parkhurst. Once Bob had started working on the wing he realised, as did Sue, how demanding it was going to be and it became clear he wouldn't be able to do the work without her support. There were very few people in the prison who understood or supported Bob's exploration of prisoners' trauma in early childhood and as such, Sue played a vital supporting role.

Sue decided to retire early from her position. She had enjoyed the work and found it rewarding so was sorry to leave. But the book shows how fully involved she became in her husband's pioneering work with the prisoners and eventually in the legal and political fallout when C Wing closed. The prison in effect had two people serving the therapeutic work of C Wing. Sue expressed her anger on reflection of observing the mind games being played within the high-risk setting. Bob sought to reassure her, but as explained in a very powerful description in this book, her anger bubbled over.

Bob's work continues to be challenged by the medical establishment despite his years of experience working with significantly dangerous people. Further, the Prison Service does not emerge very well out of the book with resentful officers, and a mixed response from senior staff. Bob Johnson was championed by the Governor, John Marriott, who sadly was removed from his command following the escape of three Cat A men from the prison. For many of the men Bob Johnson worked with, the world has changed in that they understand why they did what they did, and that it need never happen again.

PRISON SERVICE JOURNAL

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The *Prison Service Journal* is a peer reviewed journal published by HM Prison Service of England and Wales. Its purpose is to promote discussion on issues related to the work of the Prison Service, the wider criminal justice system and associated fields. It aims to present reliable information and a range of views about these issues.

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