

Casework Series



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Women, Crime & Justice
Research Group

Principles and Practice of Casework in Women's Centres in England and Wales

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1. Introduction

Women's centres in England and Wales have become established providers of criminal justice services following the call for a large, coordinated network of holistic, women-only 'one stop shops' in the Corston Report (2007). While a handful of women's centres previously existed in England and Wales, its publication placed them at the core of provision, resulting in increased funding and commissioning for additional women's centres (Plechowicz, 2015). There is now a network of over 40 organisations who operate centres across England and Wales (National Women's Justice Coalition, 2024), forming a significant part of the penal voluntary sector. A new working relationship and funding arrangement between probation and many women's centres has developed. As a result, women's centres now provide services to women without any prior criminal justice involvement, or with low risk of future involvement. These services are provided alongside contracts and grants for services from local authority commissioning, charitable trusts, and public health, among other sources (Women's Budget Group, 2020).

Women's centres operate on the basis that women have distinct pathways into the criminal justice system, through violence, trauma, mental illness, substance use and self-medication, social exclusion, economic marginalisation and homelessness (Pemberton et al., 2019). While failure to address these needs exacerbates criminal justice involvement, future involvement can be reduced through focussing on and developing women's strengths (Van Voorhis, 2012). The aim of the women's centres is to provide support for these often complex and interlinked unmet needs and develop the strengths of women who may be overlooked within mainstream statutory provision. They function as a 'one-stop shop', whereby services are provided within a safe environment. Signposting is therefore critical to facilitate connections with specialist services, ensuring that the breadth of women's needs are considered and adequately responded to through the women's centre as the central source of support.

Caseworkers are integral to women's centre provision, having been fundamental to Corston's (2007) vision in the provision of one-to-one support. Despite this, there are significant gaps in our understanding of the work that caseworkers do and identifying which casework practices might be most effective. Although shared, overarching principles may influence practice, the extent to which they do this is unclear. There is also a divergence of casework practice across women's centres and caseworkers face an increasing number of pressures within their role. Furthermore, caseworkers are distinct from professions such as probation officers or social workers as they do not have a formalised profession requiring accredited training or a formal qualification.

The purpose of this initial findings report is to review current knowledge about effective casework practice by drawing from existing literature and original empirical research.¹ This is underpinned by two overall objectives:

1. To identify principles which underpin casework;
2. To highlight the challenges which impinge on these principles in daily practice.

The sections below provide an overview of the methods used to compile this report and an outline of the principles of casework identified in the literature. This is followed by an overview of casework practice and who caseworkers are. An overview of a woman's typical journey through the women's centre is provided, and challenges of practice and delivery are also discussed.

¹ The research forms part of a broader study conducted as part of the Effective Women's Centres Project, which is funded by The JABBS Foundation.

2. Methods

This report was compiled following an extensive literature review and empirical research, comprising observations, semi-structured interviews and an online survey. Appendix 1 provides a detailed account of each research method used within the project, which is summarised here. A narrative literature review was conducted to capture key and existing approaches to casework over a wide range of disciplines. The aim was to identify any current models of casework in use and explore their theoretical and empirical underpinnings. Therefore, an integrative methodology was chosen to allow for the inclusion of both empirical and theoretical research, and 'grey' literature generated from within the sector, including anecdotal evidence or research with methods below academic standards of research governance. This enabled a broad picture to be established around what is already known about casework in women's centres and within other disciplines more generally. The terms 'casework', 'keywork', 'support work' and 'voluntary penal sector' were all searched in the following databases: Web of Science, Sociological Abstracts, Humanities Index, APA Psycinfo, Social Policy and Practices, ASSIA, and Criminology Collection. This was supplemented by hand searches of relevant journals in the disciplines of criminology, social policy, social work and public health. Data extraction sheets were used for the quantitative studies, which included article summaries and citation tracking. A total of 161 articles were reviewed and collected using Zotero referencing software.

To develop our understanding of current casework practices within the sector, we supported the literature review with qualitative and quantitative data collection. Qualitative methods were chosen to understand the day to day working lives of caseworkers and their views of casework in detail. Methods comprised a series of observations of caseworkers in two women's centres at various locations in England between September and November 2023 (a total of 200 hours) and 38 semi-structured interviews conducted with caseworkers and managers at women's centres between October 2023 and January 2024. 25 caseworkers, 10 managers, and three senior managers took part in interviews. Quantitative data were collected through an online survey for women's centre staff in the UK which launched in February 2024 and was open for responses for four weeks. This method allowed us to map out the themes identified through the qualitative data and look further into the different forms of casework more widely across the sector. A total of 59 viable responses were collected from 33 caseworkers, 21 managers and senior managers, and 5 others.

3. Principles of casework

Key interlinked principles of casework practice, including gender responsiveness, trauma-informed approaches, person-centred approaches and holistic practice, provide a common foundation across many organisations in the women's sector and were also present in our research sites. However, there are differences in how these terms are defined and how they impact upon practice. As a result, our research showed that the principles were applied to varying degrees and in different ways in practice, determined by factors such as contract demands. The following section briefly defines each term by drawing from the literature, and subsequent sections examine how these principles were applied in practice.

3.1 Gender-responsive practice

According to Covington and Bloom (2006), gender responsive services create "an environment through site selection, staff selection, program development, content, and material that reflects an understanding of the realities of women's and girls' lives and is responsive to their strengths and challenges". The aim is to provide a new approach to criminal justice for women by improving outcomes and reducing the harms associated with

punishment (Evans, 2017). This is underpinned by the recognition that women's distinct pathways into the criminal justice system impact upon their experiences within it (Brennan *et al.*, 2012; Daly, 1992; Corston, 2007; Covington and Bloom, 2006; Gehring, 2018; Salisbury and Van Voorhis, 2009).

Guiding principles for delivering gender responsive practice have been developed (Bloom, Owen and Covington, 2003; Messina and Esparza, 2022; Pemberton *et al.* *forthcoming*). They include interventions which must primarily address women's pathways into the criminal justice system, the use of gender-responsive assessment tools to inform individualised treatment or service provision, multi-modal interventions which use a range of methods to address issues in a holistic way, and the creation of an environment specifically designed to deliver interventions. To address the use of gender-responsive assessment tools, the Women's Risk Needs Assessment (WRNA) has been developed to accurately identify relevant, individualised factors women's lives, including risk, needs, and strengths. Such assessments have been found to have greater predictive validity compared to gender-neutral assessments (Messina and Esparza, 2022)².

3.2 Trauma-informed

A trauma-informed approach is regarded as an integral element of gender-responsive practice (Bloom and Covington, 2008; Covington, 2008, 2022). It extends beyond responding to trauma and involves a shared understanding among practitioners about the effects of trauma (Covington, 2003). These include the physical effects, such as an impact on appetite, memory problems, and chronic pain, and emotional effects, such as feelings of anger, shame, or panic. Trauma can lead to some people experiencing flashbacks, substance abuse, self-neglect, self-harm or suicidal ideation, as well as mental health conditions such as post-traumatic stress disorder (PTSD) and complex post-traumatic stress disorder (complex PTSD).

A trauma-informed approach means realising the prevalence of trauma, recognising the signs and symptoms of trauma in all individuals involved in the system, including the workforce, and responding to this 'by fully integrating knowledge about trauma into policies, procedures, and practices' and actively resisting re-traumatization (Substance Abuse and Mental Health Services Administration, 2014, p. 14). Harris and Fallot (2001) outline five key conditions required for a trauma-informed organisational culture; universal screening to identify histories of trauma; training and education; hiring principles; and a review of policies and procedures to ensure current practice is not harmful to trauma survivors. Literature produced by and for women's centres has consistently identified a trauma-informed approach as an integral feature of service provision (Carroll and Grant, 2014; Centre for Social Justice, 2018; Scott and Frost, 2019). Evaluations have also noted the presence of trauma-informed practice within women's services (Bradley, 2020; Dryden and Souness, 2015).

3.3 Person-centred

Adopting a person-centred approach to casework is another aspect of the women's sector and was adapted and used by Baroness Corston who defined a 'woman-centred' approach as treating 'each woman as an individual with her own set of needs and problems and to increase their capacity to take responsibility for their lives.' (Corston, 2007: 10). Although person-centred care is difficult to define, its foundations are typically attributed to Rogers' (1957) conceptual framework of person-centred psychotherapy. Within this, empathy, unconditional positive regard, and genuineness are necessary elements of the therapeutic relationship. The

² The WRNA is currently in the early stages of implementation within several women's centres across England following a validation study conducted by our research team. For further information, see the project website [here](#).

client is regarded as the expert on their experiences and needs and the relationship is a means through which the client can ‘develop in a socially constructive direction’ (Murphy, Duggan and Joseph, 2013: 708). Rogers claimed that the relationship should be underpinned by non-directivity, with the practitioner allowing a client to discover their own processes for change without being challenged by the goals and expectations of the therapist (Brodley, 2006: 37). This framework has since been loosely adapted and applied in different services and sectors. However, according to the literature, there is no universal definition or application of this approach in sectors such as nursing (Byrne et al., 2020) or social work with older adults (see also Murphy, Duggan and Joseph, 2013; Washburn and Grossman, 2017).

3.4 Holistic

Holistic support also contributes to gender-responsive practice (Covington and Bloom, 2003) and is driven by the requirement to address women’s multiple and complex needs across multiple areas of their life, including their physical, emotional, and social wellbeing. Support should address both relational aspects of a woman’s life, such as the quality of her relationships, and structural issues, such as poverty, victimisation, and oppression (Blanchette and Brown, 2006). Women’s centres ensure that holistic support is provided through multi-agency working which links women with specialist agencies (Corston, 2007; Ministry of Justice, 2020). This includes the co-location of probation staff and those from other third sector organisations within women’s centres which allows clients³ to access flexible support in one central location.

Having summarised the key principles, the next sections discuss casework practice in more detail and present further challenges to implementing these principles within casework practice.

4. Casework Practice

The following discussion outlines what casework is in practice and provides an overview of both caseworkers and their role. This draws from observations, interviews and an online survey conducted with senior managers, frontline managers with and without a caseload, and caseworkers (more details [here](#)). Caseworkers worked across a variety of pathways, including criminal justice, early intervention, diversion, complex needs, education, training and employment, as well as peri and post-natal pathways. We will compare their respective experiences in the following discussion.

