Bridging custody and community:

The role of Approved Premises in successful reintegration

Briefing for policy and national leads

February 2026

Context

Approved Premises (APs) play a vital role in managing the Risk of Serious Harm (RoSH) of individuals, usually upon release from prison, particularly those posing a risk to the public, known victims, or themselves. Eligibility for AP residency is based on an assessment of high or very high risk of reoffending and/or RoSH, as well as a lack of appropriate and safe accommodation options (Marston and Reeves, 2022). In addition to housing those on post-custodial supervision, APs accommodate some individuals on Release on Temporary Licence, bail, or serving community sentences. Most resident placements last 12 weeks; a smaller proportion last for eight weeks, and placements in specialist APs (such as Psychologically Informed Planned Environments; PIPEs) are typically longer (six months).

There are 104 APs across England and Wales, including 14 which are independently managed by third sector providers (under Probation Service oversight), and 12 which are co-commissioned with the NHS and designated as PIPEs. These PIPEs accommodate people likely to have a personality disorder and focus on maintaining rehabilitative gains made when in custody, by fostering a supportive environment and delivering targeted interventions. Additionally, there are eight APs exclusively for women, five of which are independently managed.

APs aim to serve as a structured bridge between custody and community, providing keyworker support, rehabilitative activities, and a 'testing period' where residents work closely with probation staff to develop transition plans and manage risks before full release (Best, Irving and Albertson, 2017). APs help to address significant post-prison barriers – such as housing, employment, access to services, and social isolation – by equipping residents with life skills, employment training, and housing support (Harris, 2011; Maruna and Mann, 2019). A step-down approach is intended, reducing the amount of support provided over time to gradually increase independence, supporting reintegration and fostering reconnection with positive social networks.

One primary aim of APs is to facilitate and provide positive reintegration opportunities (Ministry of Justice, 2025). The term reintegration, which is sometimes used interchangeably with re-entry and resettlement, refers to the process individuals go through as they transition from prison to the community. Hopkin (2018) identified the importance of early intervention, appropriate post-release support, community follow-up, and integration with probation services as key for smooth transition, whilst Marston and Reeves (2022) stress the importance of personal, legal, moral, and social rehabilitation.

APs are under-researched generally, and little is known about their impact on residents' resettlement and longer-term desistance outcomes, or those factors that support or enable these outcomes **The current research aimed to address this gap in the literature by developing understanding of the AP environment, and the barriers and enablers to the safe integration of residents into local communities.**

Approach

HM Inspectorate of Probation commissioned the research team at Knowledge to Action (KTA) Research and Consulting to fill a critical knowledge gap and better understand the AP environment, and the barriers and enablers to safe integration of residents into local communities. The research took place between March and October 2025. It used a mixed methods approach to answer the research questions below, comprising three workstreams: a literature review, qualitative analysis based on interviews, ad hoc conversations, and observations with residents and professionals in/related to five AP sites, and two sense-checking workshops with professionals.

Research questions
1. Are AP residents adequately prepared and supported to safely integrate into communities?
2. What are the key challenges and barriers faced by APs in supporting the safe integration of AP residents into local communities?
3. What are the key enablers (or potential enablers) and good practices in supporting the safe integration of AP residents and in building relationships and partnerships between APs and local services and communities?

For the qualitative component, five geographically dispersed APs took part. Four were HMPPS-run, and one was independently run. Four accommodated men, and one accommodated women. Three provided standard delivery and two provided specialist delivery (one was a PIPE, and the other a mental health specialist AP). Primary data included 53 interview transcripts from residents, AP staff and managers, probation practitioners, service providers, and HMPPS policy leads as well as observational data. These data were analysed alongside the findings of prior published research relating to APs and reintegration, and the findings sense-checked and refined with professionals who took part in the study.

Outputs from the project include a full report with executive summary, a preliminary Theory of Change model to guide further research and evaluation, and three briefings aimed at different groups of people working within the justice sector (local and regional AP managers, policy and national leads, and AP staff and community service providers).

This briefing shares key findings from the project relevant to policy and national leads, as well as implications, points for reflection, and actions for further consideration. For more information, please see the full research report.

Key findings

Analysis of data from the interviews, observations, and the prior literature identified twelve themes related to the success of APs in supporting the safe reintegration of residents into the community, categorised as **contextual factors**, **system-level factors**, **key practices,** and **social and relational factors**.

