

Our Lives with Others: An evaluation of trauma, bereavement and loss developments at HMYOI Polmont

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Executive Summary

Young people in custody are known to have experienced higher rates of loss and bereavement than the general population, and are more likely to experience multiple and traumatic bereavements (Finlay & Jones, 2000; Vaswani, 2014). In addition, young people in custody often have childhoods characterised by trauma, adversity and disruption (Blades, Hart, Lea, & Willmott, 2011; Vaswani, 2015). Dealing with trauma, bereavement and loss in custody poses a substantial challenge for individuals and institutions and the presence of these issues has implications for preventing offending, regime management and for desistance, reintegration and rehabilitation. In order to respond to these issues, HMYOI Polmont implemented a series of planned developments aimed at adopting an 'establishment-wide' approach to supporting the young men through trauma, bereavement and loss. The three-pronged approach, termed 'Our Lives with Others' involved:

- Awareness-raising training for all staff in the establishment, regardless of their role or responsibilities, delivered by Barnardo's.
- A small pilot service, 'Here & Now', providing specialist assessment and direct intervention to young men affected by trauma, bereavement and loss, also provided by Barnardo's.
- Efforts to create a more coherent, coordinated and 'trauma-informed' response across the entire organisation.

The Centre for Youth & Criminal Justice was commissioned to undertake a 12-month study of these developments. The service developments and research were funded by the Robertson Trust and the Scottish Prison Service.

The aim of the research was to:

- Generate new learning to further knowledge and understanding about the trauma, bereavement and loss needs of young people involved in offending
- Increase understanding about effective interventions by monitoring the experience and impact of the Here & Now service and the staff awareness training
- To document and describe the OLWO approach, processes and outcomes to inform SPS service delivery and any formal commissioning and tendering processes in the future.

Methodology

Participants were drawn from three main groups: young men who were referred to the Here & Now pilot service; staff who attended the awareness-raising training; and a small group of key stakeholders (staff and managers with a key role in implementing or delivering the OLWO elements).

All 167 young men who were referred to Here & Now whose basic referral information was recorded were included in the research to some extent. Of these, 50 undertook a screening checklist that was used in the research, and 20 had completed the service and had pre-and-

post measures that were used in the final evaluation. Twelve young men who had completed the service were also interviewed for the research. All young men were aged between 16 and 22 years old at the time of referral, with a mean age of 19 years six months.

All staff who attended training were asked to return a pre-and-post evaluation form, and 208 forms were received. In addition, three focus groups were held throughout the year, involving a total of twelve staff.

Ten key stakeholders completed an online survey at the start of the process and nine were interviewed at the end of the 12-month evaluation period. These individuals were purposefully selected for their knowledge or insight into implementation and delivery.

Findings

The key themes arising from the research are reported here.

Needs assessment: a population in distress

The young men referred to Here & Now had experienced a wide range of loss, bereavement and other adverse childhood experiences. Three-quarters of young people were referred for a bereavement (75%); more than one-third (35%) for trauma not related to bereavement and more than one-fifth (22%) for a significant loss other than a bereavement. These experiences included: parental suicide; sexual abuse; abandonment; and the sexual assault of a family member. However, although the referrals may have been initially triggered by a specific event, additional experiences frequently emerged during the course of the work undertaken. The findings presented here, therefore, are certain to underrepresent the true lifetime experience of trauma, bereavement and loss in these young men.

These childhood experiences clearly had a significant impact on young men's well-being and day-to-day functioning. Substantial numbers of young men (approximately two-thirds or more) reported regularly experiencing symptoms such as dissociation; worrying about things, having trouble concentrating and feeling angry. The Here & Now service also identified an abundance of avoidant coping strategies, with almost all young men attempting to block out sad, unwelcome or intrusive thoughts. The most frequent means to do so was by the use of substances, but also through expressions of anger, violence and offending behaviour.

Young men described wanting help to manage difficult and complex emotions such as sadness, anger, grief and guilt. Young men also acknowledged that they needed an outlet to 'get things off their chest' as they had a tendency to 'bottle things up', leaving them withdrawn, isolated and dealing with these complicated emotions alone:

"Just a way to help with my emotions, anger, stuff like that. Obviously because there's a lot of things you don't talk about"

Implementation: All the pieces in place but not yet fully connected

Staff training was successfully implemented, with 23 training courses delivered by Barnardo's in the first 12 months, attended by at least 208 members of staff (based upon evaluation forms received). However, the reach of the training was not quite as wide as had originally been anticipated, with only about half of eligible staff perceived to have attended, and potentially proportionately less of those staff who may have benefited most from the training. It was noted that, as the training was drawing to a close, the full staff group would not be reached. There was also a concern that, over time, the impact of the training would lessen due to staff turnover, or staff simply forgetting what had been learned.

The facilitators encountered a certain level of resistance to training, with some participants not fully acknowledging the relevance of trauma, bereavement and loss as an issue for the young people in the establishment, or not seeing the relevance of training to their role. With hindsight it was also felt by some that a tiered approach to training may have been more efficient, offering brief awareness raising to all staff in the establishment, with targeted or more in-depth training provided for those staff groups who would be more directly able to apply the learning in practice.