³ We have used the term ‘client’ but we recognise that there are a range of terms used to describe the women whom caseworkers support, such as service user or customer. We also recognise that some services do not use specific terms in order to avoid othering the women they support by using a specific label.

4.1 What is casework?

Caseworkers in women's centres offer a diverse range and breadth of support to women and this is illustrated by [Figure 1](#), which presents the survey responses to the services offered within organisations. This shows that emotional support was selected by almost all respondents as a service offered in their centre, with housing and homeless support and support for families also selected by a high proportion of respondents. In contrast, perinatal support, relapse prevention support, and other non-specified forms of support were selected by the fewest respondents.

Interview participants typically described casework as the provision of emotional and practical support in various forms, dependent on the needs of the women they support.

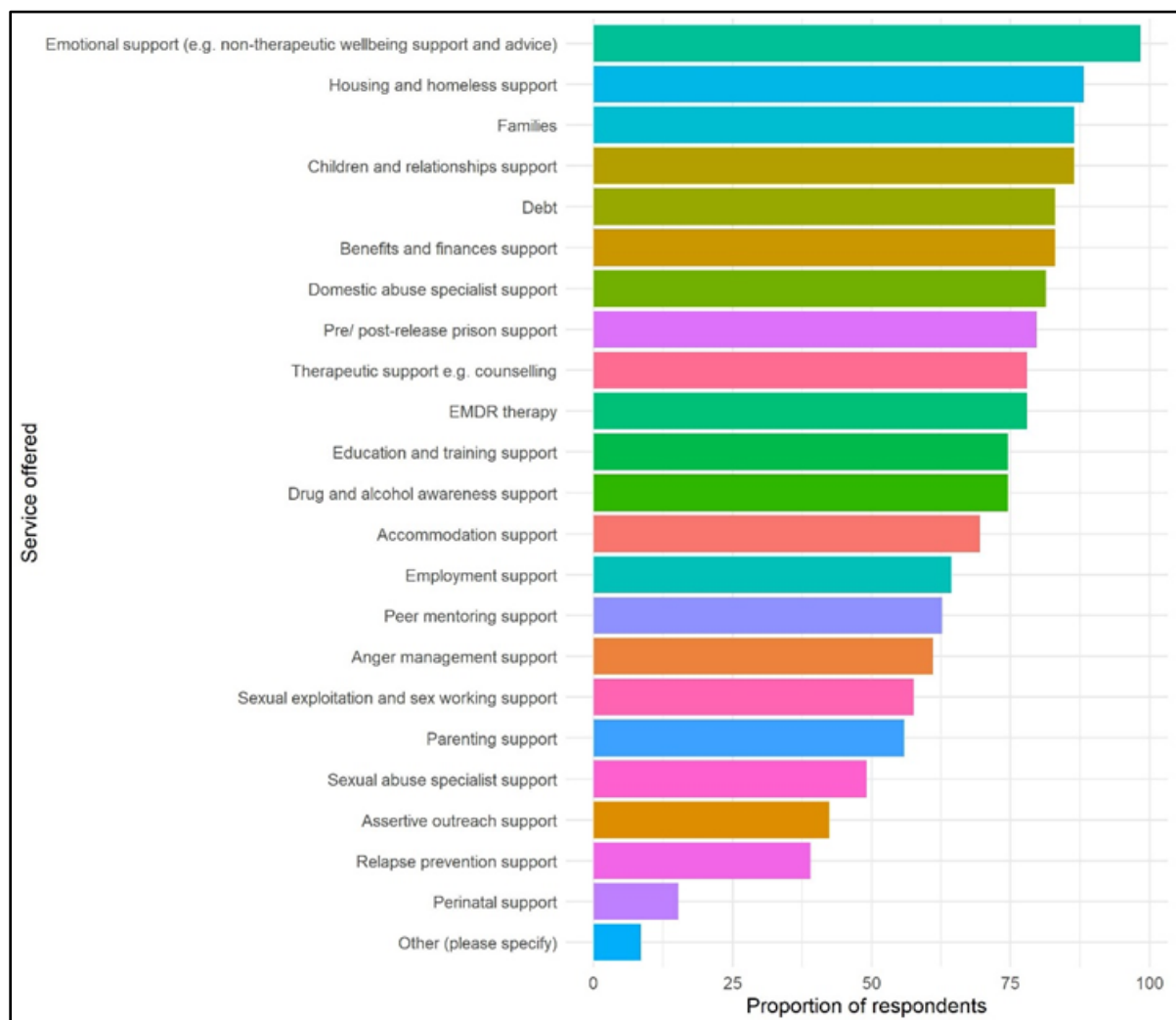


Figure 1: Service provision indicated by survey respondents

Many participants outlined a wide range of skills needed for the role, including strong communication, listening and observation, advocacy and organisational skills. Participants also identified empathy, flexibility, confidence, openness, honesty, and authenticity as necessary qualities for a caseworker, due to the broad range of support offered. The variety of responsibilities meant that participants described wearing 'lots of hats' (D23; D40; interview participants) and 'spinning lots of plates all at the same time' (D41; interview participant). As a manager surmised:

...we do a lot in this role, we work really creatively and it can be really varied. We can help with lots of different things. I think there is like a real skill in managing people's emotions and managing those big reactions and supporting someone through trauma. I think we are not psychiatrists, we are not counsellors, but actually, we offer a lot of therapeutic support, we offer a lot of practical support as well. We do advocacy. Sometimes we are a bit social worker, sometimes we are a bit counsellor, we kind of do a lot of different things and I think it takes a really specific kind of person to be able to do this. (D30; interview participant)

The breadth of support offered by caseworkers was also frequently observed during face-to-face appointments. The following extract from fieldwork notes summarises the varied support provided during an appointment between a manager holding a caseload and her client, which lasted approximately one hour:

Rang police officer on behalf of client... followed up about housing and confirmed client had completed form... asked the client about a mental health referral... discussed different services and provided good local knowledge... signposted and identified different services for client and discussed recreational activities for support... provided techniques to support with stress, as the client was becoming overwhelmed with lots of appointments... discussed grants which are being dealt with by another caseworker... discussed court appearance and agreed to support the client at the upcoming hearing... discussed appointment next week, client is to see the counsellor and caseworker will see the client afterwards. (D62; fieldwork notes)

While providing this broad range of support, caseworkers and frontline managers also responded to various challenges on a daily basis. This included frequent missed or unplanned appointments, crisis management such as clients fleeing abusive relationships, supporting clients in active addiction or substance withdrawal, and supporting clients who had been released from prison without suitable housing, while managing the administrative demands of the role such as maintaining accurate and up to date records. The requirement to provide this breadth of support while also dealing with these challenges was not without its pressures. Interview participants consistently described the nature of casework as intense and unpredictable:

'it is a really tough job. It is just crazy. Like no day is the same, no person is the same, no situation is the same. Everyone just does the best they can do' (D42; interview participant)

This reflects the demands of the caseworker role and the potentially detrimental impact to caseworker wellbeing (discussed below).

Alongside one-to-one support, the research sites offered three types of group interventions: first, externally created, structured programmes on specific issues such as anger, trauma, and experiences of domestic abuse facilitated by caseworkers; second, groups created and facilitated by caseworkers focussed on areas such as wellbeing or the impact of crime; and third, informal or unstructured groups centred around a specific activity, such as arts and crafts. Some centres also offered therapeutic groups run by qualified therapists or therapists in training. There was considerable variation between centres as to the group interventions offered. In addition, one research site was obliged to deliver gender-neutral interventions, as a manager explained:

... we have got interventions that historically we designed and we delivered but then, we have also got the interventions that we have been given from probation. So, for example, [INTERVENTION NAME] is one of the interventions that they created and designed, it is not gender specific but yet there is a requirement for us to deliver that in terms of the offender pathway. (D36; interview participant)

The extent to which this intervention aligned with the principle of gender-responsivity is unclear, and the manager highlighted how contractual obligations may challenge the use of gender-responsive principles in the provision of support.

Casework also involves administrative tasks and in some cases the task being performed determined how the role was defined. While most participants and organisations used the term keyworker, several other terms were also used, including caseworker, keyworker, support worker, and practitioner. These terms were used interchangeably, with some participants distinguishing between administrative duties as 'casework' and face-to-face support as 'keywork':

Casework to me means it's more the admin-y side... Like looking at the cases and being on the computer working with cases. Whereas key working is being that keyperson, supporting somebody physically, mentally and emotionally. (D14; interview participant)

The choice of term also reflected perceptions of casework compared to other roles. For example, some respondents associated the term caseworker with probation or social work practice and therefore rejected the term, wishing to distinguish their role from other statutory roles. They did this by drawing from their depth of relationships with the women they support compared to those of other professionals. A manager who had previously worked as a caseworker reflected:

...the child protection meetings and other meetings that I'd go to kind of made me realise as a key worker that I was one of the most important people in the room because I knew exactly what was going on with that woman, exactly what work she was doing, what we were working towards... and other professionals that were kind of sat round were kind of quiet and probably maybe didn't feel as important in that moment. (D22; interview participant)

The term 'case' was not used to describe a woman, with some respondents regarding it as 'de-humanising'. In contrast, the use of keyworker was considered to reinforce the aim of women's centre casework to build relationships, again reflecting the importance of relationships in the role.

Although participants sought to distinguish their roles from other statutory agencies, many still considered the role to be professional. This was also echoed in the choices of term; while some participants used the term support worker, others considered keyworker to sound more 'professional':

I feel like... support worker[s], are like the lowest of the low because that is what I used to do and not that the salary was any different but it just, support worker feels like even less respect and then keyworker is like I have cases and maybe then caseworker is like above in this hierarchy. I do the same exact thing now that I did as a support worker. (D31; interview participant).

