PRISON SERVICE DELIVERY BEYOND LOCKDOWN

Lessons Learned From People in Prison and Staff in the Offender Personality Disorders Pathway During COVID-19

LAURA J. BROOME
Swansea University, UK
RACHAEL DAGNALL
University of Lincoln, UK
SHADD MARUNA
University of Liverpool, UK
AISLING O'MEARA
CARINE LEWIS
Ministry of Justice, UK
STEVEN M. GILLESPIE
University of Liverpool, UK
ANDREW JONES
Liverpool John Moores University, UK
MATTHEW J. TONKIN
University of Leicester, UK
JASON DAVIES
Swansea University, UK

AUTHORS' NOTE: *Interview schedules and analysis framework are available from the corresponding author. We thank both the staff and the people in prison for their time and insights during the interviews. We are grateful to the staff for their ongoing dedication to supporting others across the prison during this challenging time. All authors formulated the research question(s). JD, SM, and RD designed the study. LB conducted all interviews. LB and RD analyzed the data. JD and SM reviewed theme development. LB wrote the initial draft. All authors critically revised the draft and approved its submission. AJ and LB have no conflicts of interest to declare. SG has provided consultancy for the Ministry of Justice, United Kingdom. MT and SM have provided consultancy and received funding from the Ministry of Justice and HMPPS for past research. AO'M, and CL are employed at HMPPS, United Kingdom and work within the OPDP program. RD provides psychological risk assessment reports to HMPPS through an approved framework provider for psychological services. JD has a fractional secondment (0.2 FTE) to HMPPS and has received funding from HMPPS for past research. Funding for the two-phase study exploring the experiences of people in prison was provided by UKRI, Economic and Social Research Council (grant number ES/W000156/1). Funding for the single-phase staff study was obtained through the OPDP Research and Evidence Hub. Correspondence concerning this article should be addressed to Jason Davies, School of Psychology, Swansea University, Swansea SA2 8PP, Wales, UK. Email: jason.davies@swansea.ac.uk*

CRIMINAL JUSTICE AND BEHAVIOR, 202X, Vol. XX, No. X, Month 2026, 1–20.
DOI: 10.1177/00938548261424375

The Offender Personality Disorder Pathway (OPDP) in England and Wales supports individuals in prison with complex interpersonal and emotional regulation needs. During the COVID-19 pandemic, this population faced heightened vulnerability, while prison officers encountered health risks, staffing shortages, and increased psychological strain. To explore how people living and working in prison coped under these conditions, 24 people in prison and 10 officers involved in OPDP services across English prisons participated in semi-structured interviews between 2021 and 2023. Using reflexive thematic analysis we generated four themes: (a) From Cohesion to Disconnection; (b) Bridging Divides: Finding Empathy in Crisis; (c) Contrasting Reflections: Growth and Strain; and (d) Support Gaps in Time of Crisis. The pandemic intensified existing challenges, but relational practices in the OPDP helped buffer its worst effects. Findings underscore the importance of trauma-informed communication, reflective leadership, and staff training to sustain relational safety and resilience during future system-wide crises in prison.

Keywords: trauma; behavior; prisoners; correctional staff; job satisfaction; mental health

The COVID-19 pandemic posed unprecedented challenges for prisons internationally, exposing structural vulnerabilities and intensifying the inherent harms of incarceration (González-Riera et al., 2024; Maruna et al., 2022). Overcrowding, poor ventilation and sanitation, and limited access to health care made prisons hotspots for transmission and risk (Kim et al., 2022; Klein et al., 2022). Globally, mortality rates for COVID-19 among incarcerated populations were estimated to be at least 2.5 times higher than the general population, and infection rates were up to 5.5 times greater (Byrne et al., 2021; Toblin & Hagan, 2021). While some mitigating efforts emerged internationally (e.g., early-release schemes, digital visits), responses were largely crisis-driven and inconsistently applied, with limited focus on mental health (Dünkel et al., 2022). This study sought to examine how people living and working in prison experienced and navigated relational and organizational challenges during this period.

In the United Kingdom, approximately 86,000 people in prison and 22,288 prison officers (Sturge, 2024) were placed under centrally coordinated restrictions through Gold Command. This national framework directed and coordinated the United Kingdom's operational response, resulting in prolonged cell confinement, suspended visits, and reduced rehabilitative and therapeutic activity (His Majesty's Prison and Probation Service [HMPPS], 2020). Although this reduced transmission, it compounded psychological vulnerabilities, with many restrictive practices extending beyond 2022 (Maruna et al., 2022; Maruna & McNaull, 2023; User Voice & Queen's University Belfast, 2022; Wainwright et al., 2023).

PSYCHOLOGICAL IMPACT ON PEOPLE IN PRISON

The adverse effects of imprisonment on mental health are well-documented, with elevated rates of mental illness, self-harm, and suicide compared to the general population (Emilian et al., 2025). The pandemic deepened these psychosocial "pains" of imprisonment (Edgemon et al., 2018), heightening isolation and distress (Kothari et al., 2020; Suhomlinova et al., 2022). Prior to the pandemic, 20.7% of a sample of 1,205 people in the male estate exceeded the Patient Health Questionnaire-9 (PHQ-9) threshold for severe depression (Butcher et al., 2021); during the pandemic, this rose to 49% within a separate sample of 1,421 individuals (Maruna et al., 2022). Individuals with complex relational and emotional regulation difficulties, often diagnosed with personality disorders (PDs), comprise an estimated 60% to 70% of the United Kingdom prison population and may be especially

vulnerable due to trauma histories and emotional instability (Miguel et al., 2021; Skett & Lewis, 2019).

Evidence from community samples shows that those with PDs experienced increased emotional instability during the pandemic (Miguel et al., 2021; Preti et al., 2020), a pattern likely amplified within the restrictive prison environment (Di Stefano et al., 2022).

STAFF WELLBEING AND RELATIONAL IMPACTS

Prison staff also faced elevated stress, burnout, and poor mental health, reflecting global themes of safety concerns and emotional exhaustion (Jaegers et al., 2019; Johnson et al., 2021). The strain of working with distressed individuals under restrictive and uncertain conditions intensified these challenges (Brennan, 2020), particularly in the absence of adequate preparation or psychological support for such a global crisis (Forsyth et al., 2022). Given this context, the well-being of staff and people in prison must be understood as relationally interconnected. Staff distress can impact the emotional climate of prison environments and compromise relational safety, which are critical for effective rehabilitation (Blagden & Penford, 2025). Conversely, supported staff can foster relational engagement and improve outcomes for people in prison (Kinman et al., 2016). Canadian research shows that structural capacity (staffing, mental health support, purposeful activity) is a key determinant of positive relationships between staff and people in prison (Ricciardelli et al., 2024), highlighting that structural resources matter as much as individual staff disposition.

This reciprocal dynamic is central to specialist services supporting those with complex emotional and interpersonal needs (Crole-Rees et al., 2023). The Offender Personality Disorder Pathway (OPDP), delivered by the National Health Service (NHS) England and HMPPS, exemplifies this approach by aiming to reduce reoffending and enhance wellbeing through relationally focused care (Skett & Lewis, 2019). Operating across 34 prisons in England, OPDP staff are expected to uphold trauma-informed principles while maintaining security (see NHS England, 2023, for the OPDP's vision). Evidence indicates the OPDP has strengthened engagement and relational safety (Jarrett et al., 2025).

