HM Inspectorate of Probation

Bridging custody and community: The role of Approved Premises in successful reintegration

HM Inspectorate of Probation

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Contents

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

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We would like to thank all those who participated in the interviews and welcomed us into their Approved Premises. Without their generosity, time, and help we would not have been able to conduct this research.

Executive Summary

Context

Approved Premises (APs) manage and house individuals assessed as posing a high or very high Risk of Serious Harm (RoSH), usually upon release from custody. With 104 APs across England and Wales – including some specialist units and women-only facilities – these settings provide structured, supervised environments that support public protection and rehabilitation (Ministry of Justice, 2025). APs offer temporary accommodation, keyworker support, and rehabilitative interventions, aiming to bridge the gap between custody and community (Reeves and Marston, 2023). APs are under-researched; this study is intended to further our understanding of how they support the safe integration of residents into local communities.

Approach

The current research aimed to develop understanding of the AP environment, and the barriers and enablers to the safe integration of residents from APs into local communities. The research questions were:

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?

This research took place between March and October 2025. It used a mixed methods approach, comprising three workstreams: a literature review, qualitative analysis based on interviews (n=53), ad hoc conversations (n=28), and observations of groups and activities (n=9) with residents and professionals in/related to five AP sites, and lastly two sense-checking workshops with AP professionals.

Key findings

Analysis of interviews, observations and the research literature identified twelve themes related to the success of APs in supporting the safe integration of residents into the community. These themes have been categorised as contextual factors, system-level factors, key practices, and social and relational factors.

- **Contextual factors**: 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, and independent from mainstream probation, and are sometimes misunderstood and undervalued within the wider Service.
- **System-level factors**: For APs to effectively support integration and longer-term desistance, this research suggests three system-level factors are important. Integration- and desistance-supporting policies, which facilitate appropriate and timely placements into APs, and ensure sufficient placement lengths for residents, which in turn influence successful outcomes. Additionally, flexible and tailored policies have the potential to reduce the bureaucratic burden upon staff, freeing up their time for

meaningful engagement with residents. Sufficient funding and resources are required for successful reintegration. This includes appropriate funding, managerial autonomy over how funds are spent, and a stable and skilled workforce. Further, accessible, well-resourced rehabilitative community services, including effective partnership working with local authorities and other providers to facilitate resident access and engagement in such services, appear vital to achieving desired outcomes.

- **Key practices**: Practices which effectively support better outcomes include early and comprehensive planning (thorough pre-arrival preparation, structured induction, and ongoing collaborative review); offering a wide range of rehabilitative activities (to address criminogenic needs, develop practical and desistance-supporting skills and knowledge, and create structure for residents); providing effective staff training and support (including space and opportunities for reflective practice, dedicated psychological support, formal training, and informal peer learning); and responsive practice (enabled by staff's close understanding of residents' needs and motivation to inform tailored and flexible support offers at time of need).
- **Social and relational factors**: Cohesive and collaborative teamworking are critical for the effective functioning of APs, characterised by strong interpersonal relationships, inclusive practices, good staff dynamics, and collaborative leadership. A safe and rehabilitative culture is vital and is fostered through a balanced approach to risk management and rehabilitation, in which staff and residents feel safe and supported. Rehabilitative relationships, defined by respect, trust, care, dedication, open communication and use of procedural justice foster engagement and empowerment. Balancing expectations of engagement with promoting resident independence and autonomy is helpful. An enabling social environment, shaped by the composition and motivation of the resident cohort, can enhance outcomes, but group dynamics can be easily unsettled and undermined, including because of perceived inappropriate placements.

The themes have informed the development of a preliminary Theory of Change to guide further research and evaluation, outlining potential explanatory pathways and processes through which APs achieve the intended outcomes (see Annex B).

Barriers to effective reintegration: APs face a range of challenges that hinder their effectiveness in supporting rehabilitation and resettlement. These include inappropriate or late placements, short placement lengths, and rigid application of national policies. There is widespread misunderstanding of AP roles (including the specialist units) among stakeholders and residents. Resource constraints, staffing difficulties, and limited access and availability of essential community services (particularly move-on accommodation and mental health support) present further challenges. Poor inter-agency collaboration, siloed working, and fragmented data systems reduce efficiency. Societal stigma and lack of local engagement also impede reintegration. Additionally, effectively balancing support with resident autonomy, fluctuating resident motivation levels, and insufficient focus on long-term desistance are barriers.

Enablers of effective reintegration: Effective APs are characterised by the presence of good relationships and effective operational practice. Key enablers include 24-hour staff presence and meaningful engagement with residents, collaborative leadership, and cohesive teamworking. Managerial autonomy supports responsive decision-making, while structured induction and early planning for move-on enhance AP settlement and later reintegration. Trauma-informed, person-centred approaches that integrate risk management with

rehabilitation foster trust and motivation. A diverse range of activities, access to specialist support, and protected time for staff development further contribute to better outcomes. Strong partnerships with local services, post-placement service accessibility, and shared behavioural expectations amongst residents also impact successful reintegration.

Implications

At a policy and national level, there could be benefit from:

- clear articulation of AP's purpose as rehabilitative spaces that bridge custody and community and protect the public
- 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 also)
- ensuring national policies and procedures, including the operations of the Central Referral Unit (CRU), are enabling, in terms of facilitating appropriate and timely placements, allowing sufficient lengths of AP placements, and being gender-responsive
- consideration of what benefits there may be for greater discretion and involvement in centralised decision-making and policy application
- sufficient funding for APs including investment in a skilled and stable staffing group, with consideration for incentives to join and remain in this workplace, and reducing the need for temporary shift cover and employee turnover
- deliberation over central funding of specific roles, such as dedicated psychological or clinical input and supervision
- allowing AP managers greater autonomy to direct the allocation of their resources, in accordance with the specific needs of their resident cohort and staffing group.

At the regional and local levels, focus should be on:

- strengthening partnerships with local authorities and providers to establish strong relationships, underpinned by service level agreements and mutual aims to foster better connectedness, access to externally provided services, and timely engagement by or with residents
- having named organisational contacts, and direct provision on site in APs to add value and enhance connectivity (for example, accommodation coordinators and facilitators)
- dedicated support to identify and make links with potential employers and smaller employment, training and education organisations in APs' local communities to begin to formalise potential routes into employment and other purposeful activity for residents
- striving for greater connectedness between APs and Probation Delivery Units (PDUs), including with probation practitioners – this includes considering how they can work together more effectively on particularly thorny issues, including finding move-on accommodation, which may be enhanced through a different way of working with sentence management and sharing responsibilities
- providing training and learning opportunities and routine supervision/reflective practice activity for all staff (including AP managers), and ensuring protected time for AP staff development.

1. Introduction

Approved Premises

Approved Premises (APs), previously known as probation hostels, play a vital role in managing the Risk of Serious Harm (RoSH) of individuals released 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 also accommodate some individuals on Release on Temporary Licence, bail, or serving community sentences. They form Tier 1 (CAS1) of the Community Accommodation Service, with CAS2 providing lower-intensity supported accommodation for bail/Home Detention Curfew/ alternative-to-recall cases, and CAS3 offering short-term transitional housing (up to 12 weeks) for prison leavers at risk of homelessness (Ministry of Justice, 2025).

There are 104 APs across England and Wales, most of which are men-only, with eight dedicated to women. Fourteen APs are independently run by third sector providers under contract and in partnership with HM Prison and Probation Service (HMPPS). Twelve APs operate as psychologically informed planned environments (PIPEs), co-commissioned with NHS England.[1] PIPEs accommodate people likely to have a personality disorder and focus on maintaining rehabilitative gains secured 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, and two of which are PIPEs.

All the APs provide 24/7 staffed, highly supervised residential environments for residents (Ministry of Justice, 2025). Most placements last 12 weeks; a smaller proportion last for eight weeks. Placements in specialist APs (such as PIPEs) are typically longer (six months), and placements for enhanced security cases last for 52 weeks.[2] The APs should provide support and purposeful activities for residents as part of a rehabilitation and recovery-focused environment, alongside close monitoring, including through curfews, drug and alcohol testing, and welfare checks. Breaching or non-compliance with these measures, or breaching the (additional) licence conditions applied to those released from prison, can lead to recall to custody (Reeves and Marston, 2023).

APs and reintegration

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. Through providing reintegration opportunities and a range of rehabilitation and recovery-focused activities, APs can support individuals in their desistance journeys which involves longer-term changes in behaviour, identity, and social relationships (McNeill, 2012; HM Inspectorate of Probation, 2020).

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[1] PIPEs operate as part of the HMPPS and NHS jointly commissioned Offender Personality Disorder (OPD) pathway. The OPD pathway adopts a holistic approach centred on trauma-informed care, relationship-building, early identification or risk and need, sentence planning, and workforce development. A strong emphasis is placed on the relational environment and case formulations, requiring staff to understand both mental health and offending behaviour. PIPE core components include enabling environments (providing an environment which is safe, supportive and stimulating and empowers residents to learn and grow), staff training and supervision (in relation to working in enabling environments and with people with personality disorders), keywork sessions (individualised support for resident's needs and reintegration), and socially creative sessions (staff and residents working together to enhance relational engagement and development) (Turner and Bolger, 2015).

[2] Communication between project researchers and HMI Probation (September 2025).

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 practitioners 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.

In a systematic review, Hopkin et al. (2018) identified the following features as important for smooth transition: early intervention, appropriate post-release support, community follow-up, and integration with probation services. More recently, Marston and Reeves (2022) propose APs should focus on four core aspects of rehabilitation to aid resettlement:

- personal rehabilitation – providing support services, purposeful activity and fostering effective relationships
- legal rehabilitation – working with community partners to mitigate the impact of legal measures, social exclusion and stigma
- moral rehabilitation – ensuring residents are treated with respect and legitimacy during their transition back into the community
- social rehabilitation – building social bonds, networks, and capital to support desistance.

The performance of APs in England and Wales has been shaped by significant changes to the Probation Service over recent years, such as *Transforming Rehabilitation*,[3] and the unification of services.[4] These changes have undoubtedly impacted APs, directly affecting available resources and staff morale (Williams, 2016). The most recent thematic inspection review by HMI Probation found that APs were generally performing well, particularly in protecting the public, although this was some time ago (HMI Probation, 2017).[5] In addition, the quality of resettlement and rehabilitation services varied. Rehabilitation services in APs for women were noticeably better than in APs for men, and independent APs performed better overall. PIPE APs were viewed positively but lacked suitable interventions to address personality disorder. There were also capacity issues, with around half of the APs operating at high occupancy and being oversubscribed; there was an estimated shortfall in AP beds/spaces of 25 per cent. Around half of residents were not housed in their local area, making access to local resources and services difficult. Finally, many residents had complex needs, and to deal with these effectively, staff required greater access to training and support than was typically available.

[3] Transforming Rehabilitation was a substantial reform programme in 2013 which restructured the probation service, extending post-release supervision to those servicing short custodial sentences. The programme created a National Probation Service dedicated to managing higher-risk individuals, and 21 privately-owned Community Rehabilitation Companies (CRCs) responsible for low and medium-risk individuals.

[4] The unification of services was the new model for probation services bought in from June 2021 when contracts for CRCs ended. From 2021 all sentence management for low, medium and high-risk individuals was carried out by the Probation Service, organised around 12 regions.

[5] Positive findings have also been reported in the first inspections from the new AP inspection programme – see https://hmiprobation.justiceinspectorates.gov.uk/document/approved-premises-inspection-ratings-and-scores-table/.

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

2. Findings

This section of the report presents the findings from a mixed methods study, which aimed to answer the following research questions:

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?

The research took place between March and October 2025, comprising a literature review (March-April), qualitative analysis of data gained primarily through on-site visits at five APs (June-July), and two online workshops with professionals (October). Details of the methodology for all three workstreams, the study sites, and the participant sample can be found in Annex A, along with the main limitations of the study. Approval for the research was provided by the HMPPS and Ministry of Justice National Research Committee.

In summary, for the qualitative research, the APs were located in five regions in England (London, Southwest, Southeast, Northwest, and Midlands) and included:

- HMPPS-run (n = 4) and independently-run (n = 1) APs
- APs accommodating men (n = 4) and accommodating women (n = 1)
- APs with standard/non-specialised delivery (n = 3), and with specialist delivery models or purposes (n = 2; one a PIPE and one with a mental health specialist provision).

The study's primary data comprised verbatim transcripts of 53 interviews with AP residents (n = 14), residential workers (n = 8),[6] probation services officers (PSOs; n = 9),[7] AP managers, including one area manager (n = 6), probation practitioners (n = 3),[8] service or specialist providers (n = 11),[9] and HMPPS central policy leads (n = 2). Additional data included handwritten field notes from short ad hoc conversations and observations of activities taking place in APs, and notes and feedback from the two workshops with professionals.