Contextual factors	
1 Unique nature of APs	It was clear from the research that APs are a unique environment, accommodating a high-risk and high-need cohort, and acting as a 'bridge' for adjusting from custody to community living. They are seen as distinct from prison, but also independent from mainstream probation. However, people feel that APs are sometimes misunderstood and undervalued within the wider Service.
System-level factors	
2 Integration- and desistance-supporting policies	The research suggests that APs are more successful at supporting the safe reintegration of residents when the policies being applied enable reintegration and desistance. That is, when policies result in appropriate and timely placements to APs, when residents have sufficient lengths of stay, and when policies can be implemented with some flexibility to avoid unintended consequences, reduce burden, and give staff more time to engage with residents.
3 Sufficient funding and resources	Rehabilitative success is deemed more likely when there is sufficient and stable funding for the rehabilitative services and support needed, when AP managers have autonomy over how they spend and use their resources, and when there is a sufficiently skilled and stable staffing group in APs.
4 Accessible, well-resourced rehabilitative community services	Success appears more likely when there are sufficient services and support on offer in the community to meet the most pressing needs of residents (including substance misuse, mental health, and accommodation), and when community services have sufficient capacity to meet this need. Effective partnership working and inter-agency collaboration was identified as vital to enable residents to access and engage with these services.

Key practices	
5 Early and comprehensive planning	The research identified the importance of early and comprehensive planning, and success is deemed more likely when pre-arrival preparation, structured induction, and ongoing collaborative reviews take place. These activities help staff to be more prepared, to help residents settle into the AP and engage more easily, and help promote tailored and responsive delivery/practice.
6 Rehabilitative activities	Successful (re)integration and rehabilitation is considered more likely when there is a range of activities supporting desistance, when enforcement activities complement rehabilitative ones, when activities address a range of needs through different means, promote accountability, and provide/created structure for residents. Resident motivation, however, was identified as critical to meaningful engagement in rehabilitative activities and longer-term change.
7 Effective staff training and support	To practice effectively in this unique setting with this complex resident group, staff need to be given sufficient opportunities and protected time to develop and maintain their knowledge and skills. This includes informal and formal training opportunities, as well as reflective practice and supervision.
8 Responsive practice	Success is more likely when staff are responsive in their practice. Their good understanding of individuals' needs informs support offers, achieved through daily and close interactions with residents, person-centred delivery, and through relationships built on care and dedication. Access to the right support at the right time is facilitated by the 24-7 nature of APs and the willingness of staff to help residents.

Social and relational factors	
9 Cohesive and collaborative teamworking	AP success appears to rely on the presence of positive staff dynamics, characterised by good communication, mutual respect, and inclusive and supportive ways of working. These are facilitated by regular meetings, and through collaborative leadership, with staff feeling trusted, empowered, and valued.
10 Safe and rehabilitative culture	Success is more likely when people feel secure and welcomed in the AP, which is achieved through trauma-informed care, clear rules, and risk management measures. Staff wanting to help people to progress, and carefully balancing risk management and rehabilitation (seen as complementary), contributes to a positive, rehabilitative AP culture.
11 Rehabilitative relationships	Rehabilitative relationships appear central to the success of APs. Relationships characterised by collaboration and empowerment, as well as dedication, compassion and care were regarded as important. Good communication and use of procedural justice are also essential to developing and sustaining trust and honesty between staff and residents. Such relationships are seen to encourage engagement, build motivation, empower, foster autonomy, and to help residents to feel like they matter.
12 Enabling social environment	Success is deemed more likely when the resident cohort is similarly motivated and ready to engage with opportunities, which exerts a form of social control, creates shared positive standards and expectations of behaviour, and fosters role modelling and peer support.

Enablers in supporting safe integration

The research identified a number of enablers in supporting AP residents' safe integration.

Enablers and good practices

- 24-hour, close contact, and meaningful interactions between staff and residents.
- Managerial autonomy over decision-making (including how and when to use resources, and where to purchase goods from).
- Cohesive and collaborative teamworking, characterised by respect, communication, support, flexibility, and shared values/commitment to a common purpose.
- Collaborative leadership, characterised by fairness, valuing staff, empowerment, and democratic/less-hierarchical ways of working.
- Comprehensive pre-arrival (i.e., pre-prison release) preparation, planning, and relationship building with residents.
- Staged and structured (over several days) induction process for new residents including meeting immediate needs (e.g., GP registration, medication access, and registering for benefits).
- Good quality case formulation to inform ongoing intervention planning.
- Frequent and meaningful team discussions and meetings regarding resident needs and case management.
- Starting settlement/move-on planning soon after arrival in the AP, regularly reviewing and updating this during the placement.