The choice of term may hold significance when working alongside other agencies, who may view the role as more or less professional depending on which term is used. As a result, a support worker may not be perceived as professional compared to a keyworker or caseworker. However, while most interview participants felt that other agencies perceived caseworkers as professionals, several described a felt sense of hierarchy, particularly when working with statutory agencies. As a caseworker explained:

I always refer to us keyworkers as bottom feeders... Cause we're at the bottom of the chain... At the bottom of the river... I mean the people, the suits, probably don't really recognise us

because they've got degrees and years of training and so who are we? Because we certainly don't get paid enough when you work for a charity... I think the powers that be, we're not on the same level, of course we're not. We're not as educated and, you know, on their pay band. (D27; interview participant)

4.2 Who are the caseworkers?

Caseworkers included in the research had a diverse range of previous knowledge, experience and skills. The age of caseworkers interviewed ranged from 23 to 61 years and the average age was 35 years. Similarly, the age of survey respondents ranged from 25 to 65+ years. Some caseworkers interviewed were in entry-level roles while others had progressed to more senior positions which involved line management. They had a variety of different employment backgrounds, including public sector roles such as social care, probation, and health care settings, charity sector roles such as support work, and corporate roles. This was also reflected in the survey responses.

Several caseworkers interviewed had an undergraduate or master's degree in subjects such as criminology, social work, and law. The majority of survey respondents who held a caseload (n=18) were educated to Level 6.⁴ Most survey respondents in a managerial role (n=16) were educated to Level 6 or Level 7.⁵ Although the sample size is small, the results suggested that those with higher levels of education had been in post for the longest.

Most managers interviewed had previous casework experience and had progressed within their respective women's centres. Some interview participants had lived experience, including previous involvement in the criminal justice system, and some had been previously supported by the women's centre they worked in. Interview participants detailed a wide range of motivations to becoming a caseworker. These broadly included wanting to help others, support women to change their lives and advocate for women's rights. Some were also motivated by their own lived experiences. Many noted that they were not motivated by money but rather a passion for the role:

we're not here for the money because this sector is not where the money is. We're not here for like the prestige of the role or like we're not all studying law because we want to work in big fancy law firms. Like we're here for the women and if we weren't here for the women, we wouldn't be here. So I think that's very common across the organisation, everyone loves what we do. (D5; interview participant)

Participants recognised that salaries were low compared to other roles in different sectors and a number of reasons were identified for this, including as a consequence of working within the charity sector which they felt was indicative of an undervaluing of caring professions within society as a whole. An interview participant explained this as follows:

I think it's seen as, well because it doesn't pay very well, I think that can sometimes feel like a reflection on how much it's valued in society. (D40; interview participant)

Despite the challenges of the role, and the relatively low pay, caseworkers were motivated to do their roles through a desire to help and support others.

⁴ Level 6 included examples such as a degree with or without honours e.g., BA, BSc, degree apprenticeship, graduate certificate, graduate diploma, level 5 diploma, or level 6 NVQ.

⁵ Level 7 included examples such as a master's degree e.g., MA, MSc, PGCE, level 6 diploma, level 7 diploma, or level 7 NVQ.

A contributing factor to the low rates of pay across the sector may be that caseworkers are not professionals, in the sense that the role does not require accredited training or qualification and there is no professional body which standardises practice among caseworkers. During interviews and in the survey, research participants were asked whether they considered their jobs to be a profession. While 88%⁶ of survey respondents agreed with the statement 'I view

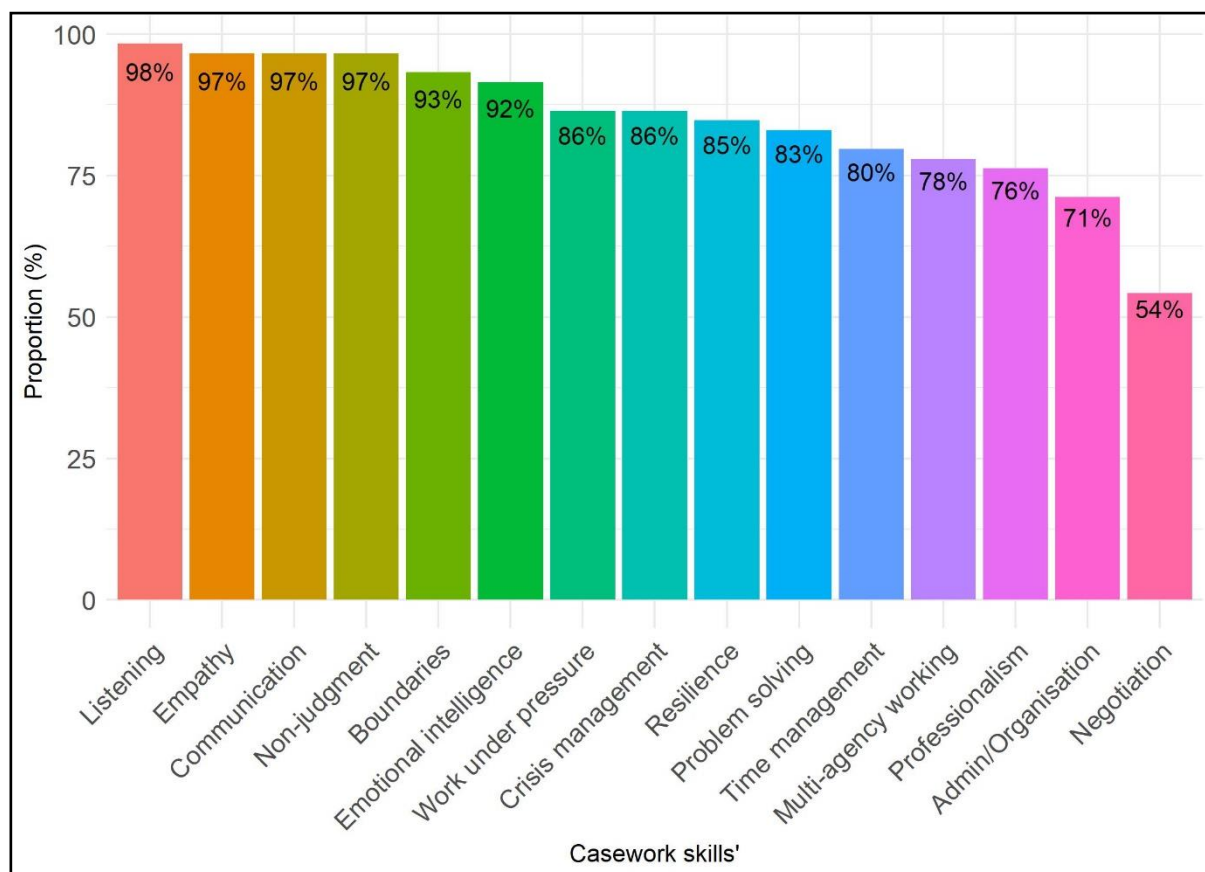


Figure 2: Proportion of 'very important' skills for a caseworker.

my job as a profession', the responses from interview participants were more nuanced. Those who considered themselves to be professionals referred to responsibilities such as safeguarding, the level of risk and complexity involved in their role, and the broad skill set and knowledge base required to be a caseworker. Others were unsure whether they considered casework to be a profession, with some describing elements of professionalism in the role, such competence, skills, or their communication and relationships with other professionals. Several participants highlighted that casework was not a profession in a formal sense as it does not require formal training or an accredited qualification. One caseworker considered casework to be a 'job' rather than a professional career '*because it doesn't require any particular skillset. You can learn the skillset*' (D16; interview participant). Furthermore, [Figure 2](#) shows that when placed alongside other casework skills such as listening skills or the ability to empathise, a lower proportion of respondents ranked professionalism as a 'very important' skill.

Some interview participants identified that formalising casework through an accredited qualification would clarify the expectations and responsibilities of their role. While 85%⁷ of

⁶ Strongly Agree', n=32; 'Agree', n=34.

⁷ 'Strong Agree', n=32; 'Agree', n=18.

survey respondents agreed with the statement 'There should be a nationally recognised qualification or accreditation for casework in women's centres', drawbacks were also identified, including some caseworkers suggesting that a qualification could create a barrier when building relationships with clients. A survey respondent explained this as follows:

The focus on one-to-one work or casework as you call it can create a barrier for women and professionalise the opportunities available at women's centres, creating "clients", othering women. (R54; survey respondent)

Others considered that working within the voluntary penal sector gave them greater flexibility and creativity than would be possible within a statutory agency or a formalised profession. Several participants noted that they actively try to create a distinction between themselves as 'caseworkers' and other professionals:

some women don't wanna work with professionals and they've... literally been fucked over by services and everything, so they're [dis]engaging and it's then trying to explain to them, "yeah, I get, you know, I'm a keyworker but I'm not like a professional, I'm not like a social worker or anything, I'm here, I'm working for you." (D14; interview participant)

This suggests that this distinction is used to develop a working relationship with the client on the basis that the caseworker role is different to other professions, such as social work, given that the caseworker does not have the authority and sanction wielded by other professions, such as the power to remove children from their client's care.

4.3 Where does casework take place?

Support in the research sites was delivered by women for women in a women-only environment. The importance of environment to a trauma-informed approach was clearly understood among respondents. For example, a CEO identified the importance of the reception area being a quiet, safe, warm, and friendly environment, while a centre manager explained:

I feel this women's centre is a home for the women, especially those that haven't got anywhere safe or welcoming to go. So to be able to offer that trauma-informed environment is really important. (D39; interview participant)

Research participants identified how the environment impacted the delivery of gender-responsive support in broad terms and recognised the need for a 'women-only' environment. For example, a manager explained the need for a gender responsive approach and the role of a safe environment in delivering this:

Because women respond differently than men. So we need to adapt our approach differently to meet their needs. There is a lot more trauma involved with women, a lot more triggers. We need to be able to identify that and adapt to that. There [are] a lot of mothers, so we need to be able to provide that service so that the women can engage. Because this is a safe, women only space, we understand the barriers women have to access other services. So we work really closely with other services so...we can influence them to adapt their approach. (D11; interview participant)

Interview respondents typically regarded the work of the women's centre as 'by women for women', and the shared identity of gender within the organisations was a clear feature of the environment. A manager explained this as follows:

...we just see ourselves as a bunch of women helping a bunch of women but obviously, we have to take the lead in terms of being positive about the world and the possibility of change. (D36; interview participant)

Casework took place in a variety of different locations and included centre-based support or outreach-based support, such as home visits or attending appointments at other services including at probation offices. 76% of survey respondents (n=45) described their role as being primarily centre based and 24% of survey respondents (n=14) described their role as primarily outreach based. At both research sites, some caseworkers undertook outreach work alone. The difficulties of lone working were highlighted in both the interviews and the observations: *'lone working [is] problematic. [Caseworkers] need someone to talk to, someone to sound things out'* (D62; fieldwork notes). Additional safety measures, such as a check in/check out system and personal alarms, were used to mitigate potential safety issues while undertaking casework.