[6] Residential workers operate as part of a team providing 24-hour cover at APs including security and monitoring services. They assist in the wellbeing and supervision of residents, maintaining discipline, adherence to AP rules, licence conditions, sentence plan objectives specific to residency in the AP, and court orders

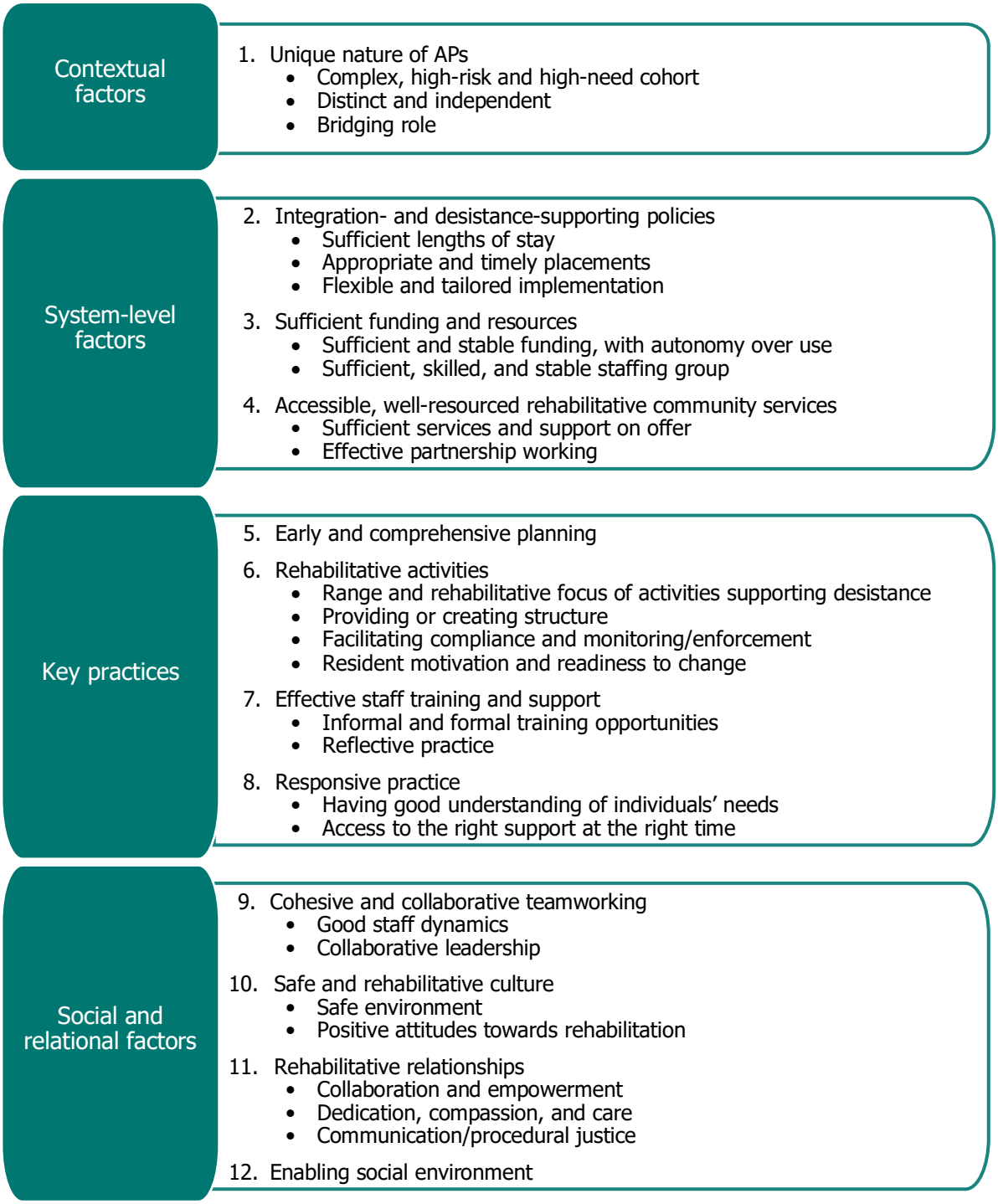
[7] PSOs contribute to the effective risk management of individuals in the AP by working closely with the qualified probation officer, undertaking one-to-one keywork sessions aimed at addressing risk factors and supporting resettlement needs, contributing to MAPPA and other multi-agency forums, and working closely with other agencies to engage residents in rehabilitative opportunities.

[8] Probation practitioners, sometimes called probation officers, work with individuals on community or prison sentences to assess their needs, manage their risks, and develop plans to help them make positive lifestyle changes. Their role involves collaboration with other agencies like the police and social services, providing support, advice, and interventions to help individuals comply with their sentences and reintegrate into the community successfully.

[9] The specialist roles or service provider category, for the purpose of this study, included a variety of staff (from HMPPS, NHS, and third sector organisations) including finance officers, housing officers, psychiatrists, psychologists and treatment clinical leads, substance misuse service staff, and others.

Twelve themes were identified (see Figure 1), categorised as contextual factors, system-level factors, key practices, and social and relational factors. The themes are elaborated on further in the following subsections (with subthemes highlighted in bold text).

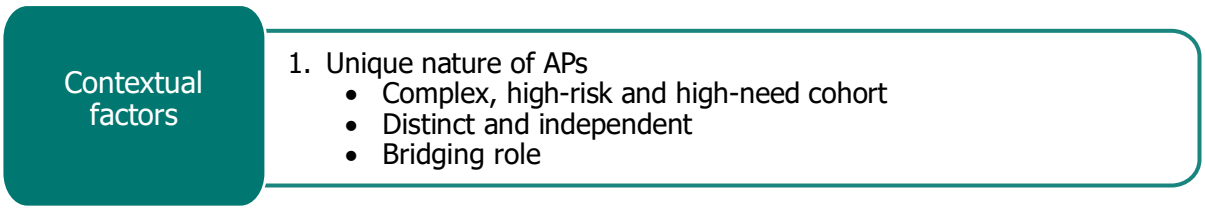
Figure 1: Themes and subthemes



During the analytical process it became possible to start to develop a Theory of Change, that is, to use the study's data and the literature review to begin to identify the explanatory pathways and processes through which APs bring about change (namely the safe integration of residents into the wider community); this can be found in Annex B.

2.1 Contextual factors

The first theme encapsulates contextual factors and issues which position APs as a unique service offer within the criminal justice system.



Theme 1: Unique nature of APs

APs accommodate a complex, and often high-risk and high-need cohort; the qualitative research indicated that substance misuse, mental health difficulties, and accommodation were especially prevalent among residents. This mirrors previous research reporting that AP residents face multiple complex needs that must be addressed to support their rehabilitation and reintegration (e.g. Brooker et al., 2022; Khan, 2023; Phillips et al., 2018).

APs were described by participants as being distinct from prison, offering greater freedom, and more personalised support than was perceived to be available in custodial settings. Managers, staff, and residents felt staff were more engaged in residents' day-to-day lives than staff providing mainstream probation services. In all five sites, a high level of demand on staff from residents was observed, who were continually on hand to offer support and advice.

Indeed, APs were thought of as acting as a transitional 'bridge' between custody and community; helping individuals accustom themselves to living in the community whilst also monitoring their behaviour. This bridging role was considered to be especially significant for individuals who had little experience of living independently or who had been in prison for a long time, providing access routes to services and creating space for adjustment. Whist some residents regarded APs as merely an extension to prison life, or a "*category E prison*" given the restrictions (e.g., mandatory check-ins), they nonetheless tended to view APs as more supportive than prisons.

> *"…it's kind of like, yeah, it's stabilising I think, like stabilisers on a bike. You know what I mean? APs prepare you to take the stabilisers off your bike."* [Resident]

APs were also perceived as operating relatively independently from wider probation services, and as sometimes overlooked, despite being a critical part of the Service:

> *"We definitely feel like the poor relations a lot of the time, and… we're sort of forgotten about. I don't know why…I was definitely aware of that before I moved into the AP world… but I think there's more emphasis on prisons and*

> *sort of the Probation Delivery Units and then we're just sort of like, sort of side margins.*" [Manager]

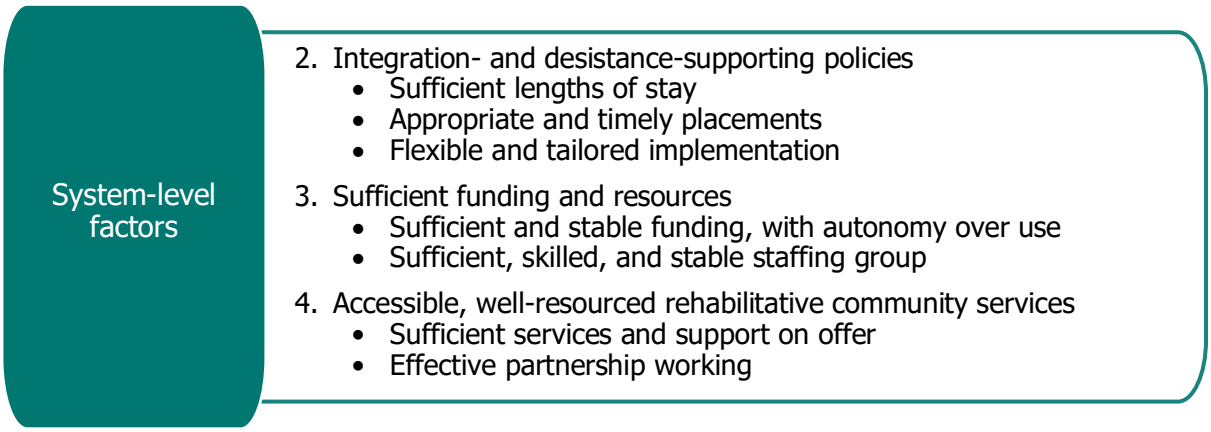
In particular, the role and function of APs (and specialist APs) were not thought to be well understood by the wider organisation; most participants believed that others saw them merely as a "*bolt-on*" and "*poor relation*" to the primary Service (i.e., prisons and traditional probation). Participants proffered reasons for this:

- First, staff and residents felt that wider knowledge and perceptions of APs were primarily shaped by people's direct and personal experiences of APs across the organisation, rather than by official training or information. Participants noted that APs are no longer covered in training for trainee probation officers, and that there was limited in-reach work from APs to prisons, or outreach work from prisons to APs. Consequently, in the absence of other information about APs, participants believed that the primary way people in prison were learning about them was from those who had been recalled, which provided a skewed and negative picture of APs and had provoked anxiety among potential residents.
- Second, the placement of the central HMPPS AP team into the Accommodation Directorate, separate to all other probation services in the organisation, was experienced as causing problems with communication between AP teams and sentence management teams, and leading to confusion about the function of AP provision.

> *"I'd argue that AP isn't accommodation provision…you'd go to an AP if you had a home to go to, wouldn't you? Because it's about public protection. It's about the need to be supervised and monitored and checked. I think actually being in Community Accommodation Services is a bit confusing…and we've almost detached it from the Probation Service*." [Policy Team]

2.2 System-level factors

The next three themes comprise features of the wider criminal justice system which have an impact on the success of APs in supporting integration and longer-term desistance; these relate to policies, funding, and the services available in the wider community.



Theme 2: Integration- and desistance-supporting policies

Participants believed that greater resettlement success (and fewer recalls) could be achieved when organisational policies enabled appropriate and timely placements to APs. Appropriate placements considered both geography – so residents could ultimately resettle into the same area and thus continue to use the services they had connected with during their stay – and need, ensuring that those referred to specialist APs had the needs those APs supported. Many staff perceived the implementation of the Central Referral Unit (CRU)[10] to be deeply problematic in this regard, resulting in a reduction in AP managers' authority over decisions to accept (or not) placements into the AP, and an increase in placements they deemed inappropriate.

Participants also stressed that placements need to be timely; early notification of placements allowed AP staff to gather relevant information, prepare to meet residents' needs, and in some cases to meet them prior to release. Staff felt timely and appropriate placements fostered stronger relationships, eased the transition to and settlement in the AP, led to better motivation and engagement from residents, and minimised disruption within the AP. Conversely, inappropriate or last-minute placements not only unsettled the others in the APs but were perceived to increase the risk of recall to prison and undermine efforts to desist from crime.

> *"It's very much like a poor model of booking.com, whereas it's just numbers and beds and 'whatever's available, just go there'. It's in turmoil... and certainly doesn't work for us as a specialist AP. We're getting now far too many that don't meet that criteria initially and it's caused some sort of devastation… I'm really frustrated by this one guy, he's been here for quite a long time with us and made fabulous progress... and we've had some random drug users come in and they've enticed him into drug use."* [PSO]

Having a sufficient length of stay was considered crucial for effective integration. Longer placements were thought to enable residents to build relationships and rapport with staff, engage meaningfully with treatment, activities, and external services, and achieve better and more sustainable outcomes. Participants believed that the first month of an AP stay was often spent adjusting to AP routines and the difference to life in prison, before more in-depth engagement and work took place. As such, stays of less than 12 weeks were generally considered too short in all AP types, and 6-month stays were viewed positively in specialist APs (e.g., those designed to cater for people with mental health difficulties or personally disorder). Staff felt that the rigid rules of the CRU on length of stay prevented or limited APs from extending placements when this was deemed necessary; for example, to enable completion of accredited programmes or to secure move-on accommodation. This was perceived to disrupt resettlement and to act as a barrier to rehabilitation.