These principles were tested during COVID-19, a period characterized by "severely deteriorating relations between prisoners and staff" (User Voice & Queen's University Belfast, 2022, p. 159). Prolonged isolation and sustained institutional strain further challenged the core assumptions underpinning trauma-informed practice (Covington, 2016; The Substance Abuse and Mental Health Services Administration [SAMHSA], 2014). While a partner study to the research detailed here reported changes in adjudication (disciplinary actions for rule violations) and self-injury rates within OPDP sites (Gillespie et al., 2025), little is known about how staff and individuals in these therapeutic environments experienced and adapted to lockdown conditions.

The present study addresses this gap through qualitative analysis of interviews with staff and incarcerated individuals involved in OPDP services across England during the pandemic. It explored how prison restrictions shaped mental health, relationships, and therapeutic engagement, and whether trauma-informed principles were maintained or compromised. Findings highlight the resilience and limitations of the OPDP model under crisis conditions and offer practical implications for strengthening service delivery, which could be transferred to all prison sites during future system-wide disruptions.

METHOD

DESIGN

The study adopted a qualitative design grounded in interpretivist and constructivist epistemologies, recognizing that meaning is co-constructed between researcher and participant (Braun & Clarke, 2019, 2021). Reflective thematic analysis (RTA) was employed to focus on latent meaning and contextual interpretation rather than frequency, attending to institutional, relational, and socio-cultural influences. Both inductive and deductive reasoning informed theme development to ensure analysis remained grounded in data while aligned with study aims. Further detail is provided in the Analysis Procedure.

ETHICAL APPROVAL

This study formed part of a mixed-methods project and received ethical approval from Swansea University (ref 5070) and HMPPS National Research Committee (ref 2021-045). Clinical staff supported the recruitment of incarcerated individuals to ensure capacity to consent. All participants were briefed on study aims, confidentiality, voluntary participation, and provided written informed consent.

PARTICIPANTS

In-person semi-structured interviews were conducted with people in prison and prison officers from OPDP services across four prison sites in England between 2021 and 2023. Participants were purposively recruited to reflect variation in site type and demographics. Although the study sought variation across security categories, the final sample reflected those who responded and were available. Factors such as sentence length, family contact, COVID-19 history and observed behavioral changes were considered to support breadth of experience, but did not determine eligibility. All were over 18, fluent in English and able to provide consent. Both incarcerated people and staff were required to have been in the prison system prior to the pandemic and be currently in the OPDP to enable reflection on its impact and the institutional responses. Sample size was guided by information power (Malterud et al., 2015), which supports a smaller sample given the focused aim and clearly defined groups.

People in Prison

Twenty-four people in prison were recruited across two time points. Time 1 (T1: August–October 2021, $n = 13$) explored perceptions of, and adaptation to, the changes experienced from the period preceding lockdown. Time 2 (T2: September 2022–January 2023, $n = 11$) captured experiences during the period of the introduction and subsequent easing of COVID-19 restrictions. There was no overlap of participants between the samples. Participants ranged in age from 21 to 58 years (T1: $M = 38$, $SD = 16$ and T2: $M = 35$, $SD = 13.19$). Recruitment included two Category A prisons ($n = 14$) (high security establishments that form part of the male estate for individuals whose escape would pose a serious risk to public or national safety), one female site ($n = 2$), and one young offender site ($n = 8$).

Sociodemographic and site information are presented in Table 1.

TABLE 1: Baseline Characteristics of Participants Across Time Points and Settings

Baseline characteristic	People in prison time1[a]		People in prison time2[b]			Prison officers[b]		
	Category A	*YOI*	*Category A*	*YOI*	*Female*	*Category A*	*YOI*	*Female*
Sites (n)	2	1	2	1	1	2	1	1
Participants (n)	8	5	6	3	2	5	3	2
Age Range (years)	35-57	21-25	33-59	24-26	24-26	32-57	25-57	47-61
M (*SD*)	47 (8.3)	23 (2.34)	44.67 (11.18)	24.67 (1.15)	25 (1.41)	46.2 (10.64)	41.33 (16.01)	54 (9.90)
Ethnicity								
Ethnic Minority	2	2	1	1	1	-	1	-
White	6	3	5	2	1	5	2	2
Time in the Prison Service								
Range (years)	13-42	3.4-6.4	11-21	5-6.4	2.6-5	3.6-33	5-18	15-16.6
M (*SD*)	21 (10.79)	4.76 (1.14)	14.67 (11.18)	5.8 (.72)	3.8 (1.7)	13.62 (11.73)	10 (.7)	15.8 (1.13)
Time in OPDP								
Range (years)	1.7-3.6	1.6-2	.11-7	2-2.6	.9-1.4	.3-22	3-4.6	1.2-4
M (*SD*)	3.64 (2.82)	1.86 (.19)	3.85 (2.57)	2.4 (.35)	1.15 (.35)	7.5 (9.41)	3.73 (.81)	2.6 (1.98)

Note. YOI = Young Offender Institution. OPDP = Offender Personality Disorder Pathway. *N* = 34 participants (*n* = total for each category). M = mean. *SD* = standard deviation.

[a]reflects recruitment from August 2021 to October 2022. [b] reflects recruitment from September 2022 to January 2023.

Prison Officers

Ten officers with direct contact with those in prison during the pandemic were recruited at T2 from the same sites as the people in prison (Category A, $n = 5$; young offender, $n = 3$; female site, $n = 2$). Participants ranged in age from 25 to 61 years ($M = 46$, $SD = 11.81$) with 3.6 to 33 years of service ($M = 13.5$, $SD = 8.99$). Further demographic information is presented in Table 1.

PROCEDURE

In Spring 2021, all OPDP sites in England were contacted to assess capacity to support interview-based research. Of the 11 sites that responded, four were able to facilitate in-person access in line with the prison restrictions in place at the time. Recruitment was coordinated by Clinical Teams, and procedures reflected operational and management structures. At Category A and female sites, the research team was provided with lists of potential participants, while the young offender site provided names of those who had already consented to be interviewed. For staff interviews, the researcher also approached officers on-site during data collection days. Participants who consented in advance had ≥ 48 hours to consider participation; those approached on-site received information sheets and could ask questions before deciding.

Semi-structured interview schedules (available from the corresponding author) were developed by researchers experienced in prison-based qualitative research and tailored to each group and timepoint. Following rapport building and a briefing on confidentiality, the interviews focused on the perceived impact of COVID-19 restrictions on daily routines, mental health, relationships, and delivery of care. One researcher (LB) conducted all interviews that lasted between 30 and 60 minutes. Interviews were conducted in multi-purpose or interview spaces familiar to participants, which helped create a comfortable and conversational atmosphere. In some cases, a prison officer was present in accordance with operational policy (e.g., where participants had an assessed risk level which necessitated this) and consent for this was confirmed from the participant. Officers remained seated away from the participant and researcher to minimize influence on the interview dynamic and were briefed not to participate or intervene. Where no officer was present in the room, one remained outside as per prison procedures. The researcher consulted with clinical and operational staff to identify any potential risks or sensitive areas, and no safety issues occurred. All interviews were audio-recorded, anonymized, and professionally transcribed.

APPROACH TO ANALYSIS

RTA was conducted following the six-phase framework outlined by Braun and Clarke (2019; 2021). T1 data were analyzed inductively; T2 and staff data were analyzed inductively and deductively, informed by T1 themes. NVivo supported data management. Two researchers independently coded transcripts (LB: seven T1 and five T2 interviews; RD: six per timepoint and led on staff interviews). Rigor was supported through a "check and challenge" process, with SM and JD reviewing theme development. Trustworthiness was addressed through: credibility (independent coding and team discussion), transferability (rich contextual description), dependability (audit trails and documentation), and confirmability (reflexive discussions and use of illustrative quotes) (Braun & Clarke, 2019; 2021;

Byrne et al., 2021; Yardley, 2000). The analysis and design framework is available from the corresponding author. Strong convergence across participant groups supported integrated analysis to examine shared and divergent experiences. In line with RTA guidance (Braun & Clarke, 2019, 2021), pseudonyms were used to support narrative coherence and protect anonymity; all names were randomly assigned and do not reflect participant characteristics.