Co-location is central to the aim of the women's centres being a 'one-stop shop'. This was common practice across the two research sites, although how this was organised varied. Arrangements included a team of specific probation officers being permanently located in a separate office at the women's centre, or a rota of probation officers regularly working alongside caseworkers in the same office. Close working arrangements fostered relationships, prompted increased information sharing, and allowed caseworkers to discuss, negotiate, and problem solve with the probation officers with greater ease. Participants clearly recognised the importance of co-location in the provision of holistic support and, in particular, in the unique offer of the women's centres. A manager explained this as follows:

...there are other services out there but there's nothing like [the women's centre] where you know, we're offering everything under one roof and we try and [offer] that sort of holistic support where we'll try and deal with...as much as we can... (D22; interview participant)

Co-location of services was also identified as an important factor behind effective casework practice, by removing boundaries to potential service-user engagement. An interview participant explained this as follows:

We obviously have a lot of external organisations come into the centre and be present as well, so like [drug and alcohol service], [domestic abuse service]... they will do drop-ins... I think it works really, really well when everybody is on the same page and knows where they stand and what they are doing but when it comes together it is a really good. (D39; interview participant)

However, challenges with co-location and multi-agency working were also identified. Issues arose when statutory agencies did not fully align with the women's centre principles, such as providing trauma-informed practice or a person-centred approach. Moreover, successful multi-agency working depended on the availability of local services and the approaches of individual probation officers. This led to differences in how holistic support was delivered in practice. A manager explained this in relation to working relationships with probation:

I think it very much depends on the officer. Some of them are very good at communicating, some of them are very poor. That's what I would say... It depends on the individual. And I like to have consistently good relationships. But high staff turnover, loads of trainee probation officers coming through that we don't know, that's why it's important for me to go to those team meetings to get to know them. (D2; interview participant)

Overall, research participants identified that women's centres provide a sense of safety and support through their physical spaces, thereby embodying the principle of gender responsiveness

and a trauma-informed approach. Co-located services are also fundamental to gender-responsivity by providing comprehensive and collaborative services through relationships with community stakeholders and criminal justice professionals. In addition, barriers to engagement are addressed by providing support through outreach work in other locations.

5. An overview of a woman's journey through the women's centre

Although the way casework is conducted varies according to contract stipulations, the stages themselves remain similar for all who access the services. The following section summarises these overall stages, while also recognising that factors including the circumstances of the women, the source of the referral and funding and the geographical location of the women's centre all impact how support is provided.

5.1 Referrals and pathways

Referrals into the service are made by various criminal justice and non-criminal justice agencies, as well as by clients directly. The source of the referral indicates whether the support is mandatory, and this has implications for engagement (see below). For example, referrals from statutory agencies often involve consequences for non-engagement, such as the breach of a community order or children being removed from a woman's care. This contrasts with self-referral, which is voluntary and carries no consequences for non-engagement. Referral pathways may include prevention for those at risk of involvement in the criminal justice system, diversion following an arrest, and post-conviction pathways. Referrals from probation are mandated under the Commissioned Rehabilitative Services (CRS) contract, where services are commissioned from women's centres to deliver support in fulfilment of the Rehabilitation Activity Requirement (RAR). This consists of a number of days determined by the sentencer as part of a community order or a suspended sentence order. Under the current contract, specific areas of need are determined by the probation officer on completion of an OASys assessment. The services available for women who self-refer is limited. Some organisations only allow self-referrals on specific pathways, such as prevention or diversion, which includes the provision of an allocated caseworker. However, other organisations accept self-referrals and provide access to specific groups and activities without an allocated caseworker following an initial assessment.

5.2 Casework relationships

Women's centres have long recognised that relationships are a cornerstone of effective casework practice and the importance of the relationship between caseworker and client is also found across a range of academic disciplines. Previous literature has identified that a strong trusting relationship can develop self-esteem, reduce stigma through non-judgement and positively impact desistance (Malloch and McIvor, 2011; Radcliffe, Hunter and Vass, 2013; Radcliffe and Hunter, 2016; Rumgay, 2004; Women in Prison, 2022). Some studies have also noted that the quality of relationships may be more important than specific models of work (Blasko *et al.*, 2015; Ferguson *et al.*, 2020). Important elements of the caseworker-client relationship include trust and acceptance, non-judgement, understanding, consistency and confidence building (Gilbert and O'Dowd, 2019; Plechowicz, 2009, 2015). Studies have also identified effective aspects of the working relationship, including the use of a conversational approach, which is supportive rather than punitive and may reduce reoffending (Blasko *et al.*, 2015).

The value of positive relationships was consistently discussed by women's centre staff during interviews. Building relationships at a pace required by the individual was considered a crucial

part of the caseworker role and often the most rewarding, as a criminal justice caseworker explained:

I feel I have a good relationship with my clients, I think that is probably one of the things that is most positive for me in this role, is the positive relationships. We might have some women that might not be ready or willing to engage at that time and that could also be to do with where they are at, that that moment in time, so that is the thing that I enjoy most is building relationships with other women. (D4; interview participant)

This extract also highlights the widely held view among research participants that relationships are vital to engagement, without which support would be ineffective (discussed further below). However, developing and maintaining casework relationships also raised a number of challenges. This included following a trauma-informed approach while also responding appropriately to any unacceptable behaviour. These challenges are discussed further below, following an outline of how trauma-informed approaches were understood and used in practice.

In our research, every interview participant discussed the importance of support being trauma-informed and this was also frequently mentioned in the survey responses. However, examples of specifically trauma-informed practice were limited in the interviews. Instead, the principle was discussed more generally. The consensus among interview participants was that it involved understanding the impacts of trauma and the various effects this can have on how client's respond, behave, and engage with the support offered and the one-to-one relationship. One caseworker identified this as follows:

Trauma-informed means most of the women, they've all gone through some kind of trauma. Sometimes their reactions might not be the same as somebody who's not had a trauma. So be mindful of that. (D37; interview participant)

Those whose organisations had clearly articulated principles defined trauma-informed practice in a way which most closely aligned with the concepts in the literature. For example, when asked to define best practice, one non-criminal justice caseworker summarised the five guiding values for creating a trauma-informed culture, which are outlined by Harris and Fallot (2001):

*I think it is just about like ensuring, best practice, ensuring the **safety** or ensuring you have done all you can to ensure the safety of someone. Working with them, like working in **collaboration** with the woman, supporting her to develop a sense of safety in the relationship. Supporting her to develop **trust**. Making sure you are giving her **choices**... **Empowering** the woman to do what she might feel like she can't do for herself... I'm just walking alongside her. (D16, emphasis added; interview participant)*

However, there were differences in how trauma-informed practice was understood and applied in practice. Tolerance for unacceptable behaviour was largely subjective and varied among caseworkers, despite the use of behavioural contracts at both research sites which clients were required to sign at the start of support. Some caseworkers accepted unwanted behaviour in order to maintain a trauma-informed approach:

So like when somebody is abusive to me, they've gone through god knows what, they're going to be defensive so that might not be how they present. So be mindful and be persistent as well. And try to engage with them. Don't give up. You've just got to keep going and it doesn't matter if they slam the door in your face a thousand times, keep going. Because eventually it does sink in that you want to help them. Only when they say, "I don't want you anymore", that's

when you say “okay, that’s fine, that’s your choice”. But yeah, just being mindful I think of what they’ve gone through. They’ve all been affected in some way. (D37; interview participant)

In contrast, caseworkers reflected on how they provided trauma-informed support while also maintaining boundaries. Interview participants and survey respondents identified professional boundaries as an integral element of casework and beneficial to both the caseworker and the woman being supported. Broad examples of professional boundaries were given. They included clearly outlining the caseworker role at the outset of the relationship, maintaining honest and clear communication, and challenging unwanted behaviour:

the women’s situation can mean that they are often have like little outbursts of emotional deregulation, but I think it’s okay to challenge that with them and say, “That’s not okay to speak to me like that,” and be quite boundaried around those things, like, “I wouldn’t speak to you like that, so I don’t expect you to speak to me like that, let’s talk about it, I understand you’re angry, I understand you’re annoyed.” (D17; interview participant)

However, difficulties in maintaining boundaries were consistently highlighted and commonly arose when challenging unwanted behaviour. For example, a caseworker noted that implementing boundaries can mean saying no: ‘*saying no to someone is a kindness even if they don’t read that as a kindness at the time*’ (D30; interview participant). Furthermore, the need to maintain boundaries in response to unwanted behaviour may impact upon the way support is delivered. A manager illustrated this as follows:

...we need to be treating all women the same but at the same time we know that not all women are the same and we do still need to take that holistic approach but if it is something like verbal abuse then we have a zero tolerance on that regardless of the situation. I mean where possible, we will continue to support that woman, it just might look different...it might not be accessing the centre but we can still support that woman through outreach or phone calls, things like that. (D11; interview participant)

This reflects the challenges of maintaining a working relationship with their clients and responding to challenging behaviour, while upholding the principles of gender-responsivity, trauma-informed and person-centred care. The demands of responding to a range of emotional displays, including women expressing suicidal ideation and women engaging in verbally abusive and aggressive behaviour required constant emotional management from caseworkers themselves. The following example from the research observations illustrates this point:

Caseworker advised the client that she is being evicted tomorrow. Client threatening to take her own life. Caseworker becoming frustrated while on the phone with the client and has raised her voice. Caseworker reminding the client that she will be homeless tomorrow and states ‘that is my main priority today.’ (D58; fieldwork notes)

The emotional demands of the role and the challenges of maintaining professional boundaries while also managing their own emotional responses were elements that the caseworkers had to navigate daily. In response, they expressed various methods used to mitigate these challenges and protect their wellbeing, including limiting the personal information shared with their clients, switching off work phones outside of working hours, and leaving laptops at work. This allowed them to set realistic expectations of support, encourage independence, and avoid clients becoming dependent on support. As a survey and interview respondent explained:

I sometimes find that we "help too much", the client becomes too reliant and dependent on us and therefore their expectations on us as staff far exceed our capacity which results in backlash against us and how much we can provide/do for them... I... find clear and firm boundaries help along with constantly managing the expectations of the clients. (R51; survey respondent)

Once you start blurring the boundaries it is not good for yourself and it is not good for the woman that you are working with. How can it be?... I don't personalise anything at all... I save all that for my friends, you know, who I don't have a professional relationship with and are not paying me to be their friend. We are not friends. (D6; interview respondent)

The extracts above demonstrate the importance of maintaining professional boundaries in supporting women to lead independent lives and minimising dependence on the one-to-one relationship. Professional boundaries protect both the client and the caseworker but setting and maintaining them requires skills and experience.