The implementation of the Here & Now service was perceived by all groups of respondents as particularly successful. This was evidenced by the level of awareness about the service and the high rate of referrals that had been received from a broad range of referral sources: in the first 12 months of the service 167 referrals were received from 16 different sources. The smooth implementation was attributed to the support and enthusiasm received from HMYOI Polmont, from the senior management right down to the people on the ground and the qualities and efforts of the staff in the Here & Now service. The service implementation alongside the training delivery had helped raise awareness of the service and increase staff's knowledge and understanding of the impact of trauma, bereavement and loss on the young men in their care, which had potentially ironed out any implementation barriers in this regard.

However, the Here & Now service clearly did not have the capacity to deal with the level of demand in the establishment. For those young men who had completed the service by the end of the evaluation period, the whole process took 132 days (19 weeks) of which more than one-third (34%) was wait time. While there was absolute understanding that the waitlists were unavoidable given the capacity of the service, some respondents felt that on occasion the opportunity to help young people with their trauma, bereavement and losses may have been lost.

Another big gap was that there were practical and logistical issues in ensuring that young men on remand or on short sentences received the support that they needed before release, and also a reluctance to commence work when there was the potential for the young person to be released at short notice, for fear of not being able to conclude the work safely, or leaving the young person in a worse position.

Overall there was a sense that the successful implementation of new elements such as staff training and Here & Now, alongside existing service provision, meant that there was now a comprehensive suite of services in place to better meet trauma, bereavement and loss needs among the young men in HMYOI Polmont. Despite examples of good practice, clear communication and joint working, it was also evident that more could be done to integrate these services together, and ensure that young men received the most appropriate service pathway for their needs.

Experience: Challenging and uncomfortable but helpful and insightful

The staff training was rated very highly, with almost all participants rating the course as relevant, well delivered and providing, despite the subject matter, a good atmosphere. As a result almost all staff (96%) stated that they would recommend the course to a colleague. However some elements of the course, such as role play, received very polarised feedback. While it is not possible to design a group training course that will match every individual's preferred learning style, the nature of the subject matter may have made the role play that little bit more uncomfortable for some participants. Yet role play was also viewed as an essential tool for skills practice and navigating the smoothest path through these experiences for any future training will not be easy.

It was also acknowledged that the staff group may potentially be suffering from higher levels of personal trauma than the general population, given the additional layers of trauma that may arise from past or current professional roles (witnessing violence, being the victim of assault for example) and the potential for vicarious trauma or compassion fatigue from repeatedly hearing such difficult stories. It was mentioned that staff needed more support in dealing with these issues in the workplace.

Young people frequently described finding the Here & Now sessions challenging, difficult or uncomfortable, but ultimately insightful and beneficial. Any discomfort was often eased by the fact that the staff were perceived as experienced and credible, and that the young people felt that the workers respected and involved them in therapeutic goal setting which helped to build positive relationships.

“Good, helpful, challenging, funny, difficult, then good again”

Organisational impact: An establishment on a journey

The most notable impact on staff was that they displayed a statistically significant increase in confidence in relation to trauma, bereavement and loss, following participation in the training. The main learning outcomes for staff attending the training included a better awareness of the prevalence and impact of trauma, bereavement and loss (65% of staff); an understanding of the effects of trauma on brain development (34%); and theoretical knowledge about trauma and bereavement (31%). The extent of the translation of this new found confidence into tangible practice change was not immediately apparent in a short-term 12-month study. Both key stakeholders and focus groups felt that practice change had

occurred on some level, but maybe not yet at a critical mass to have a wholesale impact on the organisation.

There was recognition that standalone training in itself was not sufficient to create practice change, and that although there were organisational shifts underway, staff may need more direct support in order to undertake any further work. There was a particular issue in that many of the staff who might have regular enough contact to build up a relationship with a young person did not come from a professional culture in which sufficient supervision and reflective space was given to be able to undertake direct work in relation to trauma, bereavement and loss confidently or safely.

While the increased empathy and understanding for young people across the staff group was clearly beneficial, the nature of the work meant that the right balance between care and control was not easy to find. Consequently, there were still substantial cultural and attitudinal issues around power, punishment and rehabilitation that were not conducive to trauma-informed practice and organisational change. There were also practicalities related to the regime that tended to hinder large-scale change, such as difficulties in accessing the young men, responding to issues at night or finding privacy for one-to-one work. Regardless of these challenges, and the inevitably slow pace of change, there was a sense of pride and acknowledgement of the journey that had been undertaken by HMYOI Polmont and the achievements made.

Outcomes: a step towards happiness and acceptance?

Outcomes were only measured for young people completing the Here & Now service, and analysis is also limited by the small sample size and a lack of comparison group. It is therefore difficult to fully disentangle the effects of the direct intervention, the wider organisational effects and any other factors that might affect young people.