> *"Their time is not long enough for them to start [a job]. If we start a process for them, it's not long enough for us to complete that process you know, because sometimes by the time [potential employers] start calling them, they have already moved and that application is discontinued. So, the short-term stay, for somebody who is not very stable and settled, it's not, it's not helping them a lot and you just see them going around in a circle. They're back in prison. They're out again. They're back in prison. Because there's no continuity."* [PSO]

[10] The national CRU receives and facilitates placements to APs for individuals on probation, bail, or licence. The CRU acts as a centralised point of contact for courts and probation officers to arrange placements at APs. The CRU was introduced in January 2024; prior to this, placement referrals were sent directly to individual APs for consideration by local managers.

In addition, whilst staff saw the value in centrally-determined policies and procedures, such as those aiming to protect the safety and wellbeing of residents, there also needed to be flexible and tailored implementation of the policies. Staff saw the inflexible or universal implementation of these as a bureaucratic burden, taking staff time away from direct, supportive engagement with residents. Some examples included increases in data recording and paperwork, issuing everyone with less comfortable, fire-retardant bedding (rather than, for example, only those at risk of perpetrating arson), or the introduction of multiple rouse response checks (requiring waking) for a broader range of residents during the night (rather than only for those at risk of self-harm). Furthermore, a few participants from the female AP reflected that policies were usually designed with men (the majority) in mind and were not always appropriate for women (e.g. decisions about minimum length of stay perceived to be centred around men, and perhaps not fully considering the complexities and needs of women).

Theme 3: Sufficient funding and resources

The ability of APs to help resettle individuals was perceived to be strongly influenced by the sufficiency and stability of funding, alongside the autonomy of managers in directing resources (including the freedom to purchase goods outside of imposed supplier lists). The research identified the need for sufficient funding and resources to be in place so that APs can not only fund the 'basics' (such as ensuring a decent physical environment) but also deliver a wide programme of activities central to rehabilitation and recovery. Inadequate funding often resulted in programmes, groups, or activities being discontinued (albeit sometimes temporarily), and APs having to choose between essential services, thus undermining the quality of support they wanted to offer residents.

> *"Group work falls away if there's not enough [money], and so sometimes you can see the evidence of it. You know, you suddenly think 'Oh there hasn't been a group, there hasn't been any gardening groups,' for instance, and it's because we've spent all our AP budget on, you know, cooking."*
> [Service/specialist provider]

Where decision-making autonomy was greater at managerial level, which was most notable in the independent AP, staff were better able to tailor provision to the needs of their cohort, for example by employing specialist staff when needed (e.g., counsellors or music therapists). More broadly, demand for AP places were perceived to outstrip availability:

> *"There's such a high demand for AP beds, for CAS3 accommodation."*
> [Service/specialist provider]

Generally, staff believed this demand contributed to shorter placements, reduced flexibility regarding move-on dates, and inappropriate placements in some cases (see also theme 2). Additionally, the use of shared rooms in some APs, which many residents opposed, could also be regarded as a consequence of resource constraints across the AP estate.

Staffing was another area where resourcing challenges were evident, and which had an impact on the services APs could offer. Having a sufficient, skilled, and stable staffing group was deemed essential to an AP's success. At some of the APs included in this research, staffing levels were considered sufficient and stable. In fact, there were numerous AP staff who had been in post for many years, providing significant experience, skill, local knowledge, and longstanding relationships with colleagues, external services, and stakeholders. This bought many benefits including more effective partnership working (see

also theme 4), and greater understanding of the needs of residents and how to respond to these effectively.

> *"And it's helped by the staff groups, certainly the sort of PSOs, keyworkers, are a pretty stable group. I mean, at least one of them has been here for 20 years, you know, so they're very, there's not a lot of change, and they're… they're very experienced. I think I would say the whole staff group here is experienced at dealing with the sort of residents that we get and they're not fazed… they've got the right understanding of what to do and how to handle it."* [Service/specialist provider]

However, in other APs, recruitment and retention were significant issues, influenced partly by low pay, which was especially relevant in geographical areas with a higher cost of living. This reduced the pool of potential applicants and limited the AP's ability to attract and retain skilled staff. High turnover, a growing tendency for staff to not view AP work as a long-term career, as well as limited career progression opportunities (plus dissatisfaction with salaries for different roles), further undermined team stability and cohesion at some APs.

> *"I've been in post six years and we've never been fully staffed. It's the cost of living against the salary. We just can't recruit, simply, so we have recruitment campaigns and the candidates just aren't appointable. And then…there's no real career progression opportunities, so we're then losing staff who are moving out of probation completely."* [Manager]

Staff shortages, along with high workload, meant that at times staff felt the work demands were unmanageable, and they were being forced to prioritise procedural or bureaucratic tasks over rehabilitation-focused activities or meaningful interactions. Temporary staff were sometimes used to fill gaps but were not always appropriately qualified to adequately share the workload. Collectively this meant that some AP managers spent a significant proportion of their time dealing with staffing issues and scheduling, which left little time to build links and partnerships with community services/support.

Theme 4: Accessible, well-resourced rehabilitative community services

What community-based services and support were on offer, and how sufficient these services were, was viewed as especially important for how successful APs could be in resettling people into the community. Community services are heavily relied on for many of the residents' key needs, including employment, accommodation, substance misuse treatment, and health (physical and mental); these are all delivered by sectors outside of criminal justice. There were some examples of excellent community services, particularly in the specialist mental health and PIPE APs, where external providers such as psychologists and nurses, came into the AP every week to support residents. Staff at some APs also talked positively about community services such as GPs and CGL (Change, Grow, Live[11]) and other third sector community providers/organisations including, for example (not an exhaustive list), Beam (which provides financial and job support for prison leavers), Cowshed, CFO Evolution, St Giles Trust, and Suited and Booted. The degree of accessibility and range of services available seemed to depend in part on geographical location, with APs in bigger towns/cities generally having access to a greater number and variety of services.

However, there were also some notable gaps in provision of services across the five APs. Previous research has found that access to healthcare services is a particular challenge for

[11] Change, Grow, Live (CGL) provide support and care services for people experiencing drug and alcohol use, homelessness, conflict with the criminal justice system, and children and young people.

AP residents (Brooker et al., 2022; Sirdifield et al., 2020). While appropriate healthcare was raised as an issue by some in the five APs that participated in this research, the most pressing and problematic challenge across all sites was access to suitable move-on accommodation. The availability and accessibility of housing was limited and inconsistent, with a lack of suitable and affordable options, and reliance on temporary accommodation (e.g., CAS3 accommodation,[12] hotels). In addition, the stigma associated with having convictions and requisite additional checks, and difficulties securing support for those resettling outside of the AP area, were experienced as further barriers, and all contributed to a tendency to secure move-on accommodation at the 'last-minute'.

> *"And then last minute, they're, and it, you know, it's always last minute, trying to find them accommodation and move on… sometimes they don't know where they're going until the day they move on."* [Residential worker]

Both staff and residents felt that this lack of certainty about housing caused significant anxiety and risked undermining the progress residents made during their time at an AP. Problems with housing also meant some residents ended up in areas or housing that was unsuitable (e.g., someone in recovery being co-located with someone currently using substances), which could also impact on longer-term success and settlement. Participants reported additional challenges in finding housing for people with certain offence types.

> *"So the greatest need and challenge is usually being able to move them on, because over time when we deal with some high-risk individuals, we find ourselves requesting extensions to their stay because we've been unable to find suitable accommodation for them. And [people with sexual convictions] especially fall into this category, as do those with known convictions for arson. It's near impossible to house these individuals."* [Probation practitioner]

Community service provision of other essential services varied across locations, creating a 'postcode lottery', with long waiting lists and limited capacity for high-demand services, most notably relating to housing and mental health.

> *"I mean, obviously out there, there's tonnes of missing services, and their [residents'] needs aren't being met, but like the most obvious one to me always is, is mental health. You know we get some really poorly people referred here and they get recalled, not because they are doing anything intentionally wrong and making bad decisions, they're getting recalled because they're ill and there's nowhere for them to go… poorly people that aren't getting their needs met, and there's nothing we can do."* [Service/specialist provider]

Stigma about AP residents and people leaving prison, a lack of wider societal understanding about APs, and competing pressures on local services was felt by participants to contribute to reluctance amongst community services to engage with APs. Stigma and discrimination were identified in prior research with regards to healthcare access also (Brooker et al., 2022; Sirdifield et al., 2020), but the experiences of participants in our five sites suggest this may have similar impacts in relation to other services too. This wider community support and available social capital was, for the most part, deemed inadequate. Additionally, participants felt opportunities to link residents with local services were sometimes missed because AP

[12] CAS3 (Community Accommodation Service Tier 3) is a transitional accommodation service designed for people leaving prison who are at risk of homelessness. It provides up to 84 nights of basic accommodation.

staff did not always know what services were available, or because additional (unavailable) resources and funding were required to find, build, and maintain these connections.

Promising practice example: Dedicated housing officer onsite or outreach worker onsite periodically

Having a staff member whose role was dedicated to providing support with housing, or having a housing officer based at the AP once a week, seemed to work well in providing the additional support that residents need to understand and source appropriate move-on accommodation. People in these roles were able to: provide information about the sorts of available housing and what to expect; help navigate the application process; and forge connections with counterparts in relevant services. They were also able to meet individually with residents to help them with any issues they were experiencing in relation to housing.

Effective partnership working between the AP and other services/organisations was regarded by participants as essential to enable successful reintegration of residents, echoing previous research (Bourne et al., 2015). Partnership working and effective collaboration was stronger/easier when there were less frequent changes in staffing, shared values, and strong personal relationships with service providers. Good partnership working practice in the APs that took part in this research was often evident across a range of services, but especially with GPs and substance misuse services. In contrast, partnerships with mental health and employment providers appeared less consistent and often more challenging to establish and maintain.

> *"We've got members who've been working with the NHS and CGL [Change, Grow, Live] for quite some time and they kind of form that kind of relationship… the basis of every relationship, from my understanding, is communication. That is well covered. If they need something they call us, we verify. We share that information amongst ourselves. There's good two-way communication."* [Residential worker]

Identified enablers of effective partnership working from the five sites reiterates and extends prior research in APs. Earlier studies have recognised the importance of:

- good information sharing and agency collaboration for effective management of residents and successful reintegration, which can be achieved by embedding healthcare teams within APs
- providing on-site services (e.g., drop-in sessions)
- having clear commissioning processes
- facilitating joint/multi-disciplinary meetings to bring staff together (Brooker et al., 2022; Sirdifield et al., 2020).

The current research identified clear communication channels, having service-level agreements in place, staffing stability, having named points of contact (rather than relying on functional mailboxes), co-facilitating services, and timely and comprehensive information sharing to be important enablers of effective partnership working.

> *"I know I have named people I can go to and say, 'Oh can you just check this for me' or 'can you, you know I've got a problem', you know, so I'm not sending it*

> *to a generic e-mail box, I'm sending it to a named person that I know. It's having that contact and knowing who you can go to, which makes life easier rather than having to fight to get information." [*Service/specialist provider*]*

Additionally, having specific job roles and/or staff dedicated to resident service access within the AP (for example having a dedicated housing officer), external professionals providing on-site support, and processes such as MAPPA meetings which bring agencies together for joint planning and information transfer, were perceived to be beneficial. Staff felt that sharing workspaces with external staff led to closer relationships and more consistent support for the residents. However, this was contingent on having the space in the AP to facilitate co-location.

In contrast, barriers to partnership working included reliance on impersonal digital communication, incompatible IT systems across providers, and poor information transfer (including from prisons prior to a resident's release). In some cases, partnerships were a result of luck rather than by design (e.g., hearing about local services during an off-duty dog walk).

Promising practice example: Onsite healthcare team

One AP (which catered specifically for individuals with mental health needs) had a semi-onsite healthcare team. This comprised a psychiatrist, a psychologist, a nurse, and an occupational therapist who were located onsite for at least a day a week. Whilst onsite, the team met with residents on a one-to-one basis and provided advice and support to the AP staff. The healthcare team had very positive relationships with the AP staff, and both staff and residents valued this provision. Having this on-site support appeared to improve resident access to healthcare, sped up medication requests and access, enabled better GP access and linking, allowed for better continuity of care, and supported staff with decisions regarding residents' health and wellbeing.

Across all five sites, partnership working between AP staff and PDUs/probation practitioners was deemed especially important for facilitating resettlement, risk management, and desistance. While some participants felt this was working well, overall, AP staff described having insufficient input from probation practitioners in supporting residents. They attributed this largely to the practitioners' heavy caseloads, but also to a sense that practitioners deprioritised those in APs as they were being overseen by AP staff. This was perceived to lead to a tendency for probation practitioners to be reactive rather than proactive in the management of AP residents.