5.2.1 Engagement

As outlined above, engagement is a vital element of a strong casework relationship, and this was recognised among caseworkers. Responsibility for maintaining engagement was shared between client and caseworker. Numerous examples of flexible approaches to engagement were given during interviews and observations, as caseworkers sought to remove any potential barriers. This ranged from offering multiple appointments following non-attendance to travelling to participants' homes and accompanying them to the centre. A non-criminal justice caseworker explained how she supports engagement as follows:

I think it is being creative and kind of figuring out, so for example, with text messages and stuff like that, some women don't really like phone calls but they will do voice notes. It is just little things, kind of how can you ensure that women engage with you but it being beneficial to her and help her grow in confidence and feel able to access it? (D10; interview participant)

However, approaches to engagement varied, mainly reflecting the stipulations of the contracts and the consequences for non-engagement specifically. Self-referrals are typically (but not always) indicative of voluntary engagement, and as a result the women face no consequences for non-engagement. This lack of enforcement reduces the caseworkers' ability to compel women to engage, as a caseworker on a diversionary pathway where women attend voluntarily explained:

I think the fact that obviously there isn't any sort of enforcing and I think that does make it a big challenging at times. But, again, I think too much enforcing isn't a good thing either because it can make women feel trapped and they are not getting the support they need when they need that flexibility. It is a bit of a catch-22. (D7; interview participant)

In contrast, engagement from referrals under the CRS contract was enforceable by the probation officer, who is also the responsible officer with a duty to initiate breach proceedings when required, for example following non-compliance with the RAR. Caseworkers therefore are required to provide the probation officer with feedback on attendance and engagement. The following extract from observation notes provides an example of how this was managed with a client:

Manager tells client she has to let probation know of all appointments. If client can't attend, they can rearrange in advance, but if the client doesn't attend, the caseworker will let probation know. Manager informs client that the women's centre is there to support, but they do have to feed back if they have attended or not. (D62; fieldwork notes)

Although the risk of enforcement provided useful leverage to encourage engagement, this practice also potentially conflicted with the principles of gender responsiveness outlined above. For example, it contrasts with a person-centred approach as support is directed by fulfilling the requirements of a sentence rather than being directed by the woman herself. To mitigate this conflict, some criminal justice keyworkers distinguished their role from the role of the probation officer as the 'enforcer' regarding a client's engagement with support. While they recognised that their support fulfilled a requirement of a community order, they did not perceive themselves to be responsible for compliance or enforcement. A criminal justice keyworker explained this as follows:

Probation is the enforcer, we don't enforce anything. I tend to give them at least four chances. I'll literally give them four chances for assessment. And then if they don't engage, I'll go back to probation and say 'look, what would you like us to do? Is she engaging with yourselves?' If they're not engaging with probation either, then probation pull the referral. (D2; interview participant)

However, a caseworker who had previously trained as a probation services officer (PSO) noted the similarities between the role and that of a criminal justice caseworker:

in a lot of ways [the role of a PSO] is quite similar to the role that you do on a criminal justice caseload, [because] you're working really closely with probation and the whole thing is centred around their RAR days... it has to be a sort of meaningful session that you count as a RAR day and then although we don't enforce that, it's the woman's choice, probation will enforce it... So, there's a kind of conflict of kind of, not interest but purpose, I guess... (D23; interview participant)

The caseworker's use of the phrase 'conflict of purpose' highlights the challenges that caseworkers face through the working relationship with probation. Overall, the research findings have identified the importance of flexibility and integrity in encouraging support, but that these factors can be impeded by the constraints of the contracts.

5.3 Needs assessment and case planning

On referral into the women's centres, an assessment of needs and risks was usually carried out by a caseworker before support begins. This may be additional to previous assessments carried out by other agencies, depending on the source of the referral (see above). At the research sites, an acceptable behaviour agreement was also signed by the client. Following assessment, support outcomes were jointly agreed but the level of autonomy that both caseworkers and clients have in determining support outcomes varied significantly according to the pathway. Degrees of autonomy in case planning ranged from the flexibility to determine outcome measures with no stipulations (for example, when a woman self-referred) to a referring agency (for example, probation) determining outcomes, and the length, frequency, and nature of support. The range of support provided by caseworkers comprised both emotional and practical support delivered in one to one and group settings.

The literature identifies that an important feature of providing support to criminal justice-involved women is coming to an agreement of needs (known as the therapeutic alliance) which can support the reduction of substance use and reoffending (Blasko *et al.*, 2015). While knowledge around effective practice with high complexity women is limited, working on needs sequentially and over time may be most effective (Morash *et al.*, 2018). In our research, assessments were used as the primary means to identify the risk, needs, and strengths of women entering the service. These included both initial assessments and risk assessments which were completed by the caseworker following the appointment with the client or determined solely by the referral information. The WRNA was in use at the research sites,

albeit not exclusively. While most caseworkers conducted face-to-face assessments at the centre, in the client's home, or in an alternative confidential space, assessments were also conducted by telephone. They were widely considered to be the vehicle through which to become familiar with the strengths and needs of a client and also to create a support plan (Duffy and Hyde, 2015; Jones, 2014). As a caseworker explained:

It's nice to know like the whole story rather than just what probation are telling you or what's on the referral. It's good to hear it from them. And I think it does really help because you'll learn a lot more about the woman and you learn what triggers them, what their strengths are, what their weaknesses are, and it helps when you're case planning as well. And it helps you to build that relationship because you're actually sat there listening to them. (D22; interview participant)

Caseworkers also reflected on the challenges of asking some direct personal questions contained in the WRNA, particularly relating to histories of abuse or responsibilities for children. There was a concern that asking these questions may be triggering for a client. However, Harris and Fallot (2001) note the importance of openly and routinely asking clients about current or historic trauma to develop trauma awareness within an organisation, and a sense of openness and rejection of any stigma which may exist around abuse. To mitigate any potential risk of triggering clients, participants identified the importance of informing their clients of the purpose of completing the assessment. One caseworker explained this as follows:

[When] they come to the assessment, [I] just give them a breakdown of like what the assessment is, how the questions will be asked: 'Some of the questions can be triggering but it's not to make you feel bad about yourself or to like retraumatise you but it's just to like you know help me understand what support I can give.' (D34; interview participant)

This indicates how supportive casework relationships are used to reduce the potential for adverse impacts to arise when asking about past traumatic experiences.

Furthermore, differences in practice when conducting assessments and creating support plans were identified. For instance, some interview participants explained how they created the support plan with the client immediately following assessment, while others verbally agreed support outcomes before inputting the support plan on their system independently of the client. Variations in practice were particularly apparent among caseworkers working under the probation contract and those working on other pathways. On the probation contract, criminal justice-involved women are assessed twice. First, the probation officer completes an OASys assessment, and subsequently the caseworker completes their organisation's assessment. Criminal justice caseworkers also work across two administrative systems: their own case management system and the HMPPS Refer and Monitor system (R&M), which requires dual administration. The challenges of this were observed during observations at one research site:

After appointments, caseworkers go on to R&M and update the system, from notes made in session. Caseworkers have to then update case management system (copy and paste). Manager described that it is hard to update case management system and to get the time to do it after a session, because she does not get the time. The priority is R&M because of the contract. (D62; fieldwork notes).

Several criminal justice caseworkers identified that there are occasionally differences between the needs identified across the two assessments:

...sometimes we'll send a referral back because say if a probation officer's only sent a referral through with [Education, Training, and Employment] and emotional wellbeing but actually I've done my own [INITIAL ASSESSMENT]... and actually I see that there's a need for housing... so we sometimes have to push back to probation because they haven't given them or referred for enough [RAR days] and then we're then doing extra work... But we're not actually getting funded for that. (D26; interview participant)

Where other needs are identified by criminal justice caseworkers, some requested that the referral be amended, however they could not decline the referral. Requests for amendment meant that the referral process must be repeated in its entirety, resulting in additional administrative burdens. Several participants noted the tension between adhering to what probation requests and responding to the needs that they identified. One caseworker explained this as follows:

...it's up to the caseworker to think, 'do I do this piece of work and just make it fit?... Or do I just go with the probation referral?' Because at the end, when we're doing the end of service report, if I don't do that piece of work and do this, I've not met any of my objectives whatsoever. So I've got to put not achieved for all of them. (D35; interview participant)

The issues which stem from a lack of autonomy of the caseworkers were also noted during the observations:

Caseworker to go back to the probation officer and say they will only support with two things as there were some things that were not appropriate. Caseworker will reply and challenge the referral, otherwise the outcomes will not be achieved and that will reflect badly on the organisation. Caseworker explained that sometimes this does not go down well with probation officers but the caseworker said she is there to advocate for a woman if they are getting overwhelmed. (D63; fieldwork notes)

These examples highlight the tension between the broader needs identified by the women's centres as part of the provision of holistic support, compared to the more narrow, criminogenic needs identified by probation. It also highlights the challenges that criminal justice caseworkers had in navigating the design of the CRS contract, particularly the limited control over the required outcomes and the concerns around the outcomes not being achieved. However, some interview participants noted that this tension may be alleviated where there is a strong relationship between a caseworker and probation officer, and this was particularly apparent in sites where probation were co-located within the women's centre.