Enablers and good practices

- Relationships (between staff and residents) characterised by openness, respect, care, compassion, hope, and transparency.
- Approaching risk management/enforcement and rehabilitation/desistance as complementary goals, facilitated through a strengths-based, person-centred, and trauma-informed approach.
- Provision of a wide range of activities (targeting criminogenic needs, desistance factors, personal and practical skills and knowledge, wellbeing, and social capital needs), ideally offered in different formats (one-to-one and group based) and in different settings (on-site and off-site) to facilitate choice and uptake.
- Provision of structured timetable of activity (including rehabilitative and monitoring activity).
- Enhancing access to, and uptake of, specialist support and knowledge though on-site positions/roles (e.g., clinical/psychological leads for staff, and housing and mental health specialists for residents).
- Provision of, and protected time for, formal training, informal (peer) learning and shadowing, and reflective practice/supervision activity.
- Relationships with service providers/partners that are characterised by respect, effective and friendly communication, shared understanding and goals, and named points of contact.
- Reducing support as placement progresses to increase resident autonomy.
- Provision of post move-on support as needed.
- Shared (positive) standards and expectations of behaviour between residents.

Implications, reflections and actions for policy and national leads

The findings suggest there are a number of ways to strengthen the capability of APs in supporting the successful integration of residents into the community. At a policy and national/HQ level, there would be benefit in the following:

1. **Clearly articulating the primary purpose of APs** as rehabilitative spaces that bridge custody and community and protect the public, with a secondary function as accommodation.

2. **Raising awareness within the wider Service** (both prisons and probation), across partner agencies, and with the public, of the purpose and function of APs (and of specialist APs).

3. **Ensuring national policies and procedures, including the operations of the Central Referral Unit (CRU), are enabling**, in terms of facilitating appropriate and timely placements, sufficient lengths of AP placements, and being gender-responsive.

4. **Considering the benefits of allowing greater local and regional discretion and involvement** in policy application and centralised decision-making (for example, could there be greater AP manager and operational staff involvement in placement decisions to APs, the implementation of rouse response checks, and purchasing frameworks).

5. **Ensuring sufficient funding for APs** including investment in a skilled and stable staffing group, with consideration of incentives to join and remain in this workplace, and reducing the need for what can be high levels of temporary shift cover and employee turnover.

6. **Centrally funding specific roles**, such as dedicated psychological or clinical input and supervision.

7. **Allowing AP managers greater autonomy** to direct the allocation of their funding and resources, in accordance with the specific needs of their resident cohort and staffing group.

8. **Working with national employers** to investigate potential schemes to aid AP residents into the workplace (for example, a commitment by organisations to take on or train people with convictions after leaving the AP estate).

Questions for reflection

- How can you improve the understanding of APs (including specialist APs) and their purpose across HMPPS? How can you ensure that trainee probation officers have the required knowledge and understanding of APs?

- How can you ensure that national policies are enabling and support the safe reintegration of AP residents, by taking into consideration the impact on APs of measures and policies that benefit other parts of the Service (e.g., prisons)?

- To what extent can you further involve local and regional AP managers and operational staff in policy development and decision-making regarding APs?

- How can you ensure AP managers have autonomy with regards to funding and resources, so they are better able to meet the specific needs of their resident cohort and staffing group?

- How can you support the sharing of good practice across APs?

- Are there ways you can reduce the bureaucratic burden placed on AP staff to help them focus on rehabilitative activities and engaging with residents, whilst still maintaining high standards, assurance, and accountability?

- What should the future research priorities be to support APs to achieve their aims?

Actions to consider

- Ensuring that consultation processes on policies affecting APs are as effective as possible, and building in potential reviews following a period of implementation to maximise positive impact and mitigate potential unintended consequences.

- Communicating about the purpose of, and good practice in, APs across HMPPS and more widely with the public.

- Commissioning research to fill the gaps and further develop the evidence base on APs.

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