REFLEXIVE STATEMENT

The research team had varying forensic psychology and criminal justice experience, some with OPDP involvement and others external to the pathway, though no one had direct involvement in participants' institutions. This insider–outsider positioning facilitated reflection on how professional background and assumptions could influence interpretation. To support rigor and minimize bias, the team engaged in ongoing reflexive discussion and peer debriefing, remaining attentive to power dynamics and ensuring a respectful environment for participants to share within a system under scrutiny during the pandemic.

RESULTS

Four themes captured the emotional and operational complexities of OPDP experiences during COVID-19: (a) From Cohesion to Disconnection; (b) Bridging Divides: Finding Empathy in Crisis; (c) Contrasting Reflections: Growth and Strain; and (d) Support Gaps in a Time of Crisis. Each theme has accompanying subthemes (see Figure 1).

FROM COHESION TO DISCONNECTION

Restrictions and rapid operational change disrupted OPDP structures, communication, and sense of community, creating emotional strain and challenges in re-engagement for both groups. Despite this, moments of support and adaptation emerged.

Fractured Connections, Fractured Minds

Disruption to routines heightened tension, uncertainty, and emotional distress. People in prison described daily unpredictability: "not knowing what the core day is going to look like. . . made things quite tense . . . it became quite a volatile place to live" ("Andrew," Cat. A), while another described the restricted regime as "absolute suffocation" ("James," Cat. A). Officers similarly reported emotional strain: "you're banging them up for twenty-three-and-a-half hours a day . . . they stew and stew, and they come out ready to punch you" ("Nathan," Officer, Young Offender Institution [YOI]), and another likened the environment to "caging a bear" ("Richard," Officer, Cat. A).

Some groups struggled more acutely, particularly in the female estate: "very strong personality traits . . . and mental health [emerged] . . . you started to see people struggle, really struggle" ("Claire," Officer, Female Estate). For others, the isolation temporarily reduced anxiety: "[you] . . . never really feel comfortable [in the unit] . . . "always slightly on edge.. [the enforced isolation] . . . made it a bit easier." ("Sam," YOI).

Efforts to maintain communication (e.g., newsletters and briefings) were recognized but felt inconsistent and misaligned with community restrictions. As one incarcerated

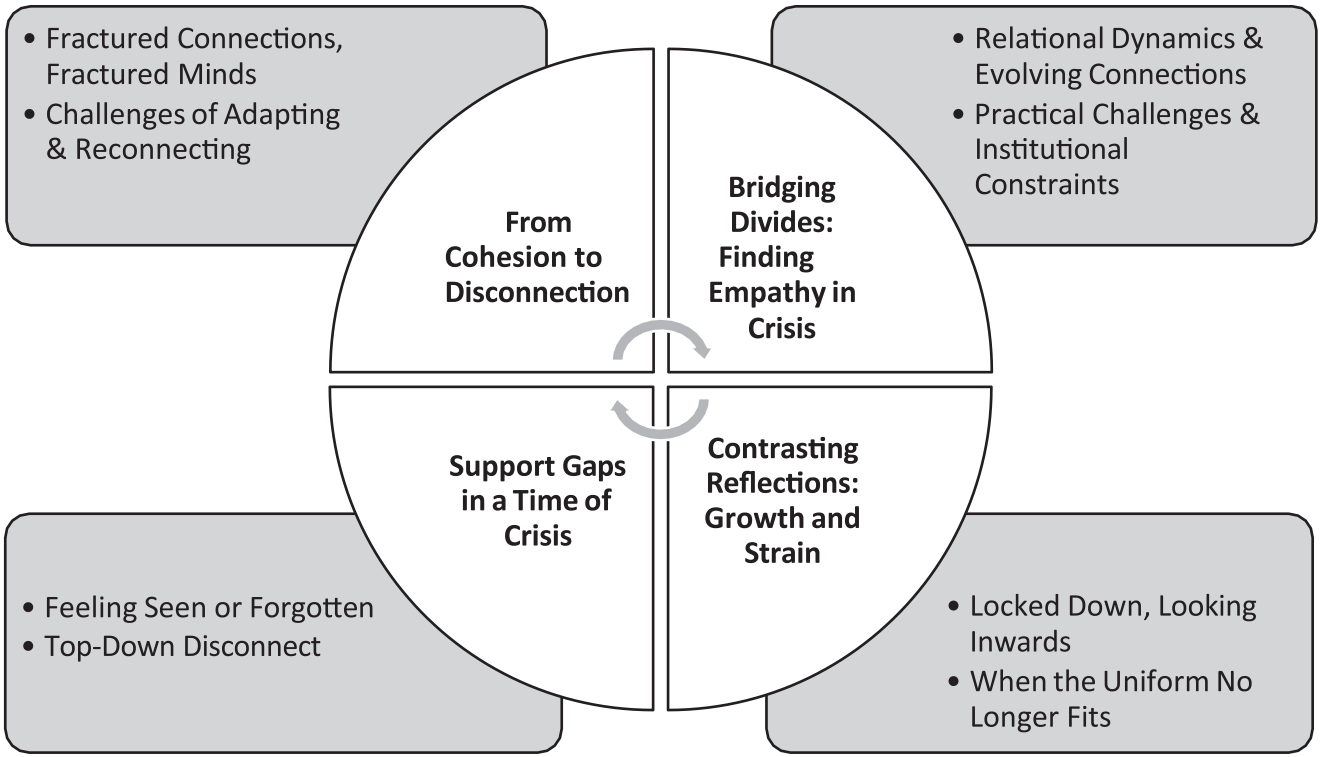

Figure 1: Thematic Map of Themes Generated Through Reflexive Thematic Analysis of Interviews From People in Prison and Prison Officers

interviewee reflected: "I understand why they locked everyone down . . . But once they had everything managed, they could have planned to engage everyone in activities . . . we were bed-bound for a year, which was crazy" ("Craig," YOI). Shifting guidance amplified stress for both groups: "one minute we needed to wear the polythene aprons, the next minute we didn't. Then we had to wear faceguards, and the next week we didn't." ("Anthony," Officer, Cat. A). For those with learning difficulties, this confusion was particularly difficult as they: "weren't able to keep up with the changes" ("Dean," Officer, Cat. A).

Perceived inequity in rule-keeping fueled frustration. Those in prison were: 'annoyed . . . [with] staff telling us to do one thing while they did another" ("Adrian," Cat. A). Although they recognized that officers themselves often lacked clarity: "[they] were the ones locking you up . . . but it's not really their fault" ("Craig," YOI). Officers equally reported inconsistent compliance, particularly from young people who saw themselves as "invincible" ("Paul," Officer, YOI).

Challenge of Adapting and Reconnecting

Participants found new ways to maintain connection and care, such as welfare check-ins through cell doors and weekly in-cell phone calls, which supported wellbeing, when: "apart from talking, there was nothing else" ("Gareth," Officer, YOI).

However, the loss of face-to-face contact diminished "human connection" ("Mark," Cat. A) and everyday informal interactions were missed: "the thing that I missed most . . . [was talking] to someone, having a laugh, sitting down, a coffee" ("James," Cat. A). Relationships became: "more clinical . . . and less personal" ("Rebecca," Officer, Female Estate), and some felt support had disappeared: "It didn't feel as though somebody was there" ("Sophie," Female Estate). Nonetheless, even minimal connection with staff was valued, without which some people in prison felt they: "wouldn't have lasted as long [during lockdown] ("Carl", YOI)."

