

- Did you categorise respondents by NPS region/LDU to assess whether there were burnout hotspots?

Thanks for the question – I have had a quick look at this. Burnout is highest in London and the North East – I'd need to do more to work out whether this is statistically significant, but it looks like it is. We didn't collect data at the LDU level. It would be interesting to look at caseloads and workloads in the context of this data. It's probably also worth thinking about the idea that burnout can be 'contagious'.

- Would you consider burnout worse in CRCs?

We don't know the answer to this but it would be good to know. I know that caseloads are higher in CRCs which may lead to higher burnout but the workloads are so different that I expect this is not a particularly helpful way of thinking about. There will be different demands around emotional labour, different anxieties around risks, different perceptions of organisational support all of which will have an impact. Our survey could easily be used with CRC staff so we could do a comparison fairly easily.

- From your analysis so far, have you noticed any impacts of budget cuts (and wider austerity) on burnout?

I think the main impact here would be around workloads – stemming from TR. From other research I've been doing, I know that cuts to other services in the community have been felt acutely by probation staff as it makes it harder for them to do their job – which will put additional pressure on them. Our survey data don't show this and it's not a theme which has come out of the interviews – although they have been very organisation focused.

- Was any consideration given to interviewing/sampling CRC staff?

We did this work as part of a request by the NPS to look at the implementation of the SEEDS2 training and new supervision framework (although we weren't commissioned by the NPS and it has been carried out independently). Because of this, we did not sample CRC staff. However, we could easily adapt our survey to CRC staff and it would be very interesting to do so. From our previous research on emotional labour we found a lot of similarities between CRC and NPS staff in terms of the work undertaken.

- Has any comparison been made with results from staff surveys, which covers wellbeing?

No – but this is a good point and we'll see if it is possible to do this.

- The problem is that probation will highly unlikely deal with high caseloads - has been like it for a long while.

Agreed – but this may provide additional evidence for why workloads should be reduced? It also means that providers must take some responsibility for burnout and not leave staff to deal with it. There are also potential implications for recruitment and retention of staff if the

relationship between caseloads and EL is better understood. It's also worth remembering that caseloads were not the most significant factor when trying to predict burnout

- Per head of staff population, did you look at why women have higher burn out. I.e. why high %

In the broader literature on burnout, women are more likely to suffer from emotional exhaustion and men are more likely to become depersonalised and this was also the case here (the mean average for depersonalisation for men is 1.40 and for women is 1.38) but this is not statistically significant. We'd need to look at this more to find out why this is. There is an important gendered angle here which we need to look into more.

- As an SPO - SEEDS is great and I always enjoy this with my staff, but it needs to be given to SPOs too in my opinion

Yes – this is one of the strongest themes to come out of our interviews and we've already fed this back to the NPS.

- Would job satisfaction help to an impact on burnout, knowing that some people stop offending etc.... ?

Job satisfaction is a protective factor for burnout – we've got some data on this but haven't managed to look at it. But we will. In terms of improving job satisfaction – yes, a better understanding of the effects of probation would help because people may be able to have higher levels of job satisfaction if they know they are having a positive impact on people's lives. People tend to try and find job satisfaction where they can – I think there's scope for the organisation to do more here. Something which has come out of interviews is the focus on 'small wins' which contribute to higher levels of job satisfaction.

- [Comment rather than question]: As a former head of a Probation Service (Ireland), there is a huge amount of food for thought (and action) from this research. As a former service director, (and don't want to excuse anything!) I am very conscious of the challenges of managing an organisation and its demands, while trying one's best to support staff. Many thanks for highlighting these issues.

Agreed... this why we're in academia and not heads of probation services!

- Has this study been compared to any previous data relating to emotional labour in probation practitioners and if so what has been the impact of Transforming Rehabilitation for example been on the experience of probation staff?

This is the first study which has attempted to quantify emotional labour and burnout amongst probation staff in England and Wales (as far as we know!). We have written a little about the impact of TR on NPS staff in our article here:

<https://journals.sagepub.com/doi/10.1177/0264550516648399>. We will be looking at comparing what we've done with studies from other countries.

- Has your research been shared with NPS senior leaders?

Not yet, but it will be.

- Clinical support is provided via PAM. Did staff find this helpful?

Generally – no. PAM assist was seen as too generic. People have complained that when they ring them up they have to first of all explain what probation even is before getting the support they need. Participants have compared PAM assist with the support available when they were in a Probation Trust and say it is not specific enough to probation work and so doesn't fare well. A small number of people have been more positive. People are more positive about the insights sessions with clinical psychologist and everyone who is eligible is very positive about the clinical supervision provided through the OPD pathway.