More generally, interview participants identified that they take a pragmatic approach when identifying needs. A caseworker explained how she prioritised need, having not been taught to do so:

I think it's just, I don't wanna say it, but like common sense, it's just obvious that if you're there, and then it's probably by age as well and like through working so long doing what I do, you know... it's just knowing, isn't it, I think. You don't get taught it; it just comes. (D14; interview participant)

Several interview participants also explained that they used Maslow's hierarchy of needs (Maslow, 1943) as a frame of reference when prioritising which areas of need to address. However, a centre manager explained that caseworkers often work across multiple needs at a time:

we work across every single need because we understand that you can't work on one need at a time because it just doesn't work ... it is about working along with those needs because

we know that they all intertwine and we know that we need to be able to meet a lot of those needs at the same time so that the woman can almost move up the Maslow hierarchy of needs because... if one thing is missing it means that that whole layer is just going to collapse. (D20; interview participant)

Most participants also noted that they identified strengths via the initial assessment. A diversion caseworker explained as follows:

it's quite easy to pinpoint what areas that she needs and then I can also kind of figure out, using my own initiative, where her strengths are... whether she's got transferable skills... so straight from the first off, from the first appointment, it's where I would identify her needs and strengths. (D27; interview participant)

Many interview participants described their practice as being person-centred or client led. This typically involved the co-production of a support plan and prioritising needs based on what the client wanted to address. The following was observed during a telephone assessment:

Caseworker looks at the referral, the probation officer...has put dependency and recovery... on the referral, client says she will do it but doesn't need it... Caseworker will inform the probation officer if there is anything the client does not want to do, then these will come off the list for her. (D63; fieldwork notes)

However, some caseworkers identified a tension in practice between balancing a person-centred approach when the client's perspective of their needs differed from the caseworker's assessment of needs:

I would always ask the client what is their priority because what I might think and what they might think are very different sometimes. But at the same time if someone has not got any housing or there are risks to them in terms of their situation, whether it is domestic abuse or housing then that is what I would try and focus on. (D15; interview participant)

Criminal justice caseworkers highlighted the challenge of providing a person-centred approach while adhering to the contract obligations. One criminal justice caseworker explained this as follows:

I think flexibility to a degree but then you also kind of need to encourage and push clients because at the end of the day, like I've got the [criminal justice] contract so there's almost a niggle in my head that I need to be doing stuff... you want to give them like choice and flexibility to feel like they're making their own decisions because maybe a lot of the time, they haven't been able to make their own decisions... I think it's all just a balance. (D26; interview participant)

A caseworker working on an intensive pathway also acknowledged the need to balance using a client-led approach with the capacity of the role:

I will get her thoughts, views, opinions and preferences but ultimately if I have got to carry out the work, it is going to be done in a way that works for me in some [capacity]. It has got to be practical. I've got to be able to do it firstly, so I'm not going to be able to make any promises I can't keep. (D16; interview participant)

This highlights the tensions placed upon working in a person-centred way, both in terms of what can be offered within the remit of caseworker versus what a client wants, as well as what can be achieved within the constraints of the contracts which shape casework practice. Our research suggests that there were limits to the extent that the caseworkers could be non-

directive and the relationship between client and caseworker was one underpinned by aims such as engagement and achievement of goals.

5.4 Exit from the service or pathway

Various endings of the casework relationship and exits from the service were identified in the research. The contract type provided the biggest contrast in practice, with criminal justice and diversionary pathways having a distinct ending. In relation to the former, once a woman completed all the assigned RAR sessions, the criminal justice caseworker completed an end of service report to notify the probation officer of the outcomes achieved. Caseworker support ended once the report was accepted by the probation officer. Caseworker support on diversionary pathways typically ended when a woman had attended the court hearing, or the police confirmed they were taking no further action. A woman receiving support on these pathways could be referred to another pathway for additional one-to-one support where she had continued needs, but this was dependent on the available pathways within the service. However, the prescribed nature of the casework relationship could result in support ending before a woman feels ready. A caseworker reflected on this as follows:

I've had a few people that have like quite a few times been like 'can we just do a bit of this, can we just do a bit', and you can tell that ... they're trying to just maintain the relationship and keep coming in... they might be lonely or they might just not feel ready to not have the support in place... it can be difficult. But all you can do is make sure that they're as well equipped as possible. And they have to do the rest, there's only so much you can do at the end. Just hope that they have learnt something from you and feel confident. (D5; interview participant)

Similarly, a survey respondent reflected on the limits presented by the contract and funding:

Breaking down barriers and building rapport and trust takes time and sometimes we don't have enough funding in a project for it to be long term. (R13; survey respondent)

In contrast, endings on other pathways are less defined and often more open-ended. On some pathways, the ending of support was determined by when the woman felt 'ready'. Others described a 'natural end' to support when it was no longer required as needs slowly reduced over time. Endings were also determined by available resources. As a result, relationships ended when there was no further work left to do, which was either determined by the woman or by resources and what remaining support was available. For example, a caseworker working on a more open-ended pathway reflected on the length of support provided:

ours are open for like nearly three years... which is a long time to do work over... I don't think people need to be open for three years, like ideally you want to see people get to a place where they can maintain their own support needs independently, I don't like keeping people open for three years. (D10; interview participant)

This suggests that open ended, or particularly lengthy relationships, can work against the overarching aim to assist clients to live independent lives.

Participants also described abrupt endings when a woman disengages from casework support entirely. As discussed [above](#), the consequences of disengagement varied depending on whether the pathway was mandated or voluntary. Interview participants also described varying degrees of transition away from the casework relationship, including women being provided with continued access to the centre without an allocated caseworker, continued

access to low-intervention groups, continued access to therapeutic interventions, referral to a peer mentoring service where available, or referral to a new casework pathway.

6. Challenges of practice and delivery

Having outlined the journey through the women's centre, the following sections discuss further challenges to the practice and delivery of services.

6.1 Broader policy environment

The difficulty of providing holistic support was widely discussed among participants in the interviews and the survey and was also evident during the observations. This specifically related to the impact of cuts to public services on the availability of resources across statutory and third sector organisations. Specialist services and statutory provision were described as becoming increasingly limited and issues with external provision hindered the holistic support which the women's centres sought to provide. While limited resources presented issues when supporting women with a range of needs, an acute shortage of suitable housing was a particular concern. One caseworker reflected upon this as follows:

...housing, waiting on these lists, not like how it used to be. I remember how it used to run and it's definitely not like how it is now, it's like crabs in a bucket scrambling up, trying to get out and get somewhere, that is what it feels like. (D4; interview participant)

These findings were replicated in the survey responses, when pressures caused by a lack of external resources were frequently explained to be a challenging aspect of the role. For example, a survey respondent wrote the following:

External factors such as access to housing, drug treatment, benefits. Including poor quality housing, poor options and little choice. This means what we can gain from other services does not always match what our service offer would be ideally and does not match our values and ethos. External agencies not always understanding the issues that women face. Lack of resource in the system and poor responses from safeguarding referrals. (R10; survey respondent)

Corston's (2007) vision of coordinated, multi-agency working between agencies was conceived before expansive funding cuts to public services through the imposition of austerity measures. This makes the vision of the women's centre being a 'one stop shop' increasingly more difficult to realise given the increasing lack of resources and services available, which limits the ability for caseworkers to facilitate connections with specialist services and to provide holistic support. The accounts of caseworkers interviewed suggest that they are compelled to work in increasingly flexible ways to provide support, although the support offered may not be the specialist support the client requires. These challenges rebound onto caseworkers who must provide support while also responding to the collateral consequences of structural harms, such as poverty and marginalisation. This includes the increased emotional toll and workload demands of trying to meet the basic needs of women, such as the provision of food parcels, in increasing scarcity of provision. As a caseworker surmised:

There is the frustration of the system in itself, the wider system, you know, and kind of personally as well that will affect me because I will start considering on an existential level, how are we as a society mistreating those that need support most? (D16; interview participant).

A further example was noted during observations, when a client's deteriorating mental health became a growing concern for caseworkers, particularly when the client attended the centre

in increasing states of distress and dysregulation. This led to concerns for her safety, as well as the safety of staff and other clients accessing support, and was noted as follows:

There is a continued acknowledgment that the women's centre is not the right service for the client, but it appears that [the research site's] efforts to engage in multi-agency working have not been successful due to mental health services not providing previously agreed support when needed, such as sending the client's mental health worker out to the centre to support them when the client attends (D59; fieldwork notes)

Limited external provision also resulted in additional pressure upon caseworkers particularly in terms of their workload and their emotional wellbeing:

I just wish that it was different everywhere else, because we find... we then have to try and fill that gap in other services, because then we get women coming here with their mental health crisis[es] or you know, they trust us and they don't trust other professionals because they've let them down so much, because there is no funding so then we have to try and pick up the pieces... which obviously isn't always possible. So it's just frustrating because you wish you could do more, but you just can't, so that part is hard. (D38; interview participant)

Several caseworkers noted that working within the current policy environment results in a greater emotional toll which can manifest in symptoms of stress, frustration, and burnout. This is compounded by increases in workload and having to work with more flexibility and creativity to find solutions. A few caseworkers reflected that the current policy environment makes them increasingly motivated to engage in activism to work towards bringing about change.

6.2 Caseload

The literature review identified a number of studies conducted across different disciplines on the impact of caseloads on a variety of outcomes, including caseworker wellbeing. This includes US studies on probation caseloads which used predominantly male samples (Fox *et al.*, 2022) with the exception of Chan *et al.* (2005), who focused on probation services for 'drug-involved' justice involved women. Studies on the impact of caseload have also been conducted in disciplines including child welfare (Chuang *et al.*, 2011; Chen, 2019; Edwards and Wildeman, 2018; Kim *et al.*, 2010) mental health services (Burns *et al.*, 1999; Tyrer, 2000) and employment services (Rasmus Lind and Bredgaard, 2021). The impacts of caseloads have predominantly been tested either as part of an overall approach or alongside testing other working practices.

Taken together, the literature suggests that high caseloads have a negative impact on the quality of casework and on the wellbeing of caseworkers. However, this does not only refer to caseload numbers, but rather to caseload intensity (Chuang *et al.*, 2011) which in turn has an adverse impact on burnout and staff turnover (Chen, 2019).

These findings were echoed in interviews with caseworkers. Within the research sites, caseload sizes varied across organisations, with caseworkers in one organisation reporting higher caseloads. The survey data also supports this; the boxplot in Figure 3 shows the range in the number of women on caseloads by job title. While the caseloads of each job title ranged in number, the averages between caseworkers (excluding the centre managers) were similar.