> *"Well one thing we'll say, I think… from the probation officer's perspective, it seems, and I don't think I'll speak on my own for this, that once the resident arrives here it's pretty much 'OK, they're there now, [the AP] can deal with that.' And [the probation practitioners] just check in every so often."* [Residential worker]

Organising and communicating with AP residents and staff about move-on accommodation, which is the probation practitioner's responsibility, was often perceived to be done too late. Some staff also shared frustrations with practitioners' lack of timeliness regarding electronic tag fittings and resolving issues with licence conditions, which created problems for both AP staff and residents.

Generally, too, partnership working between APs and prisons needed development; participants indicated that more advance communication and information sharing to aid in settlement and induction planning would be helpful, as would ensuring medications are arranged pre-release.

2.3 Key practices

The following four themes comprise key AP practices influencing reintegration and desistance outcomes for residents; these encompass planning and assessment work, the activities delivered to residents, training and support for staff, and responsive practice.

Theme 5: Early and comprehensive planning

Early and comprehensive planning was perceived to be vital to the success of AP placements. Pre-arrival work was identified as particularly valuable, enabling staff to prepare effectively, set expectations and explain rules, and begin building relationships with incoming residents. This early engagement, which included visiting people prior to leaving prison in some cases, helped to counter negative perceptions of APs (often shaped by accounts from people who had been recalled) and importantly ensured that arriving was less overwhelming and people could settle more easily. AP staff also spent time together preparing for residents' arrivals, accessing available information, discussing measures that might be needed for specific individuals, and liaising with the relevant probation practitioners.

> *"We often, well weekly, have meetings as a leadership team, and during those meetings we'll consider the referrals... we do quite a bit of background around those referrals prior to the meeting. So, if we receive a referral and the information isn't fully there or we could do with some more information, I will liaise with the probation officer... Just so we're more prepared..."* [Manager]

In fact, morning handover/briefing meetings, PSO meetings, multi-disciplinary team meetings, and management meetings (a range of which were observed at all five APs) were consistently thorough, positive, collaborative, and reflective. These meetings aided staff with effective planning for and management of incoming and present residents, identifying any

problematic behaviours, welfare and wellbeing issues, or responsivity needs, highlighting positive behaviour and strengths of residents to be celebrated and reinforced, and collaboratively discussing required actions or approaches (see also theme 9). These observations also clearly demonstrated the care staff had for residents (see also theme 11).

However, barriers to pre-arrival work, including limited resources, time constraints, and poor communication frequently undermined the effectiveness of the planning process. Late placement notifications could leave little opportunity for meaningful preparation, while logistical challenges (such as difficulties booking conference lines with prisons, and arranging calls or travel) further limited staff capacity to conduct this pre-arrival work. In some cases, efforts were felt to be wasted when released individuals did not then report to the AP; this was perceived often to be either because the placement was inappropriate or because the resident did not want to be placed at the AP (see also theme 2).

Participants identified a structured induction process as essential for residents' orientation, for needs assessment, for setting clear expectations, and for explaining how things work at the AP. However, this induction process could be overwhelming for incoming residents; participants suggested that conducting induction over several sessions, across several days, with opportunities for reinforcement, was preferable. Where this was done, it seemed to work well.

> *"On arrival we do first-stage induction. The following day, within 24 hours…there will always be a second-stage induction because sometimes they have travelled far, the anxiety of leaving prison after many years, half of the things you're telling them are lost, they're not taking it in. But when we do the second-stage induction, they've at least had a night here and they're a bit more relaxed. And then five working days from arrival we have the three-way meeting where the probation officer is there... we look at expectations, concerns…"* [PSO]

Planning for residents' move-on was also deemed critical by staff at all five APs. This was perceived to be most effective when initiated as soon as residents arrived at the AP, when reviewed throughout the placement, when adapted to changing circumstances, and when conducted collaboratively with the resident. However, successful planning relied heavily on the involvement of probation practitioners, and the availability and accessibility of local services (see also theme 4). Where links to such services were inconsistent or weak, progress towards resettlement was considered compromised, highlighting the importance of collaboration between APs, probation, and community-based services.

Theme 6: Rehabilitative activities

Rehabilitative activities within APs play a vital role in addressing criminogenic needs and supporting desistance from crime. At most APs there was an impressive range and rehabilitative focus of formal and informal activities supporting desistance. A broad range of formal group and individual activities (including one-to-one keywork sessions) were often offered, targeting issues such as substance misuse, mental and physical health, housing, finance, employment skills, as well as practical and personal development (e.g., cooking, setting up bank accounts, obtaining identification, helping people to access benefits including universal credit, and completing online forms/applications).

Some activities on offer in some APs were more creative and enrichment-focussed (e.g., theatre, music, literature, and art), and some also involved co-production (such as a venture to create a video about 'life in an AP' by residents); those taking part felt these were valuable experiences. Some activities also aimed to build social support and positive relationships among those in the APs, for example through informal 'walk and talk' sessions, breakfast clubs, bingo nights, or community (staff and residents) lunches. The following quote illustrates the range of activities on offer at one AP:

> *"And then we have the yoga teacher that comes in, we have a therapeutic gardener, we have a psychologist, the placement supervisors will run restorative justice, life skills, motivation and self-esteem, healing trauma, music therapy, and then we've got a dog coming in, I think next week."* [Service/specialist provider]

However, observation of activities at the five APs that took part in the research indicated that attendance was often quite low, and attendees were not always fully engaged. Provision also varied across AP research sites, with some running an impressive weekly schedule of activities, and others running noticeably less. Information about events and activities (in the AP and local community) appeared to be better communicated at some APs than at others (e.g., using up-to-date noticeboards). The independent AP had greater funding and/or autonomy to commission external providers (e.g., a gardening group or specialist mental health support), while other APs struggled to sustain activities due to staffing or resource constraints.

In addition, residents and staff at all sites still identified gaps in provision. Across the five sites the most common gaps were employment opportunities (such as access to career fairs or formal links with employers), exercise facilities, support to develop practical life skills, provision for spiritual needs, and mental health provision. Variable too was the support on offer to residents following their move-on from the AP. In some APs this was provided by a dedicated point of contact, while in others this relied on the AP residents contacting external providers directly. Residents seemed to want and value support at this stage, and staff too recognised this to be important as the transition from AP to independent living was very challenging for some. Innovative ideas of additional ways in which APs could provide post-move-on support were also suggested:

> *"I'd like to see APs have the ability and the capacity where people could go back to an AP. So as part of that, as part of that move-on or 'you've left now you know, good luck with it all, but if you're really struggling, come back and just have a chat with a member of staff and things…' [What about] virtual APs, is there like an 'AP light'? Could we be doing things to like almost like compliment the tagging you know, so like 'your conditions are monitored by tag but you go to your local AP for the [rehabilitative activity] sessions, for a keywork session?"* [Policy Team]

Promising practice example: Ongoing support following AP move-on

A number of the APs provided support to residents after they left. At most sites, when residents moved on, staff provided a telephone number for people to call them should they require further support. At some APs, outbound residents were also given supplies to support them with moving into their new accommodation (such as cooking equipment or

vouchers to purchase new bed linen), and in another site the resident's first week post-release was planned in detail to provide a sense of structure and security. Many people seemed to take up the ongoing support offer, illustrating both the need for this support, and the strong relationships that form between staff and residents. One of the AP sites had a more formal and dedicated support arrangement, which was perceived positively: a permanent, specific outreach worker whose role within the AP was to stay in touch with residents who are moving on within the area. For those moving out-of-area, the worker made links with services in their home area where possible. This was a well-used resource, valued by former residents.

Interviews and observations also highlighted how the 24-hour nature of the support available to residents provided an important and relatively rare opportunity to engage in informal rehabilitative activities at the point of need. Staff, residents, and managers spoke of the power of being able to see, in real time, when someone needed or was likely to need support and to have the means to respond to that immediately. Being present and intervening when frustrations between residents escalated, at times of potential conflict, or when someone was feeling at risk of making a poor choice, was felt to be one of the most rewarding and meaningful parts of AP staff's roles. These informal rehabilitative activities, taking someone for a walk to calm down, talking through the costs and benefits of different actions, helping someone see another person's perspective or the longer-term consequences of a decision, were all small but crucially, timely, interventions which helped support AP residents on their desistance journey during their stay.

The rehabilitative activities on offer, combined with keywork sessions, appointments, and monitoring requirements (such as curfews and sign-ins), helped residents to develop and practice routine by providing or creating a structure. Such structure was a key component of the PIPE regime too, as well as APs with Enabling Environment status (which had been achieved by two of the APs and which a further AP was working towards).[13] The daily structure and activities on offer protected against boredom, which was identified as a risk factor for relapse into substance misuse or other offence-related behaviour.

> *"And then with someone struggling a lot with having a routine, it can be really simple things like that, like helping someone form routines that they're getting up at the same time every day, they're doing something constructive in their day, you know, going to sleep at a decent time. So even though work might seem like a long way off, it's having those things that working towards some sort of stability in their life."* [PSO]

Alongside supportive interventions, measures facilitating compliance and monitoring/enforcement such as drug and alcohol testing, curfews, room searches, and improvement plans,[14] were used to promote accountability. Whilst residents sometimes found these compliance measures and restrictions difficult, echoing previous research (e.g., Reeves, 2016a; 2016b), these practices were intended to complement other rehabilitative

[13] Enabling environments are places where there is a focus on creating a positive and effective social environment. The EE standards are based on ten values which are believed to be factors in positive psycho-social environments: belonging, involvement, structure, development, boundaries, safety, communication, empowerment, leadership, and openness (Royal College of Psychiatrists, 2019).
[14] Improvement plans are individually tailored plans that outline expectations for behaviour, programme participation, and community re-integration. Formerly, when an AP resident did not participate as expected, formal warnings would likely be issued. Whilst warnings remain available for use, there has been a shift towards more rehabilitative initial responses by using improvement plans.

efforts as opposed to serving as punishment, reflecting an ongoing attempt to balance surveillance with support in delivering rehabilitation (see also theme 10).

There was a consensus across all APs, amongst staff particularly, that residents' motivation and readiness to change was central to their engagement in activities, and ultimately their success. Staff reflected that residents vary in their levels of motivation, and this can be made more problematic by (perceived) inappropriate placements, insufficient pre-arrival planning and engagement, and the existence of negative stories of APs that sometimes circulate in prisons (see also themes 2 and 5).

> *"If someone is just not ready and they have not had that internal shift … it's just not gonna work, you know. It doesn't matter how much, you know, support you put in place and put access to services, if people don't want that for themselves, it's just not gonna happen."* [PSO]

Responding to lower levels of motivation, or lack of engagement, was particularly challenging for staff; encouraging intrinsic motivation and fostering autonomy whilst also making clear (and enforcing) the expectation that engagement in rehabilitative activities is core to AP residency. Staff experienced different levels of frustration about this and varied in their proposed responses; while some seemed keener on enforcement-type responses, others saw lack of motivation or resistance as a common and expected part of residents' journeys and felt that relational responses (often through keywork sessions) were the best avenue to tackle this. There was a consensus, however, that there was little formal recourse that the AP could take for non-engagement with many rehabilitative activities (e.g., it would not be proportionate nor appropriate to remove someone from the AP for not attending community meetings).

Theme 7: Effective staff training and support

The unique nature of APs, including the bridging role they serve between prisons and the community, and the complex cohort of residents they accommodate (see also theme 1), means that a good level of skill and support is required for AP staff to operate effectively. Previous research has identified the importance of ensuring AP staff have the appropriate training and support to enhance the way they manage and support AP residents with their resettlement. Training staff in structuring skills and building positive relationships in particular has demonstrated subsequent improvements in rehabilitation outcomes (Raynor, 2019). Additionally, research on probation staff more generally has suggested that training for senior staff in APs in dealing with emotional labour might be helpful.[15] Line managers often have to perform emotional labour whilst also protecting staff wellbeing, managing a high workload, and operating in an organisational culture which can be characterised by fear and blame, sometimes with little access to formal forms of support (Westaby et al., 2025).

From the analysis of data from the five APs, both formal and informal training opportunities were identified as important to ensuring that staff had the right skills, knowledge, and support to do their jobs well. Many staff spoke of the invaluable informal or ad hoc opportunities available for developing knowledge and 'learning on the job'. This included working alongside and shadowing colleagues, especially those who had spent many years employed in this setting.

> *"…I've got people here who've been doing this kind of work for years. They know more than I do because they're experienced. So you're always learning every day and the honeymoon part of it is like for people who are willing to*

[15] Work that requires the engagement, suppression, and/or evocation of the worker's emotions in order to get the job done.

> *impart that knowledge to you: 'this is how we do it' or 'you've not, I think you've missed that, so this is how we do it'."* [Residential worker]

The importance of peer learning and support was evident among managers too. AP managers, who reported feeling isolated at times in their role, particularly valued opportunities to meet with their counterparts from other sites and to learn from their experiences.