As restrictions eased, experiences of those in prison diverged. Some found reconnection difficult, while others welcomed renewed community contact. Shared meals and informal conversation helped: "quite quickly . . . [we] were able to sit down as a community . . . joke, have a laugh" ("Mark", Cat. A). For others, reintegration took longer. "Beth", (Female Estate) described being "very outgoing, bubbly" before the pandemic, but found herself sitting alone in her cell with the "door unlocked but shut," noting it took "a while" to feel like herself again.

Officers also experienced mixed feelings. Some preferred the structure of restrictions: "[I was] disappointed we were coming out of [restrictions and] going back to some sort of normality, because we got very used to the regime and the structure ("Claire," Officer, Cat. A)." Others framed lockdown as an opportunity to "take back control" ("Nathan," Officer, YOI) "because they're locked behind the doors" ("Liam," Officer, Cat. A). People in prison recognized some officers: "were quite happy to have us under that [restricted] regime" ("Taylor," Cat. A).

The relational ethos of the pathway helped buffer these tensions. Experienced teams and open communication supported the transition, whereas staff movement and limited training disrupted stability: "communication . . . dropped due to . . . inexperience [of new staff]" ("Sam," YOI). There were examples of this leading to conflict:

> [Staff movement] was quite tough mentally. You can go [onto the unit] and do your job but with prisoners you don't really know, with staff you don't really work with, it is quite difficult . . . other staff come in and do something differently and because you're not mixing with them they don't know how you've been doing it . . . that sometimes creates splits, creates arguments [between staff] ("Nathan," Officer, YOI).

BRIDGING DIVIDES: FINDING EMPATHY IN CRISIS

The pandemic became a transformative period that fostered empathy and mutual understanding, while blurring traditional power dynamics.

Relational Dynamics and Evolving Connections

Both groups were fearful of the virus entering this environment, and virus-related deaths reinforced shared vulnerability and empathy because everyone was "in the same boat" ("Claire," Officer, Cat. A). People in prison described COVID-19 as "a killer" ("Paul," Cat. A), and officers recalled the anxiety of simply coming to work: "[I thought I] was having a heart attack . . . but that was my job, and that's what I had to do" ("Claire," Officer, Female Estate). Officers described responding to emergencies despite direct risk: "someone's hanging, and they've got COVID . . . I've still got to cut them down and try and resuscitate them" ("Liam," Officer, Cat. A). With coping mechanisms (i.e., socializing outside work or using the gym) unavailable, officers relied heavily on each other because: "anxieties and fears . . . were the same" ("Dean," Officer, Cat. A).

Empathy toward people in prison deepened as officers recognized how isolation intensified distress, particularly around family contact: "the greatest gift we had . . . was to talk to people and to try and give them access to telephones to talk to their families" ("Dean," Officer, Cat. A). Contact needs varied across estates, but loss of physical touch was widely felt. In the female estate, contact with children was described as "an extra need for women" ("Sophie," Female Estate). Those in the YOI prioritized connection with family and friends, supported by peer relationships, while men relied more on in-prison bonds. Officers recognized that losing physical family contact took a significant emotional toll and reduced motivation for visits: "[When you can't hug your family] . . . it's pointless" ("Keiran," YOI).

Staff highlighted the pressure of rising emotional need with limited resources: "[it's] really exhausting because they're anxious, they're frightened, they want to talk, you haven't got time" ("Dean," Officer, Cat. A). People in prison recognized this strain: ". . .the staff are going through things out there, but they're now having to leave it all behind and come to work and do a job . . . I care about them just as much as they care about me ("Carl," YOI). However, collaborative approaches were seen to strengthen relational bonds: ". . .working together to support each other and prisoners brought [staff] closer together" ("Rebecca," Officer, Female Estate).

Peer support increased too, often through practical help: "I had to get one of the lads on the wing to go and ring my mum to let her know that I was okay" ("Matthew," YOI).

Tolerance also grew, given shared uncertainty and stress:

> There's been a few things happen . . . that had never happened before . . . fights on here and things like that . . . But maybe because they're stressed because of the lockdown . . . you don't know what's going on with people and their families outside ("John," Cat. A)."

Practical Challenges and Institutional Constraints

People in prison described practical daily restrictions, such as having: "to choose whether to get a shower or go on exercise" ("Neil," Cat. A). Officers recognized how difficult this would have been: "[If I'd] . . . been locked up that length of time . . . you wouldn't get me back behind my door" ("Paul," Officer, YOI). There was also frustration about the limited OPDP provision. Although many in the pathway remained motivated, staff shortages and restrictions delayed access to treatment. By early 2023, therapeutic groups were still not fully reinstated, which was seen as hindering progression:

> If this COVID thing had never came about, I would have done what I needed to do and then I would have probably got my Cat D [open prison] a long time ago, I would have been there now and we probably wouldn't even be having this conversation ("Dominic," YOI).

Officers expressed guilt and concern about these delays, noting they had: "a lot of frustrated men . . . we've just added probably years on their sentence . . . messed about with their lives" ("Richard," Officer, Cat. A). Concerns were raised about the lasting mental health impacts on an already "forgotten" group ("Paul," Officer, YOI).

Despite this, people in prison recognized that, even with limited resources: "[staff] tried to make it work" ("Kieran," YOI). Officers introduced distraction packs: "to keep the mind occupied" ("Gareth," Officer, YOI), but people in prison wanted greater involvement in decisions affecting them. For example: "deciding the contents of the distraction pack" ("Martyn," YOI), noting these were often unhealthy: "all we had was junk food . . . I put on maybe two stone" ("Joe," Cat. A). These reflections highlighted ongoing tension between top-down decisions and the relational ethos of OPDP services.

CONTRASTING REFLECTIONS: GROWTH AND STRAIN

This theme reflects a divergence between personal growth among people in prison and professional strain for officers.

Locked Down, Looking Inward

For many people in prison, isolation prompted self-reflection, behavior change, and renewed focus on family and progression. Restrictions acted as motivation:

> A kick up the arse . . . I need to get out of jail . . . be stronger . . . more resilient . . . I think I was kind of bobbing along in the middle and not doing anything decisive either way . . . So even though I think the lockdowns were a fucking disaster, if I'm honest, for me it pushed me into making some big boy choices . . . it's weirdly taught me about motivation ("James," Cat. A).

Coping strategies including creative expressions such as "writing lyrics . . . poetry, listening to music" ("Leigh," Adult) and journaling to manage emotions and track progress: "[it helped to record] how you're feeling in a day . . ., if something is upsetting you" and "work out a plan [for progression] . . .because you're keeping track of what you're doing" ("Simon," Cat, A). Over time, many adapted more than expected:

> I was wanting to see Mental Health [services] every week at the start of lockdown . . . to have an outlet basically. But the more that I became used to it [restrictions] the more that I kind of thought, "Actually I'm not going to be resistant to change I have to adapt my lifestyle to suit the way my world is now ("Scott," Cat. A).

Isolation also facilitated reconnection with family:

> Now I suspect just like me people re-evaluate what they want to do with life, especially during COVID they've had a lot to think about what's important. Instead of putting something off constantly what do you do? Do you take that step forward and say, 'Do you know something, I'm going to take a chance'? ("Scott," Cat. A).