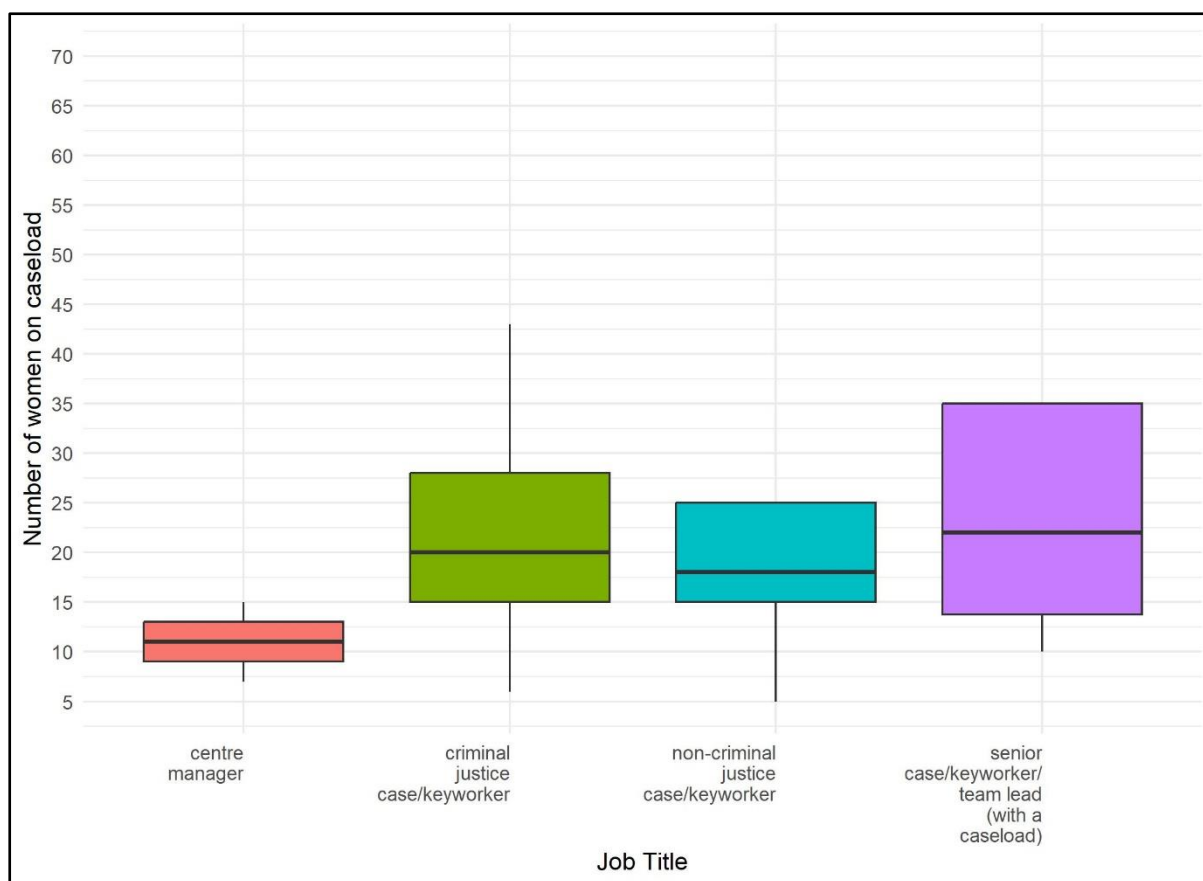


Figure 3: Caseload Size by Job Title

For interview participants, caseload numbers were also influenced by the contracts. Those involved with the probation contract reflected that high caseloads adversely affected the type and extent of work they could do with their clients, while also contributing to feelings of overwhelm. A women's centre manager working with caseworkers on the probation contract explained how high caseloads had an impact on the quality of provision as follows:

I think some people again, probably due to high capacity, they're just thinking this woman needs to complete this work, she'll come in, she'll do it, done, dusted, signed off, end of service, close down the referral. (D35; interview participant)

Similarly, a caseworker reflected upon the impact of high caseloads on staff:

Everyone's rundown and quite exhausted and a lot of people don't have enough time to fit simple things in, which then just has a knock-on effect on everybody, and the staff morale as well. (D8; interview participant)

Overall, the research findings suggest that while caseload sizes vary among organisations, they impact support in a number of ways, including the quality of service provision and caseworker wellbeing.

6.3 Caseworker wellbeing

A number of studies conducted across different disciplines have identified various emotional challenges faced by helping professionals including burnout (Baird and Jenkins, 2003; Ben-Zur and Michael, 2007; Carlson and emoThomas, 2013), compassion fatigue (Figley, 1995; Kinman and Grant, 2020; Kreitzer, Brintnell and Austin, 2020; Fontin *et al.*, 2021), and vicarious or secondary traumatisation (McCann and Pearlman, 1990; Slattery and Goodman,

2009). Research findings also suggest that helping professionals can experience positive emotional impacts, such as compassion satisfaction (Stamm, 2002; Fontin *et al.*, 2021) and vicarious resilience (Hernández, Gangsei and Engstrom, 2007; Engstrom, Hernandez and Gangsei, 2008; Frey *et al.*, 2017). Various strategies for reducing the impact of these emotional challenges have been identified in the literature. These include debriefing (Kenny, Staniforth and Vernals, 2023), peer support (Ben-Zur and Michael, 2007), effective management of caseloads (as above), the availability of supervision (Adamson, Beddoe and Davys, 2014; Barre, De Boer and Guarnaccia, 2023), as well as effective personal coping strategies such as self-care (Johnston and Hillard, 2006).

Recent research has begun to consider how professionals who work in the penal voluntary sector cope with the emotional challenges of their roles (Quinn, 2020a, 2020b; Tomczak and Quinn, 2021; Quinn, Tomczak and Buck, 2022). For example, Duffy and Clare (2015) compare women's centre caseworker relationships to counselling relationships. Furthermore, in their study of domestic abuse advocates, Frey *et al.* (2017) warn that wellbeing may be compromised when emotional support is provided alongside other forms of support by staff without formal, clinical training. Burman *et al.*, (2018: 5) suggest that practitioners supporting justice-involved women and girls specifically deliver 'intensely emotional labour in complex and diverse settings; in work environments that are often trauma saturated.' They note factors such as high caseloads, often chaotic working conditions, short-staffing and job insecurity may contribute towards experiences of vicarious traumatisation (Burman, Robinson and Crowley, 2018).

These findings were echoed in the interviews with caseworkers and during the observations. They detailed a range of emotional challenges which included bearing witness to trauma, watching children being removed from their mothers, managing large caseloads and/or high caseload intensity amidst frequent crises, and navigating systemic issues while feeling unable to change them. Some caseworkers noted that these challenges were exacerbated by a lack of understanding among their friends, family, and wider society of what their role entails. A manager with experience of criminal justice casework explained this as follows:

...you do take it home, especially when other people are talking to you about their job, [they] are like, "Oh my god my day was so stressful, like Steve from admin didn't send me this report on time," and I am just looking at them like 'girl, you have got no idea'. (D38; interview participant)

Several caseworkers noted that the role has a '*shelf life*' (D17; interview participant) or '*expiry date*' (D21; interview participant) due to the emotional demands of the role. Negative emotional impacts identified included difficulty switching off after work, sleep disturbances, forgetfulness or difficulty concentrating, making mistakes, feeling rundown or exhausted, and turning 'robotic' or desensitised. Caseworkers also explicitly referred to burnout, compassion fatigue, and vicarious trauma. Many interview participants spoke of feeling as though they have not done enough for their clients resulting in feelings of self-doubt and distress. A CEO acknowledged that this is a particular issue for women's centre caseworkers due to the 'diverse presentations and emotional displays' (Jones, 2014) of the women they support:

you're working with staff... who are vulnerable to feeling deskilled. A client coming in and kicking off and telling you half of the reason for that is you, because you're shit and you must be shit. You're working and somebody dies and you think 'oh, what did I do? Could I have done this? Could I have done that?' (D24 interview participant)

A few participants noted some of the challenges of working with women with multiple and complex needs:

I know that some people that are on criminal justice, [substance use] or [recovery pathways] are more difficult because they come with such higher complex needs, that they want their keyworkers to sort their lives out for them which, you know, that's just not happening. (D27 interview participant)

Interview participants noted the emotional demands of supporting women with mental health conditions, suicidal ideation, active addictions, and the consistent and cumulative exposure to client's experiences of trauma. These issues can be compounded by the fact that caseworkers supporting women with multiple and complex needs may not witness the impact of their work:

...this is really intense work and sometimes with not a lot of thanks. Not from your bosses or not it might feel like, not a lot of reward back for what you're putting in. Because you might not see that glaringly obvious change straightaway, it can take years... sometimes you might not see that change in front of you. But you could part of planting them seeds for that change to take place. (D43 interview participant)

Various strategies for mitigating the impact of emotional challenges were identified by caseworkers, which included line management (though several participants noted that this would often be rearranged due to support demands), the importance of peer support such as debriefing, working as a team, as well as the availability of external counselling. Provision of individual or group clinical supervision was not universally offered across the research sites. Other forms of support offered included a regular, mandated forum of peer support and opportunities for reflective practice. A few interview participants also identified the importance of self-care which included taking regular exercise and talking to friends or family. A number of interview participants noted that their resilience had grown over time as they gained more experience. Training and development opportunities were also identified as a way to build confidence and resilience in their role.

7. Conclusion

This report has summarised literature and presented our initial empirical findings about what casework is and how it is understood and experienced by those involved. It is an important starting point in an area where little academic research evidence exists. Gender responsive principles of being trauma-informed, holistic, and person-centred were present but the extent to which they were understood and implemented in practice varied. The stipulations of the contracts which caseworkers worked under contributed to this, as they impacted caseloads and the degree of flexibility that caseworkers had to undertake their role. Challenges were also experienced when caseworkers engaged in multi-agency working, when principles did not always align across other organisations. Furthermore, the challenge of imposing boundaries on unacceptable behaviour while adhering to a trauma-informed approach was also recognised. Holistic support was also adversely impacted by the availability of other services and caseworkers highlighted the challenges of facilitating specialist support for their clients within the current policy environment.

The literature and empirical findings demonstrate the importance of relationships to casework. They are central to all that caseworkers do because they have no formal authority and cannot compel clients to engage with their services. Instead, the relationship is of paramount importance and work is done through the development of trust and positive connections between caseworkers and their clients.