While formal training opportunities were viewed as important, some staff reported that the national training offer was inconsistent and insufficient. However, both AP staff and central teams raised concerns that staff were not attending those training events that were on offer. The views on why differed; some felt that staff had too little time to enable attendance, while others felt that managers prioritised operational needs over staff development. However, staff from across all sites generally wanted training opportunities, particularly those they perceived to be specific to their work or setting. For example, staff in the PIPE AP spoke of benefiting from specialist training in relation to personality disorders and case formulation.

The need for space and protected time for reflective practice on a frequent and regular basis was also identified as important for building and retaining skills and knowledge among AP staff.

> *"We all need the space to get away from all the noise and focus on what we're trying to do. There is work that needs to be done around people understanding and buying into reflective practice within APs."* [Policy Team]

Previous research, particularly relating to PIPEs, reported a range of benefits of reflective practice including enabling a more consistent approach with residents, enhancing understanding of resident behaviour through formulation, improved collaboration between staff, greater understanding of different roles and pressures within the staffing team, and allowing people to 'offload' (Bettles et al., 2016; Webster et al., 2020).

Staff across the five AP sites reiterated these benefits; participants valued group supervision where they had protected time to discuss complex cases as a team, worked through issues and problems together, and received input from specialist staff (such as clinical leads). Despite these benefits, however, for most of the APs (the PIPE being the exception), staff felt there was insufficient time available or dedicated to such reflective practice activity. The significant operational demands of running an AP, which some felt were often prioritised over staff development activities, were seen as a barrier to reflective practice. It was also suggested that the culture of APs, which can tend towards crisis management, could also work against reflective practice, preferring reactivity rather than planning and reflection.

Promising practice example: Dedicated psychological/clinical support for staff

Staff placed great value on dedicated psychological or clinical support, especially when working with complex and high-need cases which could require extra attention to case formulation and relational and trauma-informed practice. Where this support was permanently funded and provided in-house, staff were able to (and actively did) access specialist expertise and support easily, frequently, and in different forums (e.g., morning meetings, group supervision, and just 'in passing'). In other APs staff were limited to less frequent, formally scheduled, sessions that relied on the availability of staff (e.g., via a

monthly drop-in meeting). Participant accounts clearly indicated the value they placed on this provision and expertise in developing their professional practice.

Theme 8: Responsive practice

The literature review highlighted that, alongside the cessation of criminal activity, desistance involves a broader personal and social reintegration process, making it essential to tailor interventions to the individual's circumstances and social environment (Rocque, 2017).[16] This was supported by data and observations at the five APs in the qualitative study which identified the importance of responsive practice with residents in order to achieve better outcomes.

Having a **good understanding of individuals' needs** was seen as integral to the effective tailoring of support in APs, and to maximising the chances of successful move-on at the end of placements. Staff fostered this understanding at all five APs through daily and close interactions with residents, person-centred delivery, and through relationships built on care and dedication (see also themes 1 and 11). Staff participants reflected that regular keywork sessions enabled detailed and personalised conversations, as did using community meetings to encourage residents to voice their wants and needs so this could inform delivery and planning. The presence of specialist AP staff, who possess uniquely expert knowledge and skills, further helped APs to understand and tailor support effectively for complex needs and cases.

> *"… there's quite a busy programme of activities during the week. But what people attend from that is something that, they will have that discussion with their placement supervisor and probation practitioners. So the expectation is not necessarily that everybody does all of that. It's about, what's that person interested in? You might encourage them to step out of their comfort zone you, you know, 'why don't you try music therapy?' But it's about what their needs are, which is linked to their sentence plan and their plans for being at the AP."* [Manager]

In addition to understanding people's needs, responsivity requires resident **access to the right support at the right time**. The residential nature of APs lends itself to 24-hour access to staff and support. The five AP sites that took part in the research operated a figurative open-door policy.[17] Observations indicated that residents always seemed comfortable approaching staff to ask questions, seek advice, or request help, and AP staff demonstrated real openness and willingness in response. The positive impact of open-door policies, including how this enables casual interactions and positive relationships between staff and residents, is reported on in prior research (Irwin-Rogers, 2017a, 2017b; Joint Criminal Justice Inspection, 2008). However, in both prior research (Irwin-Rogers, 2017b), and in the five sites examined, it was noticeable that this way of working, with the almost constant interruptions (especially for residential workers manning the main offices), could bring challenges, acting as a barrier to staff being able to focus on other tasks and administrative responsibilities.

The kind of support on offer in the participating APs was incredibly varied (see also theme 6), enabling a high degree of responsivity to individual needs.

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[16] This process is often gradual and described as a process or journey which can take considerable time and occurs over stages.

[17] This was not a literal open-door policy, as for safety reasons staff areas and offices were accessed via key/key card; but residents could still knock on the doors to alert staff of their need.

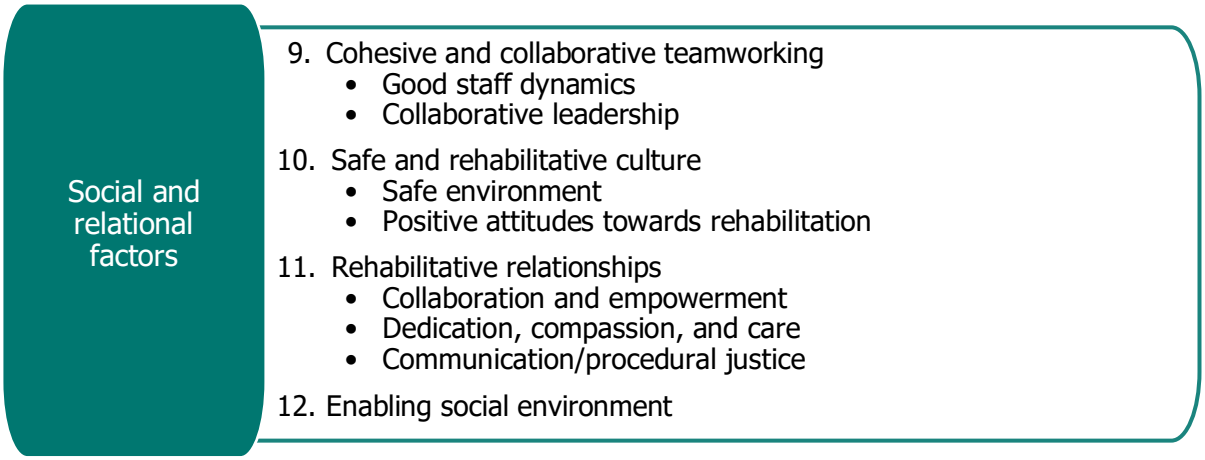
> *"So one thing I've noticed is that... it's kind of tailored to the individual and their needs. So, they don't force you to do everything, they tailor it to what could be helpful for you."* [Resident]

In addition to the wide range of support and services delivered directly or via other agencies, there was also evidence in some APs of responsive planning regarding the location and modality of services to account for resident preferences and thus to enable choice over how they engaged with support. Some examples included substance misuse support being delivered both on- and off-site, skills development or practical support facilitated in individual and group-based formats, and some activities being scheduled out of usual working hours to avoid conflict with other opportunities on offer.

We also saw evidence of creative planning for individual needs; for example, for a resident who was particularly anxious about moving on from the AP, a multi-week programme of visits and returns between the AP and their move-on accommodation was implemented, to facilitate a gentler, phased transition which ultimately led to successful move-on. Staff also demonstrated responsivity in dealing with residents' lack of motivation to engage in activities (see also theme 6), which required good understanding of peoples' needs and goals and the ability to tailor responses accordingly.

2.4 Social and relational factors

The final four themes comprise social and relational factors which affect how well APs can support reintegration and longer-term desistance: effective teamworking, the culture within APs, rehabilitative relationships, and the enabling nature of the social environment.



Theme 9: Cohesive and collaborative teamworking

Overall, collaborative leadership, strong interpersonal relationships and shared commitment to residents' progress underpinned effective teamworking. Cohesive and collaborative teamworking was a defining characteristic of the majority of the APs that took part in this study. Generally, staff described the presence of good team dynamics, with good communication, mutual respect, and what they felt were more democratic and non-hierarchical approaches than are often seen in organisations. Teams appeared to value

diverse perspectives, support each other across roles, and work flexibly to cover gaps in provision (for example, managers and other staff often temporarily manned the main offices to enable residential workers to step out for the delivery of other tasks). Teamworking seemed inclusive so that even external or specialist providers felt like part of the 'AP team'. Regular meetings, such as morning briefings, were perceived to be effective enablers for coordination, consistency, and information sharing, while the physical presence of staff on-site, rather than working remotely, aided collaborative practice.

> *"The way the team works together collectively – the very open and honest interactions – make such a difference because when the residents come in, if there's any tension in the general office between staff, between management and staff, it would be picked up on and can have a negative impact on our residents."* [Manager]

However, when difficulties arose with staff teamwork (evident in one AP in particular), such as differences in approaches to interacting with residents, this could take significant managerial time and input to resolve.

Collaborative leadership was also identified as a relevant factor in fostering team cohesion. Staff valued managers who demonstrated confidence in them, empowered them to make decisions, and recognised good practice. An open-door approach and willingness of managers to 'get stuck in' were particularly appreciated. Some examples of collaborative leadership included a trio of managers in one site continuously and collectively reviewing and balancing staff needs and performance, and another site investing in an on-site evening manager to ensure night staff had access to managerial support. This echoes previous research which has found that leadership support helps to effectively balance staff safety and workload with achieving a rehabilitative environment (Doggett, 2017). Conversely, resource pressures sometimes limited managers' ability to provide supervision, communicate in a procedurally just way,[18] or delegate effectively, leading to frustration amongst teams, particularly at one of the APs.

Theme 10: Safe and rehabilitative culture

APs were generally experienced as safe environments by both staff and residents. One of the primary roles of AP managers was perceived to be to create a safe environment, ensuring that rules, clear expectations, and trauma-informed practices were in place so that residents felt welcomed and supported, and that staff felt secure.

> *"I think on a very basic level giving people the environment which feels safe, and which shows to them that they're kind of valued, and cared for, is important."* [Manager]

Risk management measures, including curfews, scheduled check-ins, and room searches contributed to this sense of safety for most. However, rouse response checks during the night where residents are briefly awakened to check they are present and well, though designed to safeguard wellbeing, were strongly disliked by residents, who felt that disturbed sleep undermined their health and wellbeing. The composition of the resident cohort also

[18] Procedural justice relates to how fair the decision-making and process application by authorities is perceived to be by recipients. There is good evidence that when authority use is perceived to be fair, it positively influences people's perceptions of authority legitimacy and subsequent decision-acceptance and cooperation/compliance. The core principles of procedural justice (what makes recipients believe authorities are acting in a fair way) include voice, respect, neutrality, and trustworthy motives.

influenced perceptions of safety, with behaviours such as substance misuse at times making other individuals feel less safe (see also theme 12).

Positive attitudes towards rehabilitation were viewed as integral to a safe and rehabilitative AP culture. For most, the purpose of APs was perceived to be helping people progress through their placement and preparing them for their reintegration into society. With this purpose in mind, most staff saw risk management and rehabilitation as complementary rather than conflicting aims, with a balance between these to be struck, and each used to support the other.

> *"The absolute number one priority is public protection. But there has to be rehabilitation to reinforce that public protection."* [PSO]

The literature review too identified that desistance should be supported by strength-based approaches focusing on positive reinforcement and skill-building, rather than solely on risk management. However, whilst the literature review indicated that APs often prioritise surveillance and control over long-term desistance goals, limiting their capacity for transformative rehabilitation (Reeves and Marston, 2023), and that a dominant risk management culture and risk aversion prevailed in APs (Roberts et al., 2024), the analysis of data from the five participating sites found instead a more balanced approach (at least during the AP placement period). Perhaps this is a sign of a shift towards more desistance-focused APs, as advocated for in the wider literature (Reeves and Marston, 2023) and described by Kemshall (2021) in the protective integration model.[19]

Restrictions, monitoring, and enforcement activity were often seen as opportunities to demonstrate progress and personal development, with staff being open to modify these over time in response to evidence of progress, (e.g., by reducing the number of daily check-ins required). The introduction of improvement plans too, for example, to be used, where possible, in conjunction with Notices of Concern (formerly known as a 'warning') was considered a shift towards a more rehabilitative approach. However, differences emerged between staff in how much emphasis they placed on enforcement versus rehabilitation, which at times caused friction between them. Professional backgrounds appeared to influence these different emphases, with those with experience of working in prisons being seen as more likely to prioritise enforcement.

Generally, staff used discretion and flexibility in managing risk (e.g., using recall as a last resort), using their close knowledge and relationships with residents to respond in what they considered to be more nuanced ways than those whose involvement was sometimes more limited (e.g., probation practitioners). The rehabilitative focus, however, tended to be on the short-term progress during the AP placement itself, in the 'here and now', rather than on longer-term settlement and desistance. This was possibly due to placement lengths, uncertainty regarding move-on, and the high turnover of residents in APs, which together created a more challenging, less predictable environment.