This was partly facilitated by new opportunities for connection, such as "Purple Visits" (a secure video calling platform used in United Kingdom prisons), which enabled people in prison to engage with family members despite the restrictions and geographical barriers: "[family] never visited [because] it's a long way to come [but were now able to] see them on Purple Visits" ("Mark," Cat. A). Recognizing the pandemic as a shared global event also reduced isolation and increased resilience, because it helped to know the pandemic did not just affect: "those in the prison service . . . [but people] worldwide" ("Paul," Cat. A).

When the Uniform No Longer Fits

For officers, the pandemic prompted reflection in the opposite direction. Rising workloads, a tense work environment, and a sense of neglect from management led many to question why they would remain in a workplace defined by "violence . . . [and] anxiety" ("Richard," Officer, Cat. A). Some felt morale was an "ongoing issue" ("Anthony," Officer, Cat. A) and the pandemic "open[ed] their eyes to different jobs" ("Richard," Officer, Cat. A). They expressed frustration over the perceived misrepresentation of the job's realities, with limited understanding of the "level of violence . . . self-harm . . . lack of staffing . . . structure, discipline. [The service] . . . mis-sell . . . [the job] . . . just to get people through the door . . . [if] . . . they told me the reality of the prison, I wouldn't have joined ("Gareth," Officer, YOI). Fundamentally, while people in prison often found motivation and growth, officers described feeling undervalued, overburdened, and increasingly uncertain about their future.

SUPPORT GAPS IN A TIME OF CRISIS

Two subthemes examine the diverse perceptions of management support, with a primary focus on staff experiences.

Feeling Seen or Forgotten

Experiences of organizational support varied markedly. Some officers felt supported, noting flexibility around personal circumstances and quick responses to COVID exposure: "It was, 'right, you're going home' and the management dealt with it" ("Liam," Officer, Cat. A).

Officers appreciated recognition for working through the crisis: "I think they were really grateful for people coming to work . . .. I felt appreciated" ("Dean," Officer, Cat. A).

However, many felt overlooked compared to support offered to people in prison: "I've got a duty of care to these . . . 60 lads. Where's the duty of care to us?. . . I think they [management] wanted to protect every prisoner from COVID, but staff, I think, are expendable" ("Gareth," Officer, YOI). Some officers experienced initial support from management that was not sustained. For example, one officer felt management was "deliberately ignoring" ("Gareth," Officer, YOI) him when seeking support due to his ethnic status (British Asian) and health concerns. Despite an individual risk assessment being conducted, he noted that recommendations were gradually "watered down" and disregarded over time ("Gareth," Officer, YOI).

Concerns around confidentiality and stigma also limited access to formal support services, which were described as a "gossiping club," because "word has got around when others use [the support service], and you don't want everyone knowing your business" ("Gareth," Officer, YOI).

The withdrawal of clinical teams during lockdown felt "like abandonment" ("Nathan," Officer, YOI) for some, not only in supporting people in prison, but also in supporting officers themselves:

> [talking to the Clinical Team is] the only time I ever really feel valued . . . if I was on any other wing in the jail, I probably would have—not necessarily just because of COVID—but I don't think I'd still be here . . . the only reason I'm here is the NHS side of things gives me the motivation to keep going ("Nathan," Officer, YOI)

Top-Down Disconnect

Lack of visible senior leadership and top-down directives from distant decision-makers (e.g., Governors, Gold Command) left both groups feeling powerless: "We just get an order . . . There's no consultation" ("Gareth," Officer, YOI). People in prison described decisions as coming from an unknown authority:

> We don't know who this 'Gold' is . . . But apparently, it's a higher regime than the governors . . . he decides if we're allowed to have our pool table, our card games, if we're allowed to have the kitchen open ("Pete," Cat. A).

This intensified feelings of dehumanization for people in prison: "I get it, scum of the earth, criminals . . . but I mean we're all the same, whether we have walls or bars or fences it doesn't matter . . . we're all part of the community, we're all people" ("Carl," YOI).

Officers felt their views on safety and wellbeing were routinely ignored: "I would love to have more say . . . but I don't think [I'm] listened [to] as much [as clinical staff]. . . if I don't feel valued, I'm not going to give you my opinion" ("Gareth," Officer, YOI). These issues pre-dated COVID-19 but were exacerbated by it, reflected in limited recognition, career support, or feedback: "[I have] never been spoke to about career progression" ("Nathan," Officer, YOI) or received recognition, even after serious incidents: "I believe I saved two lives . . . Not one governor or anybody came [to talk]" ("Anthony," Cat. A). This lack of visibility from leadership left officers questioning their efforts: "when you're not seeing the governors . . . you're thinking again, who am I doing this for?" ("Nathan," Officer, YOI).

Both groups called for better leadership engagement. Officers believed supporting staff would directly improve relationships with people in prison: "If [management] work for us [staff] and help us out, then we're going to show that on to the prisoners because we'll be happier at work" ("Nathan," Officer, YOI). People in prison similarly saw the importance of improved communication across levels: "there needs to be more communication between the higher-ups, the governors, with the staff, and the staff to us. Like they're [unit staff] the first line, they get the blame for everything" ("Carl," YOI).

A more transparent and inclusive leadership style could reduce tensions and foster a more supportive environment for staff and people in prison, especially during crises.

DISCUSSION

THE ROLE OF RELATIONSHIPS IN PRISON WELLBEING

This study underscores the critical role of strong, consistent relationships in supporting the well-being of both staff and people in prison within OPDP services. Staff who developed trusting, positive connections with those in their care were better able to sustain engagement, provide reassurance, and offer tailored emotional support. Equally, peer support and responsive leadership were essential for staff managing the emotional demands of crisis situations, yet these relational dynamics were often undermined by operational pressures, poor communication, and limited institutional backing. These findings align with existing evidence that relational stability buffers the psychological impact of imprisonment and systemic disruption (Crole-Rees et al., 2023; O'Meara et al., 2021).

Despite these challenges, small, consistent acts such as informal check-ins, shared meals, and collaborative decision-making were described as protective, promoting emotional safety and mutual respect. Their absence intensified isolation and frustration. These findings reinforce research suggesting that relational stability can buffer against the psychological impacts of prison, particularly during periods of systemic disruption (Cavicchioli & Maffei, 2020; Lamph et al., 2023). Quantitative OPDP data showing reduced adjudications and self-harm during lockdown (Gillespie et al., 2025) may therefore conceal hidden emotional strain, suggesting that behavioral stability may mask deeper distress. Such data must therefore be interpreted within the relational and emotional climate that may influence behavior.

LEADERSHIP, COMMUNICATION, AND THE EMOTIONAL CLIMATE

Participants repeatedly described the emotional toll of inconsistent or unclear communication from prison leadership. Changes to regime structure or services were often implemented with little explanation or consultation, contributing to frustration, anxiety, and a sense of powerlessness. Staff felt excluded from key decisions affecting their daily roles, while people in prison reported confusion and increased behavioral tensions. These dynamics align with existing research on the effects of hierarchical, top-down communication in prison environments, which can inadvertently reinforce trauma and disempowerment (Heard, 2021; Suhomlinova et al., 2022; Vaswani & Paul, 2019). In environments already marked by vulnerability, repeated exposure to high-stress incidents combined with unclear decision-making undermines emotional safety, contributes to feelings of distrust, emotional reactivity, and fear about the future (Brewin et al., 2000; Goral et al., 2021). Implementing

a trauma-informed communication model rooted in clarity, empathy, and shared decision-making can help mitigate these effects. Practices such as regular briefings, transparent rationale for policy changes, and structured debriefing after critical incidents are vital. This reflects the SAMHSA (2014) principles and should be embedded as standard practice across all levels of prison leadership.