Moreover, it is clear that the quality of the relationship depends on caseworkers being able to commit sufficient time to their clients, which is supported when caseworkers have manageable caseloads that account for the intensity of the work required. Training is also vital to

understand the principles and be able to use them in practice, particularly in how to maintain professional boundaries while adhering to a trauma-informed approach. This is important as it provides consistency in caseworker knowledge and skills, particularly because the caseworkers differed in their knowledge, experience, and work backgrounds and also given that no formal qualifications or accredited training is required to carry out the role.

The breadth of support that the caseworkers offered, and the fast-paced and unpredictable nature of the work created emotional challenges for caseworkers and attention must be paid to their wellbeing. Caseworker burnout, compassion fatigue, and vicarious traumatisation were identified as a theme in the literature across a wide range of disciplines and numerous examples of emotional and mental challenges were found in the empirical research. Therefore, applying measures to protect caseworker wellbeing are a vital aspect of any effective approach to casework, as is fostering positive team dynamics and a supportive working environment.

This paper is accompanied by a principles and practice framework, which we have developed drawing from our research findings and the literature overall. Our next step is to test the effectiveness of casework practice underpinned by the principles we have identified, used together in an overall approach. The casework approach includes the following elements: the use of the WRNA; a co-produced support plan informed by the WRNA outcomes; a dedicated case management system to support case planning; the use of a caseload weighting tool to determine caseload size on the basis of case complexity, risk, travel, and staff experience; and the provision of continued clinical supervision to caseworkers. The study will commence in Autumn 2024.

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10. Project Information

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12. Appendix 1: Methods

The following sections provide more details regarding the methods used in all stages of the research, including approaches to analysis.

12.1 Literature review

The purpose of the literature review was to identify studies, practitioner guides and theoretical papers relating to casework across a range of different disciplines. As a broad view was taken, and both theoretical and empirical research was of interest, an integrative methodology was chosen. Initial database and hand searches used the initial terms 'casework' and 'keywork', using the Boolean wild card operator *, and searching 'support work' and 'voluntary penal sector' as phrases. The search terms and themes for this literature review were informed by key terms identified by the reviewers. Literature searches for publications from 2000-2023 were originally conducted to avoid including dated literature but the time frame was extended to include theoretical work which was used to underpin models. Zotero referencing software was used to sort references according to how closely they matched the terms of the search. After completing database searches, we undertook further searches of journals, to ensure that no literature had been overlooked. We focused on topic areas including social work, mental health, domestic violence, and youth work, as well as criminal justice. Hand searches were initially restricted to literature published from 2000 to date. However, where initial journal searches resulted in few relevant articles, the dates were restricted further. Hand searches were further supplemented by citation tracking when reading through articles. A range of further citations were identified through this process, including theoretical work and policy and practitioner reports. A total of 373 articles were saved at the end of the first stage.

We began to develop a literature framework at an early stage. While sifting through the literature, we made a note of key terms that summed up the focus of each reference by screening the title and abstract. This allowed us to map out overall key themes and make links between research at an early point, which helped to organise the literature and develop a systematic approach to reviewing it further. The initial key terms were used to create the first iteration of a literature framework with three major 'parent' headings: casework, caseworker, and organisation. Each 'parent' heading was further refined into 'children' headings and then 'sibling' headings. Figure 1 shows this:

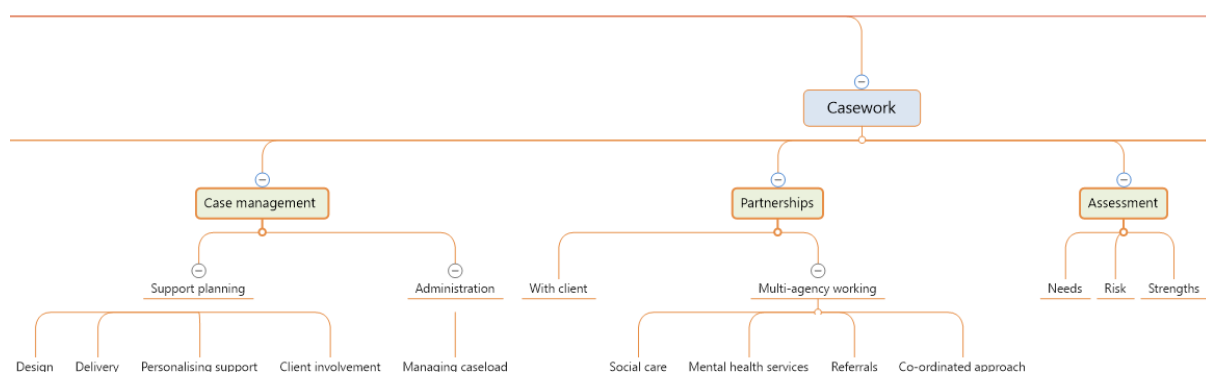


Figure 1: A section of the initial literature framework.

We used the literature framework to assign tags to each article in the master list. We tagged the reference working down each mind map branch e.g. casework > partnerships > multi-

agency working. Where a number of themes were found, we tagged them all at this stage to create groups of literature with similar themes.

During the tagging process, we altered and updated the literature framework so that it accurately reflected the literature being reviewed. Using the tag function in Zotero was useful because it enabled the master list to be organised thematically and we were able to review in a systematic way. The search results included studies with a variety of designs, including meta-analyses, systemic reviews, experimental and quasi experimental studies, observational studies, case studies, ethnographies, surveys and semi-structured interviews. A decision was also made to include grey literature (which had not been peer reviewed), on the basis that this was most commonly found in literature relating specifically to women's centres and the sector more broadly. A decision was made to include this type of research, to capture what work had already been done in relation to women's centres and to identify the gaps in research. Studies were also included beyond those involving women as the number of results which related specifically to criminal justice-involved women was limited, resulting in looking more broadly at literature in related areas.

Once all literature had been tagged, we preceded to write notes for each paper using the notes function on Zotero. In addition, we created data extraction sheets for the quantitative studies, as one aim of the literature review was to consider how other models had been tested. For the other literature, we made brief notes on each article using the notes function of Zotero. Descriptive notes were made on each article about method, sample, geographical location, and key findings. Our final Zotero collection, following all stages of the literature, included 395 articles in total.

12.2 Data collection

The literature review was supplemented by data collection, the main aim of which was to explore caseworkers' understanding and practices in relation to casework. This overarching aim was supported by the following questions:

1. Who undertakes the role of the caseworker in women's centres, in terms of their demographic and employment backgrounds and their motivations?
2. In what ways do caseworkers and centre managers understand their role and what factors influence this?
3. What work do caseworkers undertake in a typical day?
4. How do caseworkers interact with colleagues and outside agencies when performing their role?

We used both qualitative and quantitative methods to effectively gather data which addressed these questions. The research was conducted within two women's centres located in England who supported the research by allowing access to the sites and facilitating observations and interviews. All research was conducted within the women's centres. A purposive heterogeneous sample was obtained for the observations and interviews, comprising women aged 18 and over who were fluent in English and had capacity to provide informed consent. Wherever possible, we captured differences within the sample based on job role and length of time in role, ethnicity, age, the location the participant worked in (e.g. rural/ urban) and any lived experience. We made the online survey available, specifying participants who currently worked in a UK women's centre aged 18 and over. We publicised the survey through existing networks including the National Women's Justice Coalition and CLINKS and contacted women's centres and services directly. We received approval from the University of

Birmingham Humanities and Social Sciences (HASS) Ethics committee before commencing the research. Each method is described below.

12.3 Observations

Two members of the research team independently conducted a series of observations of caseworkers in two women's centres at various locations in England between September and November 2023. This involved shadowing caseworkers who were working on a range of criminal justice and non-criminal justice pathways in their daily tasks within the women's centres. These included administrative tasks, one-to-one appointments with clients, and running group sessions with clients. Overall, a total of 200 hours were spent on observations. Field notes were written on iPads during the observations or shortly afterwards. These notes were uploaded on to Atlas Ti and subsequently coded and analysed (see below).

12.4 Interviews

A total of 38 semi-structured interviews were conducted with women's centre staff, including frontline criminal justice and non-criminal justice caseworkers, middle management and senior management. An interview schedule was used, consisting of open-ended questions to encourage an in-depth discussion of participants' views and experiences of casework in a women's centre setting. This included questions about employment background and experiences in current roles, expectations of the role when they started and the extent to which these have changed over time, an overview of current casework activities, positive and negative aspects of casework as it is currently delivered, and how participants think casework should be developed to ensure best practice. All interviews were recorded and subsequently transcribed, then imported into Atlas TI software for further analysis (see below).

12.5 Survey

To supplement the qualitative data collection, we launched an online survey to look further into the variety of casework practices undertaken across the sector. This allowed us to map out the themes from the qualitative data collection on a larger scale. Questions included demographic information and employment background, the nature of current roles, organisational information and principles of casework, and any challenges and how they are overcome. The survey included the use of Likert scales and open-ended questions where appropriate. The survey was launched using the Qualtrics platform in February 2024 and remained open for one month. We received a total of 59 viable responses. Survey data was imported into Atlas Ti along with the qualitative data, after which it was coded and analysed. Survey data was also imported and analysed using R. When analysing in R, caseworkers were defined as those who were holding at a caseload at the time of completing the survey. Statistical outputs were amended to ensure anonymity where required.

12.6 Data Analysis

Once data were gathered and interviews transcribed and anonymised, they were imported into an Atlas Ti project file and prepared for analysis. A thematic analysis was adopted, influenced by the framework introduced by Braun and Clark (2006). This approach consists of six phases and starts with data familiarisation, followed by generating initial codes, searching for themes and subsequently reviewing them. The following phase involves further defining and naming themes, after which findings are written up. The phases are interconnected, as thematic analysis is not a linear process but rather an iterative one, which consists of going back and forth between the different phases. The first step of familiarisation for example, involved spending time reading and re-reading the transcripts and notes over several phases. A coding framework was developed initially from the literature framework we created for the literature review. This was amended once we became familiar with the data, so that it fitted

both the data and the relevant literature. These codes were mainly descriptive, and once transcripts had been initially coded, a further exercise was undertaken to further refine the codes to ensure they accurately reflected the data. During this phase, we started to identify and group together themes within and between codes and look further into the relationships between codes. Themes were developed by working with the codes in this way, and subsequently themes were developed together to create an overall narrative. Finally, data extracts were chosen and further analysed to accurately illustrate both the overall narrative of the research and the themes within it.