

Our 'hidden heroes': The integral role of Approved Premises in community risk management during Covid-19.

Within my role supporting Approved Premise (AP) staff, as part of my position within the community Offender Personality Disorder pathway, I have had the privilege of meeting some of the most dedicated, caring and compassionate people who as a collective do the difficult job of supporting high risk and high harm offenders in integrating back into the community. During the current coronavirus pandemic this has not faltered. So few are aware of the work, and even fewer appreciate the task at hand. AP staff are my hidden heroes, and here is why...

What is an Approved Premise anyway?

Approved Premises (APs) provide intensive supervision for individuals who present a high or very high risk of serious harm. They are mostly used for people on licence, but they also accommodate small numbers of people on bail or community sentences. APs play a role in monitoring and managing the risk of their residents. They also provide key workers, and a programme of purposeful activity that is intended to help with reducing reoffending and reintegration into society (Prison Reform Trust, 2018). AP resident numbers can vary depending on AP, but they house approximately 15 – 25 residents at any given time.

Standard rules that can be expected within an AP involve compliance with a curfew, contributing to the AP community (involvement in activities), management of drug and alcohol use as required, medication compliance and taking responsibility for this, and a commitment to engage in sentence and/or supervision plan to maintain a safe AP environment for all and for effective reintegration back into pro-social community living. Residents have their own room key and have the liberty to leave the AP as they choose. It is residents' choice to comply with their curfew; AP staff do not have the powers to force compliance by locking residents' rooms or the AP, they have the same powers as any other citizen in the community, that being, to call the Police to inform of breach of bail or licence conditions or any unrest.

APs ordinarily have a staff team that comprises of an AP manager, case workers and support workers. A core team exists, that are HMPPS employees (for those APs that are HMPPS owned). There are also a small number of independent APs that support the wider national HMPPS AP network. On occasion the core team requires the use of trained sessional support workers in order to subsidise the core team during periods of recruitment or staff sickness.

Where it is determined, by their Offender Manager, that someone leaving custody requires an AP on release, this request is submitted to the AP central referral's team, of the home area, for processing. This team quality assures the referral and forwards suitable referrals to the requested AP's manager for screening. This screening process considers offence type, sentence type, Multi Agency Public Protection Agenda (MAPPA) involvement, risk of serious harm, risk of recidivism, licence compliance, current AP resident dynamic, risk of potential harm to staff and other residents and how AP support fits with the individual's risk management plan. Consideration is also given to the capacity of the AP to accommodate risk of harm to self (arson risk, self harm/ ligature risk).

Imagine the difficult interplay of all this, managing high and very high risk of harm residents, all with their own backstory. Often those within the Criminal Justice System have an extensive trauma history,

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with their own unique, and often bleak, life experiences. These manifest as personal vulnerabilities; poor mental health, low mood, and an inability to experience secure relational experiences. These early year 'stains' also manifest as risk-related behaviour, threat responses including; fight (for example violence and aggression), flight (for example substance misuse to flee the emotional torment), freeze (for example panic and frozen fear that blocks all rational thinking), submission (for example re-enacting their own abuse cycle on others) and/ or attach (for example desperation at the need to have some sense of belonging or sense of being wanted that they will do anything, including breaking the law, and harming others to try to experience or hang on to this).

Imagine needing to manage a group of individuals like this and support them in living appropriately alongside each other. Consider working in this environment with little to no extra enforcement measures to support resident co-habitation. Imagine supporting your colleagues in managing conflict within such a setting and the emotional resilience needed to return to work when exposed to a conflict situation that has been directed towards you or a member of your team.

Now imagine all this alongside the threat of a worldwide pandemic. A virus that could significantly impact on the health of you, your family, the residents you look after, the staff team within which you work, and more widely the public around you. Non-compliance with covid-19 rules doesn't just mean wiping out staff and residents health (and likely their families), but could mean leaking and the spread of the disease into the community in which the AP exists. And enforcement of covid-19 restrictions could mean serious, and extreme backlash.

This has been the reality for all AP staff over the past six months during the coronavirus pandemic. A continuous, almost impossible, balance of risk and health management.

Systemic pressures

Anyone who has had involvement with the Criminal Justice System, be it having worked within it, (or being a family member of someone who has) or be it having gone through parts or all of the system, either as victim or perpetrator, there is no escaping the pressures that exist within it. Constant risk-management decision making, in a vast system that relies upon effective communication and coordinated handovers, often with stretched resources. APs by the very nature of where they sit within the system have a very difficult job anyway. Their job is to support the transition from custody to community, a transition that exhaustive literature confirms is often stress-inducing, anxiety-provoking and therefore risk increasing and destabilising for so many offenders (Maruna and Immargeon, 2003; Visher and Travis, 2003).