Encouragingly, all but one of the participants (95%) reduced their overall score on the checklist used to measure symptoms, a statistically significant result which suggested that the intervention had a positive effect across a range of individual experiences, learning styles or therapeutic preferences. The individual who did not report improvements in symptoms only increased their score by one point. There was also a level of recovery evident across all symptoms. The biggest gains were in the ability to concentrate, in beginning to feel emotions again, and in arguing less, suggesting that there had also been a knock-on effect on relationships both within the prison environment and with family and other people on the outside. Other symptoms that displayed big improvements were in young men's general level of worry and anxiety, as well as an improvement in the number of young people ruminating and dwelling on past traumas.

Eleven out of the 12 young people interviewed talked about gaining new knowledge, understanding or skills to help them begin to process or live with their trauma, bereavement and loss experiences. It appears that this learning is being translated into tangible short-term outcomes for the young men. Young people frequently reported feeling calmer and

happier, and often attributed this to a real sense of relief at unburdening themselves of troubles and worries that they had carried round with them for many years:

“I’m a lot happier...I just feel as if I’m smiling a lot”

Discussion and recommendations

While the stability provided by custody can provide an opportunity for intervention with young people whose childhoods have been characterised by disruption and disarray, it should not be left to a young offenders institution to pick up the pieces of childhood trauma, loss and bereavement. By that point considerable harm has been done, to young people, to the victims of their offending and to society as a whole. Community-based bereavement provision, while improving, remains patchy. However, given the high likelihood of children being bereaved at some point before school-leaving age it is clear that universal death, grief and loss education is needed from a young age, and regularly throughout childhood and adolescence, to ensure that society is better equipped to deal with loss and bereavement.

Notwithstanding this, the study has shown that targeted attention, activity and interventions even at this late stage can be beneficial for organisations and, more importantly, for outcomes for young people. It is also evident that HMYOI Polmont is somewhat of an artificial environment and this study has not been able to explore whether the learning and progress made in custody was able to be carried forward and transferred into the community. This study is also limited by the small sample of young people involved in the outcome research as well as the consideration of only short-term outcomes. Despite this, this study adds to the evidence-base about the trauma, bereavement and loss needs of young men in custody, and provides emerging evidence about effective practice and the components that might be needed to create and sustain trauma-informed practice and culture change across a large organisation with deep-seated practices and beliefs.

The recommendations arising from this research can be summarised as:

1. Continue to develop staff knowledge and understanding of trauma, bereavement and loss
2. Create the right environment to translate knowledge into practice, including developing a culture of supervision and reflective practice
3. Consider how to reduce the trauma of custody for staff and young people
4. Ensure that needs are being met, especially for young people on remand, or on waiting lists.
5. Continue to develop the evidence-base about trauma, bereavement and loss; effective interventions; long-term outcomes and organisational and cultural change.

Introduction

Bereavement is one of life's certainties. Whoever we are, wherever we are from, whatever we do, we will all be faced with the death of someone we know at some point in our lives. Experience of bereavement commonly begins in childhood, as research suggests that between 43% (Hight & Jamieson, 2007) and 78% (Harrison & Harrington, 2001) of schoolchildren in the United Kingdom will have experienced the death of a friend or family member. Research also finds that some vulnerable populations of young people, such as those involved in offending, are more likely than the general population to have experienced multiple, parental or traumatic bereavements (Finlay & Jones, 2000; Vaswani, 2008). For those young people who end up serving a custodial sentence, the scale of bereavement and loss becomes ever more apparent, with more than 90% bereaved by the age of 20 (Vaswani, 2014). Of those young people who had been bereaved, 77% had experienced traumatic bereavements and 67% four or more deaths (Vaswani, 2014). Yet loss is not simply limited to bereavement, with vulnerable young people at increased risk of losses due to circumstances such as family breakdown (Mooney, Oliver, & Smith, 2009), parental imprisonment (Bocknek, Sanderson, & Britner, 2009), parental substance misuse and mental ill-health (Darbyshire, Oster, & Carrig, 2001) and being taken in to care (Brodzinsky, 2009). These types of losses are found to be prevalent among young people in custody (Blades et al., 2011; Vaswani, 2015).

The association between loss and bereavement and these negative outcomes is not yet fully understood. It may be that the risk factors for becoming involved in offending behaviour or being taken into care or custody are the same risk factors that increase the likelihood of bereavement, for example: parental substance misuse; family and community violence; or mental ill-health. Or it may be that these early adverse life experiences combine in some way to reduce resilience, affect behaviour and result in poorer outcomes across the life course. The reality is likely to fall somewhere in-between these two scenarios but, regardless of where cause and effect lies, the fact remains that custodial settings are dealing with vulnerable and challenging populations that have been affected by high levels of trauma, bereavement and loss.