> *"I don't think we are the place for any longer-term pieces of work to take place. I think what we should be able to do is give people...to put people safely and solidly into the next bit where that piece of work can start. Because who in their right mind is going to be able to focus on changing themselves for the better when they've got this really limited period of time in, in a relatively volatile*

[19] The protective integration model brings together risk management and rehabilitation and proposes using supportive authority, leveraging social and recovery capital and mitigating the "pains of desistance" to promote both public safety as well as long-term behavioural change.

> *environment, you know people are coming and going… to ask them to do anything more than just be…is unfair."* [Manager]

Theme 11: Rehabilitative relationships

The literature review identified strong relationships between AP staff and residents to be key to rehabilitation (Raynor, 2019; HMI Probation, 2023), but that enforcement of rules and risk management policies could influence these relational dynamics. Previous research has found that relationships characterised by legitimacy and respect foster trust and engagement, which likely contribute to the chance of achieving rehabilitative outcomes (Irwin-Rogers, 2017a, 2017b; Joint Criminal Justice Inspection, 2008). Prior research into PIPE APs specifically further supports the importance of relational practice. For example, AP residents in a recent qualitative research study attributed the positive changes in their behaviour and wellbeing to the relational practices central to the PIPE model (Jarrett et al., 2025). Here residents attributed the transparency of communication and supportive approach of staff to the development of greater agency and pro-social identities.

Interviews and observations at the five participating APs found similar support for the importance of relational practice in supporting resettlement and desistance. Rehabilitative relationships were notable across the AP sites and appeared to shape both the culture and perceived outcomes of AP placements. Generally, across all five APs, staff appeared to establish appropriate boundaries with residents, and relationships were grounded in respect, trust, care, and open communication. This relational focus aided engagement, helped residents to feel at home, and encouraged them to view the AP as a supportive and prosocial environment rather than another (albeit qualitatively different) form of custody.

Collaboration and empowerment were important elements of rehabilitative relationships in the APs that took part in this study. Staff worked collaboratively with residents, using strength-based approaches, and recognised even small changes as important (for example, reducing levels of substance use as a step towards sobriety). Staff spoke about the need to enable residents to build independence, autonomy, and responsibility through the gradual reduction of restrictions and support as the placement progressed. They spoke of trying to 'do with' rather than 'do to' in order to develop residents' capabilities (e.g., completing online forms together when residents did not feel confident using/navigating the internet). In one AP, residents who did not require as much support were able to move into slightly more independent accommodation, located on site but further away from the staff than the other rooms in the AP. In practice, however, across all five APs, researcher observations indicated that empowerment of residents was not always achieved, as at times staff completed tasks for residents rather than developing and encouraging them to do this for themselves. Staff reflected that sometimes it was simpler and quicker to do tasks for residents than empower them to act independently.

> *"In the AP we are staffed 24 hours…and we really do as a team try to go out of our way to help our residents, but sometimes we have to get the balance right in terms of not providing too much support where they could be[come] too dependent on it. And also it becomes kind of counterproductive when they move-on because they haven't learned the skills that they need or the kind of mindset that they need, because they've got too used to like whenever there's a problem they'll go and speak to so and so about it. So, it's about getting that balance right."* [PSO]

A further ongoing challenge for staff was motivating residents to engage in the structured activities on offer. Positive relationships were used to try to encourage engagement, build motivation and empower residents to take up the support on offer, as well as to build their autonomy (see also theme 8).

Across all sites, staff were generally seen to take a person-centred, trauma-informed approach, and appeared genuinely committed to supporting their residents, and invested in their futures. This dedication, compassion, and care was felt by most residents, who on the whole believed (in contrast to their experiences of prison) that in APs staff genuinely cared for them, treated them as individuals, and believed in their potential for change. Residents appeared comfortable asking for help and felt that staff were responsive to their requests.

> *"I know if there's an issue and there's a problem while I'm here, it doesn't matter whether it's five minutes from now or three o'clock in the morning, I can pull the cord or I can go and find one of the members of staff and they will help. And that that is wonderful, it's just wonderful."* [Resident]

Staff were observed demonstrating good active listening skills, showing sincerity and consideration, and making it clear that residents' experiences mattered. At one AP a large number of thank you cards from former residents were displayed on a wall. In another, on a communal staircase, comments and quotes from former residents were displayed, many with positive feedback about the AP and the staff. External service providers also agreed that staff in the APs were caring and dedicated:

> *"I would say I think my impression is that the staff here at the AP really do care about the people they're dealing with, and you don't always see that in healthcare. You don't see that very often these days actually, but that's struck me."* [Service/specialist provider]

Further examples of care included staff taking time to ensure residents had their medication, persisting in building connections even when relationships were strained, delivering activities regardless of attendance levels to maintain continuity and choice, and in some cases continuing to check in with ex-residents after their placements ended. At one AP new arrivals were provided with a basic set of toiletries along with a stock of clothes should they be needed, in order to protect decency and dignity among residents.

Good communication and use of procedural justice were also essential to developing and sustaining trust and honesty between staff and residents. Resident meetings to hear residents' voice, setting clear expectations on arrival to the AP, and being proportionate in response to violations or rule-breaking were all felt to help people feel fairly treated. In contrast, residents felt frustrated when communication was unclear or inconsistent. An example of this was a number of residents who took part in the research reported issues with the service charge,[20] misunderstanding or feeling unclear about what this was used for, which led to agitation and suspicion among some. Another example related to questioning the need for rouse response checks which require waking at nighttime in APs, in comparison to checks requiring detection of signs of life (and thus no need for waking) in prisons. This supports previous research, which demonstrates the importance of positive perceptions of procedural justice for how people on probation experience their time on licence (Fitzalan Howard et al., 2023).

[20] A maintenance charge paid by AP residents.

Theme 12: Enabling social environment

Both staff and residents recognised the impact of the makeup of the resident cohort on the AP's social environment, and the implications this could have for people's outcomes. This setting requires residents to live alongside people who they might not otherwise wish to, which was particularly challenging for some participants. Challenges included, for example, some residents being highly vulnerable and susceptible to negative influences, and because living in an AP did not represent a 'fresh start' away from criminal others. However, when the cohort as a whole were viewed as being motivated and ready to engage with opportunities, and to desist from crime, this was seen to exert a form of social control throughout the AP; this could create shared (positive) standards and expectations of behaviour. Residents were able to role model engagement in activities too, be a source of hope, and in addition to the AP staff, provide another source of support for their peers.

> *"And that is the real trick I think, in that if people can see someone else in the room that says, 'well, I'm working on this and this is going to be my approach', people will immediately think 'well if you can do it and you're in this place like I am, I can do it too'."* [Manager]

Participants generally reflected that motivation is not static, and it was common to see fluctuations in this during a person's placement. Levels of motivation amongst residents could easily influence that of others also; for example, if a number stopped attending activities, those remaining could become disillusioned and drop out too.

Participants across all sites reflected that the social environment could easily and quickly change. For example, the arrival of even one or two new residents with ongoing substance misuse difficulties could destabilise people who had been making strides with their recovery. Similarly, the arrival of residents who were dissimilar from the existing cohort in terms of need (such as people without mental health difficulties joining the mental health specialist AP) could shift the social dynamic significantly.

> *"I was lucky enough to come here at a time when everybody was on a journey of recovery and motivated to stay on that journey. There are ladies that come in there that use [substances], and you've just got to be mindful within yourself: not everybody's at the same place in recovery. But I've been quite fortunate that I've been around people that are…"* [Resident]

Staff accepted the changing makeup and dynamics of the AP cohort as inevitable because resident placements are finite, and they had a responsibility to welcome and accommodate people from across the prison estate. However, short(er) placement lengths, insufficient pre-arrival preparation time and planning, and perceived inappropriate placements (see also theme 2) or lack of influence over placements, were sources of frustration because of their negative impact on the social environment.

3. Conclusions and implications

APs support community integration

The study aimed to explore the role of APs in supporting successful integration of people into the community. The first research question asked, *'are AP residents adequately prepared and supported to safely integrate into communities?'* . Previous literature indicates the notable potential that APs have to achieve these outcomes. Observations and interviews at five APs suggest that the answer is somewhat mixed but generally positive in terms of APs success.

Across the study sites high quality practice was observed, delivered by dedicated staff, working hard together, trying to balance risk management with integration and desistance goals, delivering a range of individualised, rehabilitative and supportive activity, and forging enabling and rehabilitative relationships, despite challenging circumstances. However, system-level factors that influence success that are outside of APs control were notable. Sufficient funding for APs, and access to necessary support delivered by partners/external providers varied and was sometimes insufficient, with common gaps in accommodation and mental health provision. Further, there were concerns that recent changes to national policies and processes, which were perceived to prioritise reducing the immediate burden on prisons (in response to the capacity crisis) over reducing reoffending in the longer-term, risked undermining the success of APs by reducing the length of stay and leading to an increase in inappropriate placements.

How APs support safe integration

The research identified 12 themes which describe the role of APs and how they may support reintegration and longer-term desistance (summarised below), which can be broadly categorised as contextual factors, system-level factors, key practices, and social and relational factors. These themes support and extend the findings from previous research on APs. The themes have also been used to develop a preliminary Theory of Change to guide further research and evaluation, identifying possible explanatory pathways and processes through which APs bring about desired outcomes (see Annex B).

Contextually, APs occupy a unique position with the criminal justice system, providing critical supervision with rehabilitative and transitional support to a high-risk and high-need population. They are a space offering tailored support and help for adjustment to community living. However, they appear sometimes to be misunderstood and undervalued within the wider Service.

On a system level, in order for APs to effectively support integration and desistance, this research suggests three factors need to be in place.

- **Integration- and desistance-supporting policies**, which facilitate appropriate and timely placements into APs, and ensure sufficient placement lengths for residents, which in turn influence successful outcomes. The nature of wider prison and probation policies, particularly those that prioritise short term relief for prison capacity issues at the expense of sudden and unresourced increases to probation caseloads, can undermine perceived success, however. Additionally, policies that are

flexible and tailored have the potential to reduce bureaucratic burdens for staff, freeing up more of their time for meaningful engagement with residents.
- Sufficient funding and resources underpin the delivery of necessary rehabilitative and integration support. Insufficient funding, lack of managerial autonomy, and a lack of a stable and skilled workforce can undermine such provision.
- Further, accessible, well-resourced rehabilitative community services, including effective partnership working with local authorities and other providers to facilitate resident access and engagement in such services appear vital to achieving desired outcomes. A lack of provision, weak interagency collaboration, and insufficient wider community/societal support act as notable barriers.

Key practices for effectively supporting better outcomes include:

- early and comprehensive planning thorough pre-arrival preparation, structured induction, and ongoing collaborative review
- offering a wide range of rehabilitative activities to address criminogenic needs, develop practical and desistance-supporting skills and knowledge, and create structure for residents
- providing effective staff training and support, including space and opportunities for reflective practice, dedicated psychological support, formal training, and informal peer learning
- responsive practice, enabled by staff's close understanding of residents' needs and motivation to inform tailored and flexible support offers at time of need.

Finally, four social and relational factors appear important:

- Cohesive and collaborative teamworking seem critical for the effective functioning of APs, characterised by strong interpersonal relationships, open communication, inclusive practices, good staff dynamics, and collaborative leadership.
- A safe and rehabilitative culture is critical for successful placements and is fostered through a balanced approach to risk management and rehabilitation, in which staff and residents feel safe and supported, though tensions can arise over the differences in emphasis placed on enforcement versus rehabilitation.
- Rehabilitative relationships, defined by respect, trust, and open communication, foster engagement and empowerment. However, balancing requirements or expectations of engagement with promoting resident independence and autonomy presents a challenge.
- An enabling social environment, shaped by the composition and motivation of the resident cohort, can enhance outcomes, but group dynamics can be easily unsettled and undermined (including because of perceived inappropriate placements).

These identified themes largely support the benefits of the PIPE model which has been linked to a range of better outcomes for people with convictions and staff working in APs, including greater staff skill and confidence, enhanced partnership working, improved relationships and positive resident behaviour (Bruce et al., 2017; Bruce et al., 2020; Jarrett et al., 2025; Ramsden et al., 2016). In particular, the importance of structured activity, an enabling environment, positive relational practice, and staff training (all key components of a PIPE model) were felt by participants to be important to effective outcomes in APs. Additionally, the findings support and further develop both the features identified by Hopkin et al. (2018) for smooth transition (early intervention, appropriate post-release support, community follow-up, and integration with probation services), and the four core aspects of

rehabilitation (personal, legal, moral and social) required to aid resettlement proposed by Marston and Reeves (2022).

Barriers and enablers to supporting safe integration

The study's second research question asked, *'what are the key challenges and barriers faced by APs in supporting the safe integration of AP residents into local communities?'*. The data enabled the identification of several barriers, which are elaborated on in more detail in the findings (Section 2) and are summarised below.