STAFF TRAINING AND EMOTIONAL SUPPORT

Although clear communication is critical, it must be accompanied by staff training and support systems that prepare staff for the psychological demands of working in high-stress, complex environments. Participants described managing incidents involving self-harm, suicide attempts, and emotional crises without adequate preparation, leading to increased distress. This highlights a clear call for trauma-informed training that goes beyond operational competence to include emotional literacy, mental health awareness, and crisis de-escalation. Equipping staff to understand the behavioral impacts of trauma and manage their own responses is essential in fostering safer, more effective environments (Crole-Rees et al., 2024). Crucially, this requires not only one-off training but ongoing reflective practice and supervision to consolidate learning and prevent burnout (Davies & Jones, 2024).

These needs are particularly acute in OPDP services but are relevant across the wider prison system. PDs affect 60% to 70% of the prison population compared to 4% to 11% in the general population (Skett & Lewis, 2019), and up to 70% of people in prison report mental health difficulties. These challenges are primarily managed in standard custodial environments, and many front-line staff lack formal mental health training (Crole-Rees et al., 2024; House of Commons Justice Committee, 2021). A system-wide approach that equips staff to work in psychologically demanding environments is therefore essential.

EMBEDDING TRAUMA-INFORMED PRACTICE ACROSS THE ESTATE

This study supports a dual-focus approach to trauma-informed practice that recognizes the interconnected well-being of staff and people in prison. Rather than treating these groups as separate systems, this study shows how relational dynamics, emotional stress, and institutional conditions shape mutual experiences. When staff were supported, confident, and engaged, this translated into more positive, therapeutic relationships with people in prison.

When staff were overburdened or unsupported, distress often intensified on both sides.

Drawing on SAMHSA's (2014) principles and work on trauma-informed organizational practices (e.g., Davies & Jones, 2024), a proposed framework is described in Table 2, which outlines four key domains for trauma-informed implementation: communication and clarity; emotional competence and skill building; connection and belonging; and agency and inclusive leadership. Embedding these domains across everyday practices and organizational structures within all prison services can help foster safer, more responsive environments. Many of the strategies, such as well-being check-ins, informal reflective forums, and transparent decision-making, require minimal financial investment but signal a cultural shift toward valuing emotional safety and human connection. This offers a broad, transferable framework of recommendations grounded in trauma-informed and relational principles, relevant to OPDP delivery and the broader custodial context.

TABLE 2: Trauma-Informed Learning Points: Comparative Focus and Shared Principles

Learning point	Focus on staff	Focus on people in prison	Shared trauma-informed principle
Communication & Clarity	• Consistent briefings from leadership with space for clarification and reflection • Designated Communication Leads to ensure transparent updates are delivered empathetically across teams	• Routine updates about regime changes delivered through accessible formats • Formal (e.g., advisory forums, Q&A sessions) and informal feedback channels (e.g., unit briefings, cell-door conversations) that provide space for emotional processing and understanding	• Clear, empathetic communication enhances trust, reduces uncertainty, and fosters emotional safety by ensuring that all individuals feel informed, included, and valued.
Emotional Competence & Skill Building	• Continuous professional development in emotional regulation, trauma responsiveness, and relational dynamics • Reflective supervision to process emotional demands and prevent burnout.	• Supportive relationships with staff who model emotional steadiness. • Self-expression tools (e.g., creative writing, journalling) to build internal coping mechanisms	• Emotional literacy improves relational quality, fosters mutual understanding, and creates supportive environments essential to individual growth and overall institutional safety
Connection & Belonging	• Relational check-ins and shared reflective circles to deepen team cohesion, especially following critical incidents • Peer mentoring that encourages mutual support and collaborative problem-solving that builds a supportive work culture	• Opportunities to engage in shared social activities with peers and staff (e.g., communal meals, hobby groups) • Family contact initiatives that strengthen personal identity and support networks	• Meaningful connections reduce isolation, promote well-being, and enhance resilience, especially in high-stress or trauma-exposed environments like custody.
Agency & Inclusive Leadership	• Leaders to participate visibly in staff-led initiatives and co-create solutions • Decision-making forums that give staff a stake in shaping routines, practices, and policies	• Opportunities to influence everyday experiences (e.g., choices in social grouping, in-cell activities) • Participation in structured forums that validate voice and perspective	• Empowerment through shared leadership strengthens community accountability, dignity, and self-efficacy. • Agency and inclusive leadership as key components in promoting systemic culture change.

LIMITATIONS

Although representativeness was not a core inclusion criterion, fewer sites were available than anticipated, limiting diversity in some areas (e.g., female estate, security level, ethnic minority voices). Second, pandemic-related staffing shortages and delayed access to sites for T2 interviews affected the timing of data collection. However, this allowed the capture of early recovery experiences following exit from the Gold Command National Framework on May 9, 2022. Third, as different participants were interviewed at each time point, individual narratives could not be tracked over time. Fourth, as only prison officers were interviewed, the

views of clinical staff and prison leadership, whose experiences may have differed, were not captured. In addition, staff presence during some interviews with people in prison may have limited participant openness. Finally, while interview schedules included temporal anchors, recall may have varied depending on the phase of data collection.

CONCLUSION

The world has been eager to "move on" from COVID-19 since the World Health Organization downgraded its threat level in 2023. As a once-in-a-generation crisis, the pandemic is often treated as a bad dream best forgotten. With prisons remaining vulnerable to future pandemics and public health emergencies, failure to learn from these experiences would represent a significant missed opportunity. Even in the absence of another global event, prisons are inherently crisis-prone environments. Years after the COVID emergency, prisons in England and Wales still face severe staffing shortages and overcrowding, with lockdown regimes becoming the "new normal" (Maruna & McNaull, 2023). Strengthening preparedness for future system-wide disruption is therefore essential.

The COVID-19 crisis exposed deep vulnerabilities but also resilience within the prison system. It brought long-standing challenges into sharper focus, particularly the emotional and relational demands on staff and people in prison. This study highlights the value of trauma-informed, relational practice in mitigating these pressures and supporting institutional well-being. Embedding clear communication, emotional literacy, and low-cost relational strategies into daily practice can foster trust, reduce trauma, and strengthen safety even in crisis. Addressing leadership gaps, enhancing training, and embedding reflective support will be crucial to preparing for future challenges and creating more humane, rehabilitative environments.

ETHICAL APPROVAL AND INFORMED CONSENT

Ethical approval for this study, part of a wider mixed methods project, was obtained from Swansea University (ref 5070), and approval to conduct research in prisons was obtained from HMPPS National Research Committee (ref 2021-045).

CONSENT TO PARTICIPATE

All participants provided informed written consent prior to being interviewed.

CONSENT FOR PUBLICATION

Informed consent for publication was provided by the participants for the use of anonymized quotes.