2.1. Trauma, bereavement and loss in custodial settings

Dealing with trauma, bereavement and loss in custody poses a substantial challenge for individuals and institutions for a range of reasons. Not only is there the higher prevalence of these issues among young people in custody, but the very act of removing someone's liberty can itself be experienced as a traumatic loss (Jewkes, 2011; Vaswani, 2015). There are also other, less overt, losses associated with being in prison such as loss of status, or loss of hope for the future that add to the complex layers of loss in a young person's life (Vaswani, 2015). To compound these losses, the very nature of custody, with the emphasis on the rules and strictures of the regime, impedes effective coping strategies by disrupting relationships (Potter, 1999; Vaswani, 2014, 2015), imposing restrictions on how and when individuals choose to grieve and choose to distract themselves from grief (Hendry, 2009; Masterton, 2014; Vaswani, 2014), and by simply being an environment which is not conducive to displays of vulnerability and emotion, especially for male prisoners (Hendry,

2009; Vaswani, 2014). Furthermore, many of the less overt losses, such as that of the loss of liberty, are frequently viewed by many in society as the *just deserts* of the criminal justice system, leaving many disenfranchised in their grief. These factors combine to intensify the pain and trauma that is felt by many prisoners, leading Leach, Burgess, & Holmwood (2008) to conclude that traumatic grief should be considered present in all people in prison.

The presence of these levels of trauma, bereavement and loss among young people in custody has implications for preventing offending, regime management and for reintegration and rehabilitation. For young males in particular, these pains are often manifested through anger, violence, risk-taking behaviour and substance misuse (Cuomo, Sarchiapone, Di Giannantonio, Mancini, & Roy, 2008; Roy, 2005; Vaswani, 2014) increasing the likelihood of criminal justice interventions and sanctions both before, during and after a custodial sentence. Many young men attribute bereavement and loss as a key factor in their offending behaviour and subsequent entry in to custody (Vaswani, 2014). Managing the outward expressions of trauma, bereavement and loss can also create challenges within custodial institutions. In addition, the presence of trauma can hinder an individual's ability to engage and benefit from criminogenic interventions or learning opportunities (Wright & Liddle, 2014) and this, coupled with the disrupted relationships and problematic attachments that frequently come with loss and bereavement, makes successful reintegration back to the community and desistance from offending much harder to achieve.

There will often have been many missed opportunities to intervene and support children and young people experiencing trauma, bereavement and loss long before their entry into custody, at the earliest possible stage. Nevertheless, tackling the effects of these experiences in young people while in custody is important not just for the individuals affected, but also for institutions and for society. Most studies of bereavement support in prison focus on the adult estate and on traditional bereavement counselling therapies (Masterton, 2014). These studies suggest that such therapies may have some impact on a person's feelings and emotions such as despair, blame and anger but not on other emotions (Wilson, 2011). However, most of these studies consisted of small samples, or did not explore outcomes and effectiveness in depth (Finlay & Jones, 2000; Wilson, 2011).

2.2. Our Lives with Others: The trauma, bereavement and loss approach

Following research that confirmed what staff had already suspected about the prevalence of loss and bereavement in HMYOI Polmont (Vaswani, 2014), the organisation undertook a series of planned developments aimed at adopting an 'establishment-wide' approach to supporting the young men through trauma, bereavement and loss. This ambitious programme formed part of the Scottish Prison Service's (SPS) strategic vision for young people in custody (Scottish Prison Service, 2014) and the focus on establishing the institution as a learning environment for both young people and the workforce. It aimed to create widespread organisational change in terms of culture, attitudes, knowledge and understanding, as well as the enhancement of skills in relation to working with young people. In relation to trauma, bereavement and loss specifically, the developments were to be three-pronged. Firstly, Barnardo's were commissioned to deliver awareness-raising training to all

staff in the establishment, regardless of their role or responsibilities. While the focus was on raising awareness, the training also included a practical skills element in order that staff might be empowered to have supportive conversations with young people about bereavement and loss and to use that knowledge as appropriate when undertaking direct relationship-based work. Secondly, Barnardo's were also appointed to provide a small pilot service, 'Here & Now', providing specialist assessment and direct intervention to young men affected by trauma, bereavement and loss. Lastly, the programme aimed to ensure a coherent, coordinated and 'trauma-informed' response across the entire organisation. This three-pronged approach was termed 'Our Lives With Others' (OLWO) and, although this was not a phrase commonly used among frontline staff, this is the terminology that will be used in this report. The service developments and training were funded by The Robertson Trust, with match funding from the Scottish Prison Service.

The staff awareness training involved a two-day course, delivered by staff from Barnardo's that incorporated information provision, discussion and skills practice/role-play about relationships, attachment and trauma, bereavement and loss. Courses were often, but not always, co-facilitated with a member of HMYOI Polmont staff. A blanket approach to training was adopted, with the aim of creating widespread knowledge and understanding throughout the establishment: from people working on reception; in the kitchen; in administrative roles; right through to those providing specialist programmed or psychological interventions.