Challenges and barriers

- Inappropriate placements to APs (including the matching of resident need to service provision, and geography).
- Late/last-minute notification of placements to Aps.
- Short(er) length of placements.
- Perceived inflexibility in application of national policies (unilateral vs individualised).
- Inadequate or inaccurate understanding of APs generally, as well as specialist APs (amongst HMPPS, local providers/services, and people with convictions).
- Resource constraints (including insufficient funding, and demand vs capacity of APs nationally).
- Difficulty recruiting and retaining a skilled, permanent workforce (related to pay, career progression opportunities, and geography).
- Insufficient availability of essential community services (especially relating to accommodation and mental health).
- Insufficient formalised working and provision arrangements/agreements with local services (silo working).
- Lack of knowledge about, or established connections with, local opportunities or schemes.
- Societal stigma/lack of acceptance of people with convictions into local services/provision.
- Poor communication and information sharing between agencies (including separate, unlinked data management and IT systems).
- Insufficient probation practitioner involvement (influenced strongly by their high caseload pressures).
- Imbalance between providing support and fostering resident self-reliance and capability.
- Lack of, and fluctuating, resident motivation to fully engage in rehabilitative activities on offer.
- Insufficient focus on longer-term desistance from crime.
- Fragility of social dynamic with the AP (i.e., influence of new arrivals on existing cohort).

The final research question asked, *'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?'*. Further details can be found in the findings (Section 2), and a summary is presented below.

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
- 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

Annex B provides a preliminary Theory of Change which sets out the conditions of success, key inputs, activities, and mechanisms of change for APs as facilitators of reintegration and longer-term desistance.

Implications

The findings suggest there are a number of ways to strengthen the capability of APs in supporting integration.

First, at a policy and national level, there would be benefit from the following:

- clear articulation of AP's purpose as rehabilitative spaces that bridge custody and community and protect the public
- 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 also)
- ensuring national policies and procedures, including the operations of the CRU, are enabling, in terms of facilitating appropriate and timely placements, allowing sufficient lengths of AP placements, and being gender-responsive
- consideration of what benefits there may be for greater discretion and involvement in centralised decision-making and policy application (could there be greater AP manager and operational staff involvement in, for example, placement decisions to APs, the implementation of rouse response checks, and purchasing frameworks?)
- sufficient funding for APs including investment in a skilled and stable staffing group, with consideration for 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
- deliberation over central funding of specific roles, such as dedicated psychological or clinical input and supervision
- allowing AP managers greater autonomy to direct the allocation of their resources, in accordance with the specific needs of their resident cohort and staffing group.

At regional and local levels, focus should be placed on the following:

- strengthening partnerships with local authorities and providers to establish strong relationships, underpinned by service level agreements and mutual aims to foster better connectedness, access to externally provided services, and timely engagement by or with residents
- having named organisational contacts, and direct provision (or consultation provided) on site in APs to add value and enhance connectivity (e.g., accommodation coordinators/facilitators)
- dedicated support to identify and make links with potential employers and smaller related organisations in APs' local communities to begin to formalise potential routes into employment and other purposeful activity for residents
- striving for greater connectedness between APs and PDUs (including with probation practitioners) – this includes considering how they can work together more effectively on particularly thorny issues, including finding accommodation, which may be enhanced through a different way of working/sharing of responsibilities
- providing training and learning opportunities and routine supervision/reflective practice activity for all staff (including AP managers) and ensuring protected time for this.

Future research could helpfully build on the current findings. There would be value in conducting quantitative research to explore the impact of APs on short- and longer-term desistance outcomes, including reoffending, substance use, social capital, accommodation, and employment. Further qualitative research could helpfully explore the experiences of former residents who have successfully reintegrated, as to which aspects of AP provision were most influential for desistance. The evidence base would also be strengthened by exploring how different types of APs operate and support residents, including comparisons between APs for men and women, and between independently- and HMPPS-led APs, and by exploring how APs can focus more upon achieving longer-term desistance (rather than just short-term outcomes). Finally, additional research is required to further test and refine the preliminary Theory of Change, and to examine the outcomes more specifically. The aforementioned research suggestions would notably contribute to its development.

In conclusion, this research suggests that APs are uniquely positioned to support reintegration and desistance by acting as a bridge between custody and community. APs can provide structure, boundaries, and support while helping people to build the educational, financial, human, and social capital they need to become self-sufficient and to build fulfilling lives incompatible with offending. Maximising the potential of APs to support desistance means paying attention to the wider impact of criminal justice policies, organisational structures, and funding arrangements on APs, to the barriers to accessing services from partner agencies (particularly housing and mental health provision), to recruitment, retention, and development of staff, and to the social environment and culture of APs.

References

Best, D., Irving, J., and Albertson, K. (2017). 'Recovery and desistance: what the emerging recovery movement in the alcohol and drug area can learn from models of desistance from offending', *Addiction, Research & Theory*, 25(1), pp. 1-10.

Bettles, S., Rich, B., and Bourne, R. (2016). 'Managing challenging residents: Putting the Knowledge and Understanding Framework (KUF) into practice in Approved Premises', *Probation Journal*, 63 (4), pp. 425-432.

Bourne, R., Rajput, R., and Field, R. (2015). 'Working with probation services and mentally disordered offenders', *British Journal of Psych Advances*, 21, pp. 273-280.

Braun, V., and Clarke, V. (2006). 'Using thematic analysis in psychology', *Qualitative Research in Psychology*, 3, pp. 77-101.

Braun, V., and Clarke, V. (2019). 'Reflecting on reflexive thematic analysis', *Qualitative Research in Sport, Exercise and Health*, 11, pp. 589–597.

Braun, V., and Clarke, V. (2021). 'One size fits all? What counts as quality practice in (reflexive) thematic analysis?', *Qualitative Research in Psychology*, 18, pp. 328-35.

Brooker, C., Sirdifield, C., and Marples, R. (2022). 'Mental health and probation: A systematic review of the literature', *Forensic Science International: Mind and Law*, 1, p. 1:100003.

Bruce, M., Horgan, H., Kerr, R., Cullen, A., and Russell, S. (2017). 'Psychologically informed practice (PIP) for staff working with offenders with personality disorder: A pragmatic exploratory trial in approved premises', *Criminal Behaviour and Mental Health*, 27, pp. 290-302.

Bruce, M., Patel, S., and Stevens, P. (2020). 'Psychologically informed practice (PIP) within the offender personality disorder pathway: Towards establishing an evidence base for approved premises', *Criminal Behaviour and Mental Health*, 30, pp. 268-280.

Doggett, L. (2017). "Staff-resident relationships in approved premises: What a difference a door makes': A practitioner response', *Probation Journal*, 64 (4), pp. 405-412.

Fitzalan Howard, F., Box, G., and Wakeling, H. (2023), *Examining procedural justice perceptions in Probation in England and Wales*, Ministry of Justice Analytical Series. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1145227/examining-procedural-justice-perceptions-probation.pdf

Harris, A. (2011). 'Constructing clean dreams: Accounts, future selves, and social and structural support as desistance work', *Symbolic Interaction*, 34(1), pp. 63–85.

HM Inspectorate of Probation (2017). *Probation Hostels' (Approved Premises) Contribution to Public Protection, Rehabilitation and Resettlement.* Available at: https://webarchive.nationalarchives.gov.uk/ukgwa/20241206065024/https:/www.justiceinspectorates.gov.uk/hmiprobation/inspections/ap/

HM Inspectorate of Probation (2020). *Desistance – general practice principles*. Available at: https://hmiprobation.justiceinspectorates.gov.uk/our-research/evidence-base-probation-service/models-and-principles/desistance-general-practice-principles/

HM Inspectorate of Probation (2023). *Examining the links between probation supervision and positive outcomes – early progress*, HM Inspectorate of Probation Research & Analysis Bulletin 2023/03. Available at: https://hmiprobation.justiceinspectorates.gov.uk/document/examining-the-links-between-probation-supervision-and-positive-outcomes-early-progress/

Hopkin, G., Evans-Lacko, S., Forrester, A., Shaw, J., and Thornicroft, G. (2018). 'Interventions at the transition from prison to the community for prisoners with mental illness: A systematic review', *Administration and Policy in Mental Health and Mental Health Services Research,* 45(4), pp. 623–634.

Irwin-Rogers, K. (2017a). 'Legitimacy on Licence: Why and How it Matters', *The Howard Journal of Crime and Justice*, 56(1), pp. 53-71.

Irwin-Rogers, K. (2017b). 'Staff-resident relationships in Approved Premises: What a difference a door makes', *Probation Journal*, 64(4), pp. 388-404.

Jarrett, M., Trebilock J., Weaver, T., Forrester, A., Cambell, C.D., Khondoker, M., Vamvakas, G., Barrett, B., and Moran, P.A. (2025). 'The Offender Personality Disorder (OPD) Pathway for Men in England and Wales. A qualitative study of pathway user views about services, perceived impact on psychological wellbeing, and implications for desistance', *Criminal Justice and Behavior*, 52(1), pp. 98-118.

Joint Criminal Justice Inspection (2008). *Probation hostels: Control, Help and Change? A Joint Inspection of Probation Approved Premises.* Available at: https://assets-hmicfrs.justiceinspectorates.gov.uk/uploads/probation-hostels-inspection-findings-20080229.pdf

Kemshall, H. (2021). *Risk and Desistance: A blended approach to risk management*, HM Inspectorate of Probation Academic Insights 2021/07. Available at: https://hmiprobation.justiceinspectorates.gov.uk/document/risk-and-desistance-a-blended-approach-to-risk-management/

Khan, Z. (2023). 'The challenges of re-entry for men and women under probation supervision', *Probation Journal,* 70(4), pp. 350-366.

Marston, P., and Reeves, C. (2022). 'Approved Premises. Futures of Control in the Community', in L. Burke, N. Carr, E. Cluley, S. Collett, and F. McNeill (eds.) *Reimagining Probation*. Routledge.

Maruna, S., and Mann, R. (2019). *Reconciling 'Desistance' and 'What Works'*, HM Inspectorate of Probation Academic Insights 2019/1. Available at: https://hmiprobation.justiceinspectorates.gov.uk/document/reconciling-desistance-and-what-works/

McNeill, F. (2012). 'Four forms of 'offender' rehabilitation: Towards an interdisciplinary perspective', *Legal and Criminological Psychology*, 17(1), pp. 18-36

Ministry of Justice (2025). *Community Accommodation Service Tier 1 (CAS1) - Approved Premises Policy Framework*. Available at:

https://www.gov.uk/government/publications/community-accommodation-service-tier-1-cas1-approved-premises

Phillips, J., Padfield, N., and Gelsthorpe, L. (2018), 'Suicide and community justice', *Health and Justice,* 6, p. 14.

Ramsden, J., Joyes, E., Gordon, N., and Lowton, M. (2016). 'How working with psychologists has influenced probation practice: Attempting to capture some of the impact and the learning from the Offender Personality Disorder Pathway project', *Probation Journal*, 63(1), pp. 54–71.

Raynor, P. (2019). *Supervision skills for probation practitioners*, HM Inspectorate of Probation Academic Insights 2019/05. Available at: https://hmiprobation.justiceinspectorates.gov.uk/document/supervision-skills-for-probation-practitioners/

Reeves, C. (2016a). 'Everyday life in UK Probation Approved Premises for sex offenders', in C. Reeves (Ed.) *Experiencing Imprisonment: Research on the experience of living and working in carceral institutions.* Routledge.

Reeves, C. (2016b). 'The meaning of place and space in a probation approved premises', *The Howard Journal of Crime and Justice,* 55(1), pp. 151-167.

Reeves, C., and Marston, P. (2023). *Realising the rehabilitative potential of approved premises*, HM Inspectorate of Probation Academic Insights 2023/11. Available at: https://hmiprobation.justiceinspectorates.gov.uk/document/realising-the-rehabilitative-potential-of-approved-premises/

Roberts, N., Reeves, C., and Jackson, L. (2024). "I'm getting out to nothing': A temporal analysis of dominant discourses and practices with residents convicted of child sex offences in probation Approved Premises', *Probation Journal*, 71(2), pp. 159-178.

Rocque, M. (2017). *Desistance from crime: New advances in theory and research*. Springer.

Royal College of Psychiatrists (2019). *Enabling Environment Values and Standards*. Available at: https://www.rcpsych.ac.uk/improving-care/ccqi/quality-networks-accreditation/enabling-environments-network-ee/what-are-they

Sirdifield, C., Marples, R., Denney, D., and Brooker, D. (2020). 'Perceptions of the effectiveness of health care for probationers', *International Journal of Prisoner Health*, 16(2), pp. 123-134.

Turner, K., and Bolger, L. (2015). 'The provision of PIPEs – Psychologically Informed Planned Environments', *Prison Service Journal,* 218, pp. 41-46.

Webster, N., Doggett, L., and Gardner, S. (2020). 'If you want to change the world you have to start with yourself: The impact of staff reflective practice within the Offender Personality Disorder Pathway', *Probation Journal*, 67(3), pp. 283-296.