ORCID iDs

Laura J. Broome https://orcid.org/0000-0002-8405-254X
Rachael Dagnall https://orcid.org/0000-0002-2449-2738
Shadd Maruna https://orcid.org/0000-0002-4978-7073
Aisling O'Meara https://orcid.org/0000-0001-5129-7471
Carine Lewis https://orcid.org/0000-0001-6093-6650
Steven M. Gillespie https://orcid.org/0000-0001-7789-5381
Andrew Jones https://orcid.org/0000-0001-5951-889X
Matthew J. Tonkin https://orcid.org/0000-0001-9148-2452
Jason Davies https://orcid.org/0000-0002-1694-5370

REFERENCES

Blagden, N., & Penford, E. (2025). Exploring the therapeutic and rehabilitative climate of three prisons for men with sexual convictions. *Psychiatry, Psychology and Law*. Advance online publication. https://doi.org/10.1080/13218719.2025.2454574

Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health*, *11*(4), 589–597. https://doi.org/10.1080/2159676X.2019.1628806

Braun, V., & Clarke, V. (2021). One size fits all? What counts as quality practice in (reflexive) thematic analysis? *Qualitative Research in Psychology*, *18*(3), 328–352. https://doi.org/10.1080/14780887.2020.1769238

Brennan, P. K. (2020). Responses taken to mitigate COVID-19 in prisons in England and Wales. *Victims & Offenders*, *15*(7–8), 1215–1233. https://doi.org/10.1080/15564886.2020.1832027

Brewin, C. R., Andrews, B., & Valentine, J. D. (2000). Meta-analysis of risk factors for posttraumatic stress disorder in trauma-exposed adults. *Journal of Consulting and Clinical Psychology*, *68*(5), 748–766. https://doi.org/10.1037//0022-006x.68.5.748

Butcher, E., Packham, C., Williams, M., Miksza, J., Kaul, A., Khunti, K., & Morriss, R. (2021). Screening male prisoners for depression and anxiety with the PHQ-9 and GAD-7 at NHS healthcheck: Patterns of symptoms and caseness threshold. *BMC Psychiatry*, *21*(1), Article 336. https://doi.org/10.1186/s12888-021-03453-2

Byrne, J. M., Hummer, D., & Rapisarda, S. S. (Eds.). (2021). *The global impact of the COVID-19 pandemic on institutional and community corrections* (1st ed.). Routledge. https://doi.org/10.4324/9781003189572

Cavicchioli, M., & Maffei, C. (2020). Rejection sensitivity in borderline personality disorder and the cognitive-affective personality system: A meta-analytic review. *Personality Disorders*, *11*(1), 1–12. https://doi.org/10.1037/per0000359

Covington, S. (2016). *Becoming trauma informed: A training programme for criminal justice professionals*. Women's Estate Center for Gender and Justice.

Crole-Rees, C., Kalebic, N., Tomlin, J., & Forrester, A. (2023). Can prisons be trauma-informed? Reflections on the development of a trauma-informed approach. *Journal of Forensic and Legal Medicine*. Advance online publication. https://doi.org/10.1016/j.jflm.2023.102609

Crole-Rees, C., Tomlin, J., Kalebic, N., Argent, S., Berrington, C., Chaplin, E., Davies, J., Hoskins, M., James, L., Jarrett, M., John, O., Jones, L., Kothari, R., Kretzschmar, I., MacManus, D., Martin, M., McKinnon, I., O'Connor, G., Petrillo, M., . . .Forrester, A. (2024). An optimal trauma-informed pathway for PTSD, complex PTSD and other mental health and psychosocial impacts of trauma in prisons: An expert consensus statement. *Psychology, Crime & Law*, *31*(1), 1–22.

Davies, J., & Jones, L. (2024). Trauma informed organisational consultancy and staff supervision in forensic services. *International Journal of Forensic Mental Health*, *23*(4), 403–414. https://doi.org/10.1080/14999013.2024.2337635

Di Stefano, R., Di Pietro, A., Talevi, D., Rossi, A., Socci, V., Pacitti, F., & Rossi, R. (2022). Personality disorders (PD) and interpersonal violence (IV) during COVID-19 pandemic: A systematic review. *Annals of General Psychiatry*, *21*(11). https://doi.org/10.1186/s12991-022-00388-0

Dünkel, F., Harrendorf, S., & van Zyl Smit, D. (Eds.). (2022). *The impact of Covid-19 on prison conditions and penal policy* (1st ed.). Routledge. https://doi.org/10.4324/9781003169178

Edgemon, T. G., & Clay-Warner, J. (2018). Inmate mental health and the pains of imprisonment. *Society and Mental Health*, *9*(1), 33–50. https://doi.org/10.1177/2156869318785424

Emilian, C., Al-Juffali, N., & Fazel, S. (2025). Prevalence of severe mental illness among people in prison across 43 countries: A systematic review and meta-analysis. *The Lancet Public Health*, *10*(2), e97–e110. https://doi.org/10.1016/S2468-2667(24)00280-9

Forsyth, J., Shaw, J., & Shepherd, A. (2022). The support and supervision needs of prison officers working within prison environments. An empty systematic review. *The Journal of Forensic Psychiatry & Psychology*, *33*(4), 475–490. https://doi.org/10.1080/14789949.2022.2085150

Gillespie, S., Jones, A., Broome, L., Tonkin, M., O'Meara, A., Lewis, C., Dagnall, R., Maruna, S., & Davies, J. (2025). Adjudications and self-harm in prisons during COVID-19: Three-year longitudinal analysis of the Offender Personality Disorder Pathway in England and Wales. *BJPsych Open*, *11*(6), Article e267. https://doi.org/10.1192/bjo.2025.10883

González-Riera, F. J., García-Iglesias, J. J., Allande-Cussó, R., Ruiz-Frutos, C., Rodríguez-Diaz, L., Vázquez-Lara, J. M., Fernández-Carrasco, F. J., Fagundo-Rivera, J., & Gómez-Salgado, J. (2024). Mental health of prison inmates during the covid-19 pandemic: A systematic review. *International Journal of Public Health*, *69*, 1607166. https://doi.org/10.3389/ijph.2024.1607166

Goral, A., Feder-Bubis, P., Lahad, M., Galea, S., O'Rourke, N., & Aharonson-Daniel, L. (2021). Development and validation of the Continuous Traumatic Stress Response scale (CTSR) among adults exposed to ongoing security threats. *PLOS ONE*, *16*(5), Article e0251724. https://doi.org/10.1371/journal.pone.0251724

Heard, C. (2021). *Locked in and locked down- prison life in a pandemic: Evidence from ten countries* [Project report]. https://eprints.bbk.ac.uk/id/eprint/44572/

His Majesty's Prison and Probation Service. (2020). *HMPPS prison regime management during COVID-19*. https://www.europris.org/wp-content/uploads/2020/06/HMPPS-Regime-Management-Planning-during-COVID-19-Final-for-Sharing1.pdf

House of Commons Justice Committee. (2021). *Mental health in prison: Fifth report of session 2021-22*. https://committees.parliament.uk/publications/7455/documents/78054/default/

Jaegers, L. A., Matthieu, M. M., Werth, P., Ahmad, S. O., Barnidge, E., & Vaughn, M. G. (2019). Stressed out: Predictors of depression among jail officers and deputies. *The Prison Journal*, *100*(2), 240–261. https://doi.org/10.1177/0032885519894658

Jarrett, M., Trebilcock, J., Weaver, T., Forrester, A., Cambell, C. D., Khondoker, M., Vamvakas, G., Barrett, B., & Moran, P. A. (2025). The offender personality disorder (OPD) pathway for men in England and Wales: A qualitative study of pathway user views about services, perceived impact on psychological wellbeing, and implications for desistance. *Criminal Justice and Behavior*, *52*(1), 98–118. https://doi.org/10.1177/00938548241286829

Johnson, L., Gutridge, K., Parkes, J., Roy, A., & Plugge, E. (2021). Scoping review of mental health in prisons through the COVID-19 pandemic. *BMJ Open*, *11*, Article e046547. https://doi.org/10.1136/bmjopen-2020-046547

Kim, H., Hughes, E., Cavanagh, A., Norris, E., Gao, A., Bondy, S. J., McLeod, K. E., Kanagalingam, T., & Kouyoumdjian, F. G. (2022). The health impacts of the covid-19 pandemic on adults who experience imprisonment globally: A mixed methods systematic review. *PLOS ONE*, *17*(5), 1–24. https://doi.org/10.1371/journal.pone.0268866