The Here & Now provision delivered by Barnardo's was staffed by one full-time member of staff and a therapist available two days per week and comprised two main elements. Firstly, there was a standard 'Here & Now 1' intervention that covered areas such as: an introduction to brain functioning; life story construction; emotions; memories and coping strategies. This was initially an eight-week programme, but was extended to 12 weeks mid-way through the pilot, to ensure that the work was not rushed and had enough time dedicated to formally 'ending' the service. The other main element was 'Here & Now Plus' which was a longer (up to 20 weeks) more psychotherapeutic intervention for those young men for whom the standard programme might not be sufficient. The provision of a Here & Now groupwork intervention was also planned, but was not implemented during the study period. Allocation was most often made at the initial screening, but young people could move between the two strands as and when required. The vast majority of young men were allocated to Here & Now 1. Attempting to develop a 'trauma-informed' establishment involved a multitude of activities, including: raising awareness among staff; connecting up and ensuring sequenced pathways between the existing suite of services (for example, psychology, programmes, art therapy, chaplaincy, and third sector organisations such as Open Secret and the Women's Aid domestic abuse service) and using this activity to create widespread organisational and cultural change in the establishment.

2.3. Research aims and objectives

HMYOI Polmont were keen to assess in more depth the nature of the need in relation to trauma, bereavement and loss; to consider the implementation and effectiveness of the new bereavement provision; and to monitor the new processes and any organisational change occurring as a result of the staff training and other developments. In order to achieve this, CYCJ was commissioned to undertake a 12-month study, funded by The Robertson Trust. The aim of the research was to: generate new learning to further knowledge and understanding about trauma, bereavement and loss in young people involved in offending; increase understanding about effective interventions; and also to document and describe the OLWO approach and outcomes to inform SPS service delivery and any formal commissioning and tendering processes in the future.

This paper outlines the full methodological approach, research findings, conclusions and recommendations resulting from that 12-month study. While this paper represents the final evaluation report, ongoing and emerging findings were formally presented to HMYOI Polmont at quarterly intervals throughout the study period, to allow the evidence to inform and shape the development of the OLWO approach. Other outputs from the research will include: an accessible report for young people; a stakeholder session at HMYOI Polmont to consider the implications and next steps; conference presentations, and the publication of peer-reviewed journal articles.

Methodology

3.1. Participants

Participants were drawn from three main groups: young men who were involved to some extent with the Here & Now pilot service; staff who attended the awareness-raising training; and a small group of key stakeholders (staff and managers with a key role in implementing or delivering the OLWO elements).

All 167 young men who were referred to Here & Now whose basic referral information was recorded were included in the research to some extent. Of these, 50 undertook a screening checklist that was used in the research, and 20 had completed the service and had pre-and-post measures that were used in the final evaluation. Twelve young men who had completed the service were also interviewed for the research. All young men were aged between 16 and 22 years old at the time of referral, with a mean age of 19 years six months.

All staff who attended training were asked to return a pre-and-post evaluation form, and 208 forms were received. In addition, three focus groups were held throughout the year, involving a total of 12 staff.

Ten key stakeholders completed an online survey at the start of the process and nine were interviewed at the end of the 12-month evaluation period. These individuals were purposefully selected for their knowledge or insight into implementation and delivery.

3.2. Ethical considerations

The research was given ethical approval by both the SPS Research Access and Ethics Committee and the University of Strathclyde Ethics Committee, in order to ensure the safety and well-being of research participants and researchers. Informed consent was obtained from all participants, and additional steps were taken to ensure the wellbeing of vulnerable participants, such as providing young men with information about sources of support before, during and after the interview.

3.3. Materials

In order to minimise disruption for Here & Now staff and young people, the materials used were aligned as far as possible to the materials used in practice. A referral database was constructed to collate basic information about referrals, and an adapted version of the Trauma Symptoms Checklist for Children (Briere et al., 2001) was used both as a screening tool and as a pre-and-post measure. The adaptations were made to ensure suitability and accessibility for the young men at HMYOI Polmont, but the use of a non-standardised measure means that there are no clinical cut-offs, nor can comparisons be made with other research that utilises this measure. The tool however, provides a useful description of need and a measure of change. In order to complete the tool, young men were read a list of symptoms commonly associated with trauma and were asked to state if they experienced each symptom on a scale of one to five as follows: 'never' (1); 'sometimes' (2); 'a lot' (3); 'almost all of the time' (4) and 'all of the time' (5). Here & Now also designed weekly session feedback forms and end of service feedback forms for the young men.

A short online survey was developed for Key Stakeholders and completed at the start of the pilot and was followed up with a structured face-to-face interview towards the end of the pilot period. A purposefully designed paper survey was distributed to staff at the start and the end of the training course for completion, which asked staff to describe their aims and expectations of the course, the challenges they faced in undertaking this type of work and their self-ratings of confidence across a number of key actions and activities.