Westaby, C., Ainslie, S., Fowler, A., and Phillips, J. (2025). "You're trying to juggle everything': Understanding the consequences of emotional labour for senior probation officers in England and Wales', *European Journal of Criminology*, pp. 1-21.

Williams, R. (2016). 'Transforming rehabilitation and approved premises: The effect of ideologically driven change upon probation practice in an institutional setting', *Probation Journal*, 63(2), pp. 202-210.

Annex A: Methodology

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, successes, and barriers 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, comprising three workstreams:

- a literature review (workstream 1)
- qualitative analysis based on interviews, ad hoc conversations, and observations with residents and professionals in/related to five AP sites (workstream 2)
- two sense-checking workshops with professionals (workstream 3).

Brief details of the three workstreams are set out below.

Workstream 1: Literature review

The study commenced with a literature review examining academic research on AP effectiveness, efficacy, and how they support rehabilitation, resettlement, and longer-term desistance.

A search of academic literature was conducted via EBSCO Academic and Google Scholar in March 2025. Grey literature was also sourced through criminal justice-related websites (e.g., Gov.uk, Howard League, HM Inspectorate of Probation). Literature from the last 10 years was prioritised in order to provide a summary of the contemporary evidence in this area. All the research reviewed came from England and Wales. The review also considered the methodological rigour of the research reviewed to inform confidence judgements regarding the findings.

A total of 47 papers were read and assimilated. Most were specifically focused on APs, but a few papers relevant to the review questions were more broadly about probation populations. Of the 47 papers, a sizeable minority were commentary, theoretical, reflection and/or discussion pieces rather than primary research (n=18). Of the primary empirical research papers (n=29), 19 were qualitative studies (mostly small-scale) and 10 used some form of quantitative methodology. However, six of these 10 studies were about general probation practice rather than having a specific focus on APs, meaning that there were only four quantitative studies about APs specifically, most of which were small-scale and used pre-post intervention evaluation methodology (rather than more robust quasi-experimental methods). Generally, therefore, the evidence in this area is considered limited. Whilst qualitative studies provide rich detail about experiences, they do not enable conclusions to be drawn about objective impact or causality; this would require more well-designed and robust quantitative studies evaluating outcomes in APs.

Collectively, the evidence reviewed indicated five main ways that APs could improve their impact on resettlement outcomes (see Figure A1 below). The findings of the review informed the design of workstream 2 and were integrated with that workstream's data in the final analysis.

Figure A1: How APs may improve their impact on resettlement outcomes

Workstream 2: Study sites and participants

To gain an in-depth understanding of the experiences and perspectives of people living in, working in, or professionally connected to APs, the study team conducted in-person visits to five AP sites, and engaged with central HMPPS policy leads.

Sampling of study sites

The research team purposively sampled five APs, based on the following criteria to gain breadth and representative perspectives and experiences: geographically dispersed, HMPPS-run and independently-run, sites housing men and sites housing women, and those providing standard/non-specialist delivery and those adopting specialist models or service approaches (one AP was a PIPE, and one was offering specialist support for those with mental health needs). Two of the five APs had achieved Enabling Environment status, and a third was working towards this.

With the support of the HMI Probation research team, a shortlist of suitable APs was created; this included APs who had indicated via a previous inspectorate survey that they

would be happy to be involved in future research. Invitations to participate were issued initially to the senior managers and area managers of five APs; as all consented to participate, no further approaches were made.

Methods

Two researchers visited each site, spending between 1 and 2 days at each (totalling 8 days of in-person fieldwork, each by two researchers). Three methods of data collection were employed at each.

First, the primary source of data for the research were 53 semi-structured interviews. Residents and professionals were interviewed on a one-to-one basis; interviews were audio recorded and then transcribed verbatim. A small number of interviews were conducted remotely, usually to account for participant unavailability during site visits, using MS Teams. Further details of the interview participants can be found in Table A1 below.[21] Informed consent was obtained from all respondents for their participation in the research.

Table A1: Interview participant demographics (N = 53)

Participant type	n	Gender	Mean age (years)[22]	Ethnicity
Resident	14	Female = 2 Male = 12	40	Asian = 1 Black = 2 White = 8 Not reported = 3
Residential worker	8	Female = 2 Male = 6	47	White = 5 Not reported = 3
Probation services officer	9	Female = 4 Male = 5	42	Black = 2 White = 4 Not reported = 3
Manager (AP or area)	6	Female = 4 Male = 2	47	White = 5 Not reported = 1
Probation practitioner	3	Female = 2 Male = 1	41	Black = 1 White = 2
Specialist role or service provider[23]	11	Female = 9 Male = 2	40	Black = 2 White = 9
HMPPS central policy	2	Male = 2	61	White = 2
Total	**53**	**Female = 25**	**43**	**Asian = 1**

[21] Note that the terminology used for professional roles or positions varies somewhat between HMPPS-run and independently-run APs. For the purpose of Table A1, the terms used in HMPPS-run APs were adopted and staffing at independently-run APs have been grouped based on closest equivalence.
[22] 14 of 53 participants did not report their age. The mean years reported in Table A1 are calculated based on those who did.
[23] Specialist roles or service providers included a variety of staff (from HMPPS, NHS, and third sector organisations) including finance officers, housing officers, psychiatrists, psychologists and treatment clinical leads, substance misuse service staff, and others.

Participant type	n	Gender	Mean age (years)[22]	Ethnicity
		Male = 28		**Black = 7** **White = 35** **Not reported = 10**

Second, 28 ad hoc conversations were held with residents (n = 16), AP staff (n = 7), and service/specialist providers (n = 5) during the course of the site visits; these enabled the engagement of people who wished to participate but who had insufficient time or who were less keen to take part in an in-depth interview. Researchers made detailed handwritten field notes of these conversations.

Third, researchers observed nine AP activities or groups (regular resident or staff groups and meetings) during the site visits. Examples of those observed include morning staff briefings/shift handovers, case review/management meetings, resident wellbeing groups, resident creative activity and reflection groups, and AP community meetings. Again, researchers made detailed handwritten field notes of these events.

Qualitative data were analysed by hand, using reflexive thematic analysis (Braun and Clarke, 2006; 2019; 2021). The interview data were analysed first; the field notes were then analysed to provide supportive or contradictory evidence for further consideration.

Workstream 3: Workshops with professionals

Following the completion of the first two workstreams, two online workshops were held with professionals (an open invitation was extended to all AP staff, managers, and service/specialist providers from the five study sites). The initial findings were presented, and the workshop sessions used to sense-check, discuss, and refine these. The workshops were attended by seven participants, comprising AP managers and PSOs from four of the five APs.

Ethics

Approval for the research was provided by the HMPPS and Ministry of Justice National Research Committee.

Limitations

The primary limitation of this study relates to the sampling procedures employed in workstream 2. A fully representative sample of APs was not possible; instead, purposive sampling was utilised, using sites who expressed an interest to take part. Whilst this may introduce some selection bias and potentially limit the generalisability of the findings, the final sites were chosen to be as representative as possible, specifically to include different AP types, geographical locations, cohorts, and delivery by independent and public-sector organisations.

Participants also self-selected to engage with the study, influenced too by their availability on the planned fieldwork dates. While again this could introduce some bias into the findings, it was mitigated to some degree by employing multiple methods of data collection (e.g., interviews, observations, reflective workshops) and offering some remote interviews on alternative dates, to validate and triangulate findings, and to reach saturation in the

analysis. Varying and conflicting views were obtained through this data and are captured within the findings of the report. The participant sample includes a wide variety of groups, although we were unable to interview any former residents of the APs, which might have provided further insight into how APs can hinder or support successful reintegration and desistance.

This study was qualitative in nature, which was most appropriate for answering the specific research questions posed. However, without quantitative data, it is not possible to provide an objective assessment of any measurable impact of APs on the outcomes or changes reported in the participants' accounts.

Annex B: Preliminary Theory of Change model

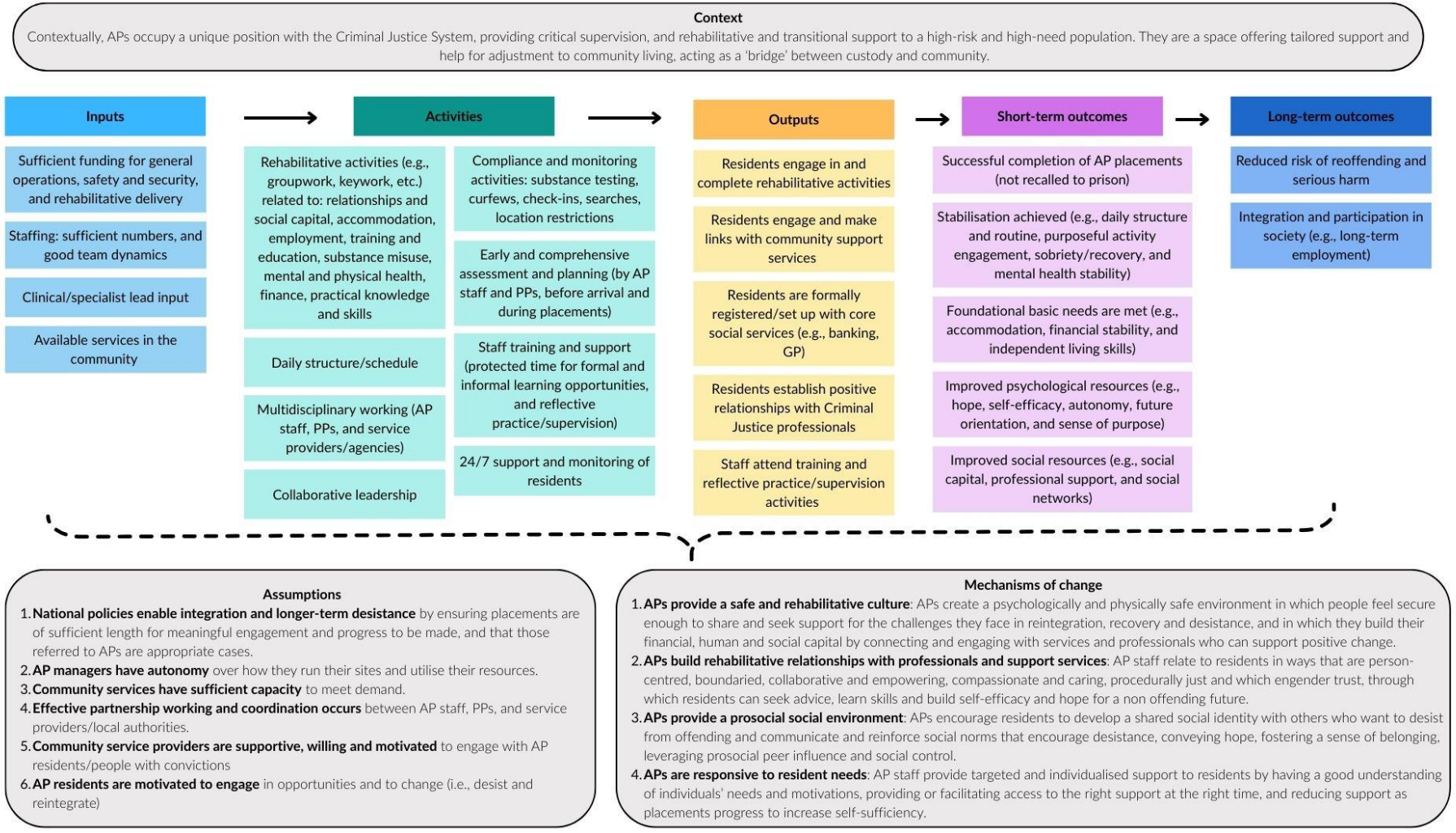
A preliminary Theory of Change model has been developed to identify the explanatory pathways and processes for APs supporting positive change through the provision of rehabilitative activities and reintegration opportunities. This is presented below in Figure B1, structured according to:

- **Context**: the context, including the problems, needs, or challenges to be addressed
- **Assumptions**: the underlying conditions that are necessary for intended change to occur
- **Inputs**: the resources required to implement activities and achieve desired outcomes
- **Activities**: the specific actions, interventions or activities carried out to create change
- **Outputs**: the direct, tangible products, services, or results of the activities
- **Short-term outcomes**: the immediate and measurable changes resulting from AP placement
- **Long-term outcomes**: the ultimate, sustained change that APs aim to achieve
- **Mechanisms of change**: how and why desired change comes about

This preliminary model has been based primarily on the findings of the current study; however, it should be noted that the outcomes included in the model have been drawn from the wider (not AP-specific) criminological and desistance theory and research, rather than emerging directly from the current study's data. While positive outcomes are indicated in the prior published research, and our participants spoke of improvements being made for various outcomes, more specific examination and especially quantitative research (see Section 3.4) is needed with regards to the impact of APs before this part of the model can be formalised.

Further testing, refinement, and elaboration of the preliminary model is required; at present this Theory of Change should be considered a starting point – assisting with further research and evaluation – rather than a fully formed model.

Figure B1: Preliminary Theory of Change model



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