Kinman, G., James Clements, A., & Hart, J. (2016). Work-related wellbeing in UK prison officers: A benchmarking approach. *International Journal of Workplace Health Management*, *9*(3), 290–307. https://doi.org/10.1108/IJWHM-09-2015-0054

Klein, M., Kowalski, M. A., Woo, Y., Solis, C., Mendoza, M., Stohr, M. K., & Hemmens, C. (2022). The Novel Coronavirus and enforcement of the New Separate System in prisons. *Criminal Justice Policy Review*, *33*(2), 206–230. https://doi.org/10.1177/08874034211023572

Kothari, R., Forrester, A., Greenberg, N., Sarkissian, N., & Tracy, D. K. (2020). COVID-19 and prisons: Providing mental health care for people in prison, minimising moral injury and psychological distress in mental health staff. *Medicine, Science and the Law*, *60*(3), 165–168. https://doi.org/10.1177/00258024209297

Lamph, G., Nowland, R., Boland, P., Pearson, J., Connell, C., Jones, V., Wildbore, E. L., Christian, D., Harris, C., Ramsden, J., Gardner, K., Graham-Kevan, N., & McKeown, M. (2023). Relational practice in health, education, criminal justice, and social care: A scoping review. *Systematic Reviews*, *12*(1), 194. https://doi.org/10.1186/s13643-023-02344-9

Malterud, K., Siersma, V. D., & Guassora, A. D. (2015). Sample size in qualitative interview studies: Guided by information power. *Qualitative Health Research*, *26*(13), 753–1760. https://doi.org/10.1177/1049732315617444

Maruna, S., & McNaull, G. (2023). How the Covid lockdown became the "new normal.." *Prison Service Journal*, *269*, 12–17. https://www.criminaljusticealliance.org/wp-content/uploads/PSJ-269-New-normal.pdf

Maruna, S., McNaull, G., & O'Neill, N. (2022). The COVID-19 pandemic and the future of the prison. *Crime and Justice*, *51*(1), 59–103. https://doi.org/10.1086/722434

Miguel, F. K., Machado, G. M., Pianowski, G., & de Francisco Carvalho, L. (2021). Compliance with containment measures to the COVID-19 pandemic over time: Do antisocial traits matter? *Personality and Individual Differences*, *168*, 110346. https://doi.org/10.1016/j.paid.2020.110346

NHS England. (2023). *The offender personality disorder (OPD) pathway: A joint strategy for 2023 to 2028*. https://www.england.nhs.uk/long-read/the-offender-personality-disorder-pathway

O'Meara, A., Edwards, M., & Davies, J. (2021). Listening to women: Relational approaches to female offender management. *The Journal of Forensic Practice*, *23*(1), 1–12. https://doi.org/10.1108/JFP-06-2020-0025

Preti, E., Di Pierro, R., Fanti, E., Madeddu, F., & Calati, R. (2020). Personality disorders in time of pandemic. *Current Psychiatry Reports*, *22*(12), 80. https://doi.org/10.1007/s11920-020-01204-w

Ricciardelli, R., Johnston, M. S., & Mario, B. (2024). The moral impacts of organizational stress on correctional officers. *Criminal Justice Review*, *50*(4), 425–444. https://doi.org/10.1177/07340168241256348

Skett, S., & Lewis, C. (2019). Development of the offender personality disorder pathway: A summary of the underpinning evidence. *Probation Journal*, *66*(2), 167–180. https://doi.org/10.1177/0264550519832370

Sturge, G. (2024). *UK prison population statistics*. House of Commons Library. https://researchbriefings.files.parliament.uk/documents/SN04334/SN04334.pdf

Substance Abuse and Mental Health Services Administration. (2014). SAMHSA's concept of trauma and guidance for a trauma-informed approach (HHS Publication No. (SMA) 14-4884).

Suhomlinova, O., Ayres, T. C., Tonkin, M. J., O'Reilly, M., Wertans, E., & O'Shea, S. C. (2022). Locked up while locked down: Prisoners' experiences of the COVID-19 pandemic. *The British Journal of Criminology*, *62*(2), 279–298. https://doi.org/10.1093/bjc/azab060

Toblin, R. L., & Hagan, L. M. (2021). COVID-19 case and mortality rates in the Federal Bureau of Prisons. *American Journal of Preventive Medicine*, *61*(1), 120–123. https://doi.org/10.1016/j.amepre.2021.01.019

User Voice & Queen's University Belfast. (2022). *Coping with Covid in prison: The impact of the prisoner lockdown*. User Voice. https://www.uservoice.org/wp-content/uploads/2022/08/User-Voice-QUB-Coping-with-Covid.pdf

Vaswani, N., & Paul, S. (2019). "It's knowing the right things to say and do": Challenges and opportunities for trauma-informed practice in the prison context. *The Howard Journal of Crime and Justice*, *58*(4), 513–534. https://doi.org/10.1111/hojo.12344

Wainwright, L., Senker, S., Canvin, K., & Sheard, L. (2023). "It was really poor prior to the pandemic. It got really bad after": A qualitative study of the impact of COVID-19 on prison healthcare in England. *Health & Justice*, *11*(1), 6–20. https://doi.org/10.1186/s40352-023-00212-1

Yardley, L. (2000). Dilemmas in qualitative health research. *Psychology & Health*, *15*(2), 215–228. https://doi.org/10.1080/08870440008400302

Laura J. Broome is a Lecturer in Forensic Psychology at Swansea University. Her research focuses on online sexual behavior, trauma-informed practice, relational approaches, and organizational culture within prison and probation settings, with a particular emphasis on staff wellbeing, leadership, and service evaluation.

Rachael Dagnall is an HCPC Registered Forensic Psychologist and Associate Professor at the University of Lincoln. She has extensive experience in HMPPS and the Offender Personality Disorder Pathway, with research interests in trauma-informed practice, workforce development, and service evaluation.

Shadd Maruna is Head of Sociology, Social Policy and Criminology at the University of Liverpool and a Past President of the American Society of Criminology. His research focuses on imprisonment and desistance, and his book *Making Good* received major international awards. He was the recipient of the inaugural Research Medal from the Howard League for Penal Reform in the UK.

Aisling O'Meara is a Senior Lead Analyst in HMPPS's Offender Personality Disorder Pathway. She has extensive experience in criminal justice analytics and has published on rehabilitative climate, personality functioning, psychometrics, and criminal justice policy.

Carine Lewis is employed by HMPPS as the Research & Data Lead for the Offender Personality Disorder Pathway. She has extensive experience developing and leading practice and policy-focused research, including trauma-informed practice and psychologically informed approaches within custodial and probation settings.

Steven M. Gillespie is Senior Lecturer in Clinical Psychology and Director of Research for the Doctorate in Clinical Psychology at the University of Liverpool. His research spans clinical and forensic psychology, focusing on personality disorders, offending behavior, and treatment, and he holds senior editorial roles in the field.

Andrew Jones, PhD, is an associate professor in psychology at Liverpool John Moores University. He has received co-applicant funding to provide methodological and statistical support from the NIHR and ESRC to conduct service and policy evaluations related to nutrition and health.

Matthew J. Tonkin is Professor of Criminology at the University of Leicester. His expertise includes investigative psychology, serial offending, and prisons and forensic psychiatric hospitals, and he works closely with law enforcement, government, and forensic health care agencies in the United Kingdom and internationally.

Jason Davies, DClinPsy, is Professor of Forensic and Clinical Psychology at Swansea University and Consultant Psychologist with Swansea Bay University Health Board. A Fellow of the BPS and Senior Fellow of AdvanceHE, his work focuses on trauma-informed practice, interventions, and workforce development. He holds senior editorial roles in the field.