3.4. Procedure

All young people who were referred to Here & Now were eligible to participate in the research, and this was discussed with the young person at their first meeting with Here & Now. It was made clear to young people that they could opt out of the research without any repercussions and that they were free to withdraw at any time without giving a reason. If a young person wished to participate informed consent was obtained. Here & Now maintained a referral database of all young people and collected all pre-and-post measures, session feedback and overall post-programme feedback. All young people were allocated a unique Research ID, and the key to this code was only held by Here & Now. At the end of service these documents were anonymised and shared with the research team by secure email, but the Research ID meant that records could be matched. Young people for interview were selected by the research team, using their research ID and contact was then made by HMYOI Polmont staff to check if they still wished to participate. Interviews took place in a

private room at HMYOI Polmont, with the exception of one individual who had been released at the time of interview.

Staff training surveys were distributed by Barnardo's at the start and end of the training, and were placed in a sealed envelope at the end of training and returned by Barnardo's to the research team. Completed surveys were not viewed by staff or managers at HMYOI Polmont. Focus group participants self-nominated via the paper training survey, and a convenience sample (based on who was available on the focus group days) was selected by the research team with support from Polmont. This method of selection meant that participants were often those with a keen interest in the subject matter, or those with flexible schedules that could facilitate attendance at a two-hour focus group. As a result most focus group attendees were drawn from fields such as health, psychology and social work. Key stakeholders were emailed a link to an online survey and were later interviewed in a private space at HMYOI Polmont.

3.5. Analysis

All interviews and focus groups with staff and young people were audio recorded and transcribed verbatim, with the exception of one young man who did not wish his interview to be documented in this way. Interviews, focus groups and other qualitative data (such as the open-ended responses from the staff-training questionnaire and the referral reasons recorded in the Here & Now referral database) were analysed and coded thematically using NVivo (Version 10).

All quantitative data, including process information held on the Here & Now database, staff ratings of the training course and Here & Now screens were analysed using SPSS Statistics (Version 21).

Due to the small sample size and reduced amount of data available for Here & Now Plus, it has not been possible for ethical and analytical reasons to distinguish between the two in this evaluation.

Findings

The findings from the evaluation are presented thematically according to the key requirements of the evaluation brief. These were: an assessment of the needs of the population; monitoring of the implementation of OLWO; describing the establishment's experience of OLWO; identifying the impact of OLWO on practice and the wider organisation and lastly; documenting short-term outcomes for the young men, staff and the organisation as a whole.

4.1. Needs assessment: A population in distress

Staff and Managers' Views and Opinions

There was little dispute that trauma, bereavement and loss was both prevalent and relevant in the establishment, affecting the young people's pathways through childhood and their presentation, behaviour and potential for rehabilitation. There was awareness among key stakeholders and the wider staff group of previous research on this issue (Vaswani, 2014) and a sense that the evidence chimed with their own day-to-day working experiences. Even prior to the training, 202 (97%) of staff agreed that trauma, bereavement and loss can impact on a young person's mental and physical functioning, with five unsure about this statement but no respondent disagreeing.

It's amazing when you look back at the reports and you can pin point it can't you? You've got absolutely no problem with this child and then something really traumatic happens and then everything very quickly starts to unfold. Focus Group

That young chap I mentioned earlier on for example, I realised that there was pretty much a lifetime of chaos and trauma behind two significant bereavements in the last 18 months, I had a guy whose coping strategy was to get angry and that was his only coping strategy.
Key Stakeholder

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Key Stakeholder

Referral Information

The reason behind the referral to Here & Now was recorded for each individual ($n=167$) and revealed a wide experience of loss, bereavement and trauma. Table 1 outlines these referral reasons, which do not add up to 100% as each referral could contain multiple aspects and experiences. Although the referrals may have been initially triggered by a specific event, additional experiences frequently emerged during the course of the work undertaken. The analysis presented here, therefore, is certain to underrepresent the true lifetime experience of trauma, bereavement and loss in these young men. Furthermore, the referral reasons tended not to record the losses associated with being in custody (Vaswani, 2015) that would have undoubtedly have been felt by many of the young people.

Because I think what quite often happens with the boys is they're referred because their mum died last year but it's only when they meet with [Here & Now] that they realise they've experienced loss and trauma over and over and over again and dealing with those layers of loss and trauma. Focus Group

What we are finding quite often that the reason for referral is not actually what's causing the issue that's causing the most difficulty. So what we're finding is that boys are getting referred for bereavement and then we're actually finding out that it's childhood trauma and domestic violence, abuse that's bubbling under the surface that's the real presenting issue for them.
Key Stakeholder

Table 1. Reason for referral to Here & Now (n=167)

Experience	Number	%
Bereavement	125	75%
Trauma other than bereavement	59	35%
Death of parent / caregiver	46	28%
Multiple bereavements	38	23%
Traumatic bereavements	36	22%
Significant loss other than bereavement	36	22%
Death of a child	12	7%

Reports never coming to terms with the loss of his father aged 11. YP found his father hanging following a completed suicide. Referral Database

Victim of child sexual abuse, self and siblings abused by father, 2 siblings died following drug overdoses. Referral Database

Chaotic childhood, reports being physically abused by mother, bereavement - loss of grandparents [and] loss of contact with daughter following offence. Referral Database

To add to the complexity, the referral database also revealed that a small number of young people had been responsible in one way or another for the death of someone and had to learn to process their guilt, shame, grief and other emotions within that context.