Consider the impact of a worldwide pandemic on an already stretched system, where the consequence of getting things wrong could be catastrophic. The crushing weight of systemic pressures is relentless throughout the Criminal Justice System. The system relies on the smooth operation of the Courts, Prisons and Community Offender Management working in unison to prevent any blockages and mounting pressure points. So when elements of the system had to close or work at reduced capacity such as Courts and Parole Boards, within weeks of the peak of the pandemic pressure points grew. What does that mean now, as the recovery phase rolls out? Well for APs it means operating at capacity and a careful chess game of resident placement and sequencing, whilst continuing to try to comply with Government Covid-19 guidance, such as social distancing and reducing residency footfall. A contradiction in itself wouldn't you say.

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Pressures existed on AP staff prior to the pandemic, but then we saw this mount to unsurpassed levels at the beginning of this year. It started with Health and Safety concerns (accessing PPE/ ability to social distance in a small residency). Pressures of staffing (illness) and AP safety (reduced staff numbers to reduce footfall). Alongside this were the pressures of service provision. APs are reliant on external support agencies such as housing and drug and alcohol services to support their reintegration programme. These services were minimally accessible at the peak of the pandemic, therefore problems mounted with resident move-ons and accessing the support services that so many desperately needed to support their success within the community. Yet at no point did AP staff falter. With unrelenting compassion and dedication to their work, they remained committed to doing what they have always done so well; keeping everyone, residents, each other and the public, safe, and in mind.

How success has been achieved: 'The science'

Given the aforementioned you would expect disaster. Or you would at least expect a major incident. It's been tough, but there's so much that can be learnt from the lived experience of those in and amongst the grit. So much they can teach in relation to best practice approaches in a crisis, because they've been doing it, they've felt it and they're surviving it.

A Compassion Focused Therapy (CFT) framework can help us to begin to understand the remarkable survival response to working through the pandemic by AP staff. CFT acknowledges that,

"Life can be hard...But sometimes it is important to acknowledge the reality of life and find a way we can work with this, rather than ignoring it, fighting it off or trying to block it out of our minds. This is where compassion comes in because it provides the grounding of a wise and courageous base for us to work with life's realities" (Irons and Beaumont, 2017. p.3).

Never has this been truer than in a worldwide pandemic.

The 'tricky' brain

As a result of years of evolution we have 'tricky brains.' In simplified terms we have an ancient part of our brain which we share with so many other species. Our old brain supports us to "navigate dangers in the world in a safe way and be motivated to pursue resources that may be beneficial to survival and reproduction." (Irons and Beaumont, 2017, p.4). Our new brain gave rise to our 'human' abilities involving complex 'intelligent' thinking. These include: imagining things, considering the future, reflection on the past and thinking about our thinking. Our new skills in thinking, imagining, ruminating, worrying and self awareness can interact well with our old brain, however at times of increased threat, our brain can get stuck in unhelpful loops, where the mind can turn in on itself, making new brain activities such as problem solving, reasoning, and attention difficult. Those that face the world with a compassionate baseline have the tendency to be able to navigate real or perceived threats in the world in a more helpful way, compassionately challenging unhelpful loops in thinking, to remain soothed and active in moving forward with problem solving the threat.

What is compassion?

The definition of compassion used within CFT is that compassion is, a sensitivity to the suffering of self and others (and its causes), with a commitment to relieve and prevent it (Gilbert, 2014). Motives and

desires to be caring, supportive and helpful are at the root of it. Compassion involves harnessing a desire and motivation to take genuine interest in caring for and about others (and yourself) when in distress and to promote wellbeing (Fogel, Melson, & Mistry, 1986). According to Gilbert, 2009, compassionate qualities that allow people to effectively engage with distress include: sensitivity, sympathy, distress tolerance, empathy, non-judgement, and care for well-being. The skills needed to attend to the distress involve:

- Compassionate attention on what is helpful and useful to us and for us
- Compassionate imagery to help create compassion-specific images to guide action
- Compassionate reasoning and thinking to guide helpful ways of thinking about a difficulty
- Compassionate behaviour that helps us work out the actions and behaviours that alleviate our own or others distress and suffering
- Taking a compassionate sensory focus as a way of regulating and soothing our distress
- Compassionate feelings developing our positive emotions as a powerful tool for tolerating and reducing our own distress

There are three flows of compassion that these qualities and skills are attributable to:

1. Giving compassion to others
2. Receiving compassion from others
3. Giving compassion to ourselves (self-compassion)

Compassion within a workforce

Individually these qualities and skills can be powerful for assisting and relieving personal suffering and others' distress. Collectively within a team, these skills, as seen within APs, can help an organisation navigate a crisis. Team cohesion is maintained through the flow of compassion both to others and from others within the team. Self-compassion is integral in the prevention of burnout, with individuals taking personal responsibility for being kind to themselves and giving themselves permission to rest and reset, so repeat investment in the work can continue day after day (Dev, Fernando, Gigi Lim, and Consedine, 2018). And in a working environment such as APs, where the workplace is also a 'home' to a number of residents with complex needs, the three flows of compassion help to scaffold those that are unable themselves to engage with these flows, typically blocked by traumatic rememberings and the impact negative life experiences have had on them. The compassionate workforce leaves no one to drown in their own or each others distress. They tread water together, taking it in turns to keep afloat those that find themselves struggling or exhausted. And they do so with no expectation other than with the hope to end some element of suffering for someone (colleagues or residents) or something (the organisation or system).

How success has been achieved: 'The practicalities'

Combining this theory with practice examples within the AP, we can learn so much to inform our future practice; at a staff support level, at a team management and at an organisational level. This learning must come from those with the lived experience. The Criminal Justice System and higher management must take the time to pause and appreciate the extraordinary efforts of the teams on 'the frontline.' These lists are not exhaustive but provide an insight into the hard work and dedication of AP teams. A snapshot is provided:

AP staff response to the pandemic

Compassion involves having wisdom, having strength and having commitment. The wisdom that life itself holds problems that are rooted in things that are beyond our control; strength to understand the reality of distress, and the courage to face these difficulties and tolerate the discomfort. And finally, compassion involves a deep caring commitment to want to alleviate the distress and suffering of ourselves and others. This is always present within AP staff teams, but perhaps more obvious and prevalent during recent times:

- AP staff changed their working pattern to accommodate their colleagues, AP needs and covid-19 restrictions. This provided success for the AP because it provided a balanced approach to covid-19 health impact and the impact of restrictions. It also ensured a sensible approach to the management of risk of harm to and from residents (in terms of offending risk). Staff were able to feel as safe as possible when in work (reduced footfall, allowing for social distancing) whilst allowing those staff with health vulnerabilities to also feel safe (accommodating working from home) and those with home life responsibilities (childcare issues) to feel fully supported.
- During lockdown in particular, when services were running remotely or at reduced operation, AP staff's roles expanded rapidly: Messenger of breaches and recalls, move-on and housing support worker, mental health support provider for immediate distress and substance misuse relapse prevention mentor. This appears to have been the impact of the lack of direct relational experiences with the usual service providers of these needs. All these issues have a deep rooted emotional (and risk) context to them, and therefore require support provision to be grounded in the relational experience with that service. This has not been possible due to limiting the footfall in to the AP (no visitors) and due to services having also done the same (working from home and telephone contact only), so those that have maintained that direct relational work (AP staff) have absorbed these extra supportive roles. This provided success for the AP, as it allowed the continued throughput of residents and support in all imminent need areas prior, during and beyond the residents stay.

AP managers' response to the pandemic

Our tricky brains mean that when faced with a threat, our default is to engage the old brain and maintain focus on the threat; avoid harm by connecting emotionally with the threat to guide an appropriate survival response (fight, flight and submission). This stalls the new brain and makes accessing the helpful, sophisticated thinking of the new brain difficult. What this means in a pandemic is problem solving, creative thinking and planning is exhausting. Our mind battles to access the new brain, but our old brain hi-jacks it, reminding us to remain focused on the threat. AP managers have had increased expectation on them to juggle health and risk management during a time when they too are under threat. And this isn't just a health threat, it's a risk threat, given the nature of where they work (the same being true for all AP staff). AP managers have therefore had the exhausting experience of trying to think creatively, problem solve the risk and health management interplay and plan for continued new arrivals and exits whilst their brain fights with them to remain alert to the threat. An exhausting experience, yet again one that AP managers have been navigating with success:

- AP managers have had to reduce staff ratios in the office to reduce footfall for social distancing, whilst maintaining the safety of the AP for the staff in the AP and the residents. This has been achieved by careful staff rota reviews and rolling risk reviews of staff to resident ratios. Careful planning of what activities were considered essential and vital to the safety of the AP was completed and staff roles changed to accommodate this. This has provided success to the AP by ensuring and maintaining a sense of safety throughout a very uncertain and anxiety provoking situation; for staff and residents. The sense of safety within the residents 'home' and staff's work environment has provided the secure base for change, and flexibility around repeat changes, to be tolerated.
- AP managers have maintained team cohesion by enhancing communication channels. Daily briefings, supervision, resident meetings, team meetings staff handovers have all been maintained, considered integral to good communication. These have been added to with weekly newsletters to residents, the provision of TVs in rooms (to access news and remain connected to the world outside), increased welfare checks on residents and welfare packs being provided to residents self isolating. AP managers have made themselves more readily available to staff and residents, providing contact information when working remotely, and routinely working extended hours. This has provided success to the AP through the demonstration of strong, stable and dependable leadership. Equally, and somewhat a contradiction, there has also been a flattened hierarchy. AP managers have adapted their role and supported staff and residents in what ever way is required at any given time. This has supported a shared appreciation of the task at hand, and a positive community approach to tackling covid-19 as a significant and prolonged problem.

AP residents' response to the pandemic

Evolutionists believe, some millions of years ago, humans will have lived in small isolated groups where there would have been genetic links between most people. At this time survival depended on sharing and mutual support. The importance of feeling that others care about us has been researched often, with the evidence highlighting it remains that we require a sense of interconnectedness with others (Baumeister and Leary, 1995; Gilbert, 2013). Humans have a very deep need for a sense of belonging and group identity (Leary, 1990) and at times of group threat, our old brain reminds us of the benefits of mutual support. This has been observed within APs during the pandemic, in relation to the resident group:

- On leaving custody and entering the AP, residents expect an element of liberty. However during the height of lockdown, residents were met with further restrictions on their freedom. Yet, despite the tendency to rebel against rules, residents complied. A sense of unity and common experience was reported in the narrative of the AP residents. This was achieved in part by the strict lockdown within custody; residents were arriving with the expectation that for resident and staff safety (as was the case in custody) more stringent restrictions were necessary. It was also achieved by residents feeling part of a shared experience with staff and everyone else around them in the world. Used to an unjust, unfair, marginalising or discriminatory world, they instead were experiencing a world where everyone was being affected and impacted equally. This benefited the AP because it meant there were no battles when it came to changing rules. These were discussed, as a shared experience, and more readily than not, accepted.

- Residents that you would never expect to thank or even acknowledge staff support on exiting the AP sent cards acknowledging what a great job staff had done in such tough circumstances. This was achieved by the sense of safety that was created within the AP. The outside world seemingly more obviously scary and uncertain. The AP seemingly experienced as safe, secure and a protective shield against world, and personal, events.

Recovery cautions:

With reflection about successes and the understanding of some best practice approaches, there can be the tendency to expect recovery too quickly. Compassion fatigue is highly likely amongst those that have had sustained exposure to a threat, without the luxury of opportunity to rest and reset in the absence of this threat (coronavirus is still present and prevalent across the world). We need to tread carefully in our recovery, ensuring a compassionate stance from the system. Without this, it could undo so much of the hard work and compassion already invested by those on the 'frontline.' Some words of caution:

- Compassion fatigue leads to burnout (Dev et al, 2018). If an individual or team no longer has the energy to invest in the three flows of compassion (most importantly the flow of compassion inward) then they are unable to know and address their stress threshold limits. Allow time for staff to rest and reset (through leave and extended time periods off work through shift pattern planning) but also keep in mind that even on leave and during absence from the AP, the threat remains present in our lives.
- Be mindful of ever increasing system pressures. It is not for APs to take on the responsibility of the impact of Parole Board delays or Court closures. Be helpful and accommodating but maintain healthy boundaries and limits.
- Be cautious with using numbers to reflect success. Having at capacity APs in operation, with the potential that 'track and trace' could wipe out the staff team, needs serious consideration around the ability to manage risk effectively should this, or a similar situation occur. There will be no existing staff team to scaffold and navigate the crisis position, which has been a major part of success to-date.

The main message

AP staff deserve every recognition as hidden heroes. Their relentless flow of compassion has been the anchor that has allowed for the continued transition of high risk offenders from custody to community. It is now for us to mirror the same unassuming compassion back to our AP teams, these heroes that I can imagine so many in society never even knew existed. We do this in the hope that the system will reflect a similar courtesy, allowing for time and balance to recover from what has been, and continues to be, a significant threat to risk and health management in the community. Be committed, be strong, be wise. Be like AP staff, our hidden heroes.

With thanks to Heidi Ramsden, Westgate AP manager for her help with writing this article, and thanks to Westgate AP and Cardigan House AP for the absolute privilege of working with each team in my capacity as OPD pathway Core OM clinician.

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