Here & Now Screening

The Here & Now assessment screen was only undertaken with young people who commenced work with the service, and there were 50 initial screens available for analysis. The screens give an indication of the symptoms that the young men were struggling with at the time of their first appointment with Here & Now. As mentioned in the methodology, the screen has been adapted from the Trauma Symptoms Checklist for Children (Briere et al., 2001) in order to be accessible to the young men and to meet the needs of the service and, as such, there are no clinical cut-offs or diagnostics, nor can the results here be compared to other studies that use the same measure. However, the checklist provides a useful tool to describe the needs of the young men and to measure change. The lowest score achievable is 30, meaning that the respondent 'never' experiences any of the symptoms, and the highest score is 150, indicating that they 'always' experience the presented symptoms. The mean score overall, and for each symptom, is presented here as it offers a useful summary of the presenting needs. It should be noted, however, that the response scale is ordinal in nature, rather than a true interval scale. As a result it cannot be assumed that there are equal intervals between each response (for example, if a change during service provision

from a score of 1 to 2 represents the same level of change as a move from a score of 5 to 4) or that each response category was interpreted by respondents in the same way. There were a small number of missing items (the item 'have headaches' was not completed by four respondents due to a formatting error in some of the screens, for example). No adjustment has been made to the analysis to account for missing items.

The mean score on the screen was 72.5 ($SD=20.0$) meaning that, on average, respondents reported experiencing each symptom midway between 'sometimes' and 'a lot'. The lowest score was 41 and the highest was 122, in the latter case meaning that the individual experienced each symptom on average 'almost all of the time'. Ten of the young people (20%) completing the checklist scored 90 or more indicating that they recorded, on average, at least a three for each item (signifying they experienced the symptom 'a lot'). Overall, 38 (76%) young people averaged at least a two on each item ('sometimes'). There was, of course, variation in the experience of each of the specific items, and Table 2 outlines the mean score for each individual item as well as the proportion of respondents indicating that they experienced this symptom 'a lot' or more frequently (three or higher).

Table 2 indicates that many young men were displaying symptoms often associated with Complex Post Traumatic Stress Disorder such as avoidance, hyperarousal, persistent negative thoughts, anger, dissociation, nightmares and headaches (Royal College of Psychiatrists, 2013). Being unable to stop thinking about something bad that happened, remembering scary things, worrying about things and having trouble concentrating were the most likely symptoms to be experienced 'always' by more than 20% of the sample. General anxieties and worries were also common.

The symptoms that scored the lowest on the Here & Now screening checklist were often those that involved a stereotypical expression of vulnerability, such as being afraid of the dark, self-harm or crying. While this is likely to be a genuine reflection of their symptoms, it should also be noted that many of the young men stated in interviews that they were initially a little wary of opening up to the Here & Now team, although they soon began to feel comfortable once they realised that they could trust the staff. As the screening checklist was undertaken very early on in the therapeutic relationship and, in the context of a very masculine prison environment where many young men feel the need to put on a front (Vaswani, 2014), some symptoms may have been easier to admit to than others for fear of real or perceived consequences.

At first I probably wouldn't have really have spoke about it. Especially obviously in here it's not exactly a nice environment and someone I've never met before, started talking to them, it's hard but. So personally when I first started talking to her, no chance would I have started talking about some of the things that by the end of it I had started talking to her about.

Young Person

Table 2. Here & Now screening results (n=50)

Symptom	% experiencing symptom at least 'a lot'	No. experiencing symptom at least 'a lot'	Mean
Going away in my mind, trying not to think	76%	37	3.3
Worrying about things	71%	35	3.4
Have trouble concentrating	70%	35	3.3
Feeling angry	65%	32	3.2
Feeling tense	62%	31	3.0
Remembering things I don't want to	60%	30	3.1
Feeling like I don't have any feelings	60%	30	3.0
Remembering scary things	54%	27	2.8
Can't stop thinking about something bad that happened to me	53%	26	3.0
Feeling nervous or jumpy inside	50%	25	2.6
Feeling sad or unhappy	46%	23	2.8
Arguing too much	42%	21	2.6
Wanting to break things	42%	21	2.5
Getting mad and can't calm down	42%	21	2.4
Wanting to shout at people	42%	21	2.3
Bad dreams or nightmares	40%	20	2.6
Have headaches	37%	17	2.4
Getting in to fights	36%	18	2.0
Feeling lonely	34%	17	2.3
Feeling like things aren't real	33%	16	2.5
Feeling stupid or bad	28%	14	2.3
Feeling like I want to be alone	26%	13	2.1
Feeling like I hate people	26%	13	2.1
Feeling afraid	24%	12	2.1
Wanting to hurt other people	22%	11	1.9
Feeling like nobody likes me	15%	7	1.7
Crying	10%	5	1.8
Wanting to hurt myself	10%	5	1.5
Washing myself because I feel dirty inside	8%	4	1.3
Being afraid of the dark	6%	3	1.2

Documenting the prevalence of these symptoms means that the association between a vulnerable young man's response to trauma, bereavement and loss and their subsequent challenging behaviour, offending and involvement with the criminal justice system becomes that little more defined. The final Here & Now reports, which included an analysis of the screening results as part of the assessment and articulation of therapeutic need, identified an abundance of avoidant coping strategies to trauma, bereavement and loss, with almost

all young men attempting to block out sad, unwelcome or intrusive thoughts. The most frequent means to do so was by the use of substances, but also through expressions of anger, violence and offending behaviour.

[The young person] attributed a spike in his offending behaviour and substance misuse to a point shortly after the death of his grandfather and younger brother. Final H&N Report

Young People's Views

Young people articulated their needs in a very similar way to the professionals involved in their care, although as the interviews took place after Here & Now had been completed it is not clear whether they would have identified and understood their needs as fully prior to the intervention. From the 12 young men who were interviewed, ten spoke of wanting help and support to deal with difficult but typical emotions such as sadness and, most frequently, anger and grief (nine young people each).

*Just to generally feel better rather than lying in my bed all day thinking about it.
Young Person*

Just a way to help with my emotions, anger, stuff like that. Obviously because there's a lot of things you don't talk about. Young Person

It was like constantly on my mind playing over and over again. Young Person

Yet for many young people the circumstances of their losses were often quite complicated and conflicted as a result of chaotic families and traumatic bereavements, with young men often feeling as if they were to blame, and with many worries playing on their minds.

*I was feeling guilty for it. There was a lot of blame, I blamed myself for what happened.
Young Person*

I would have nightmares and day dreams of it. Young Person

I'll always have a bit of guilt and anger attached with it because I felt quite guilty about it because I didn't have the best relationships with my mum previous and I hadn't seen her for ages and I didn't do as much as I could to help her. Young Person

Young men repeatedly spoke of the need to 'get stuff off their chest' and described a long-standing habit of 'bottling things up' leaving them withdrawn, isolated and dealing with these complicated emotions alone. There was also a tendency to put on a front to try and protect family members from the true extent of their feelings, or in other instances there was simply no-one to turn to in the first place.

*I tried putting a brave face on for my mum and that and at the time it felt good but after the visit I went up into the cell and I'm not out all day, when you're in on a remand you're stuck in all day and that so being stuck in all day and just worrying and stuff was kinda difficult.
Young Person*

Aye, it was really hard for me to talk about anything, I think that's maybe why I didn't speak to anybody outside, I didn't really know who I could go to to speak about it, I felt kinda uncomfortable speaking to my family about it. Young Person

Yet the young men's attempts to manage these complex and distressing emotions on their own often resulted in them feeling overwhelmed. At times young men would dissociate and disconnect, but frequently these emotions would manifest as outbursts of anger or substance misuse. These challenging behaviours often led to a pattern of offending behaviour and, whether directly or indirectly, ultimately to a custodial sentence.

Do you ever go that way where you're that tired, you watch the telly but it's just sounds and blurs? I was just like that constantly. I was just in this bubble, just in this cloud. Every second of every day I just woke up and I was angry. I was in a bad way. Young Person

I've always had problems dealing with my emotions I usually just bottle it up and just keep putting it to the back of my mind and then when it comes to it I just explode. When I do explode it's not just a daft wee outburst I just go off my head. Young Person

A lot of things happened in my life and I thought well I'll give it a go and see if it will make me change and stop coming to the jail all of the time and hiding behind drugs and alcohol and hitting people all the time. Young Person

4.2. Implementation: All the pieces in place but not yet fully connected

This section explores the extent to which the three main elements of OLWO were implemented as originally envisaged, and how the implementation evolved over the course of the first 12 months.

Staff-awareness training

This element of OLWO was successfully implemented, with 23 training courses delivered by Barnardo's in the first twelve months, attended by at least 208 members of staff (based upon evaluation forms received), as outlined in Table 3.

Table 3. Number of staff trained, by job category (n=208)

Job Category	Number	%
Residential / Personal Officer	56	27%
Activities / Instructors etc	39	19%
Operations	34	16%
Other	32	15%
Health / Psych / Social Work / Programmes	31	15%
Admin / Manual	11	5%
Third Sector	5	2%
Total	208	100%¹

¹ Due to rounding the total may not add up to 100%

However, the reach of the training was not quite as wide as had originally been anticipated, with only about half of eligible staff perceived to have attended, and potentially proportionately less of those staff who may have benefited most from the training (perceived to be those who had frequent contact with young people, but who tended, on average, not to have had professional training in the subject matter, such as personal officers). This was attributed more to sign-up in the establishment rather than due to delivery by Barnardo's; the perception from some staff was that any reluctance to attend was frequently (but not always) about the practicalities of fitting a wide array of training into a busy schedule rather than about buy-in. Despite not reaching as many staff as expected, the scale of the training was still recognised as an achievement, and provided a core level of awareness-raising that had not been achieved across the SPS before.

50% of the operational staff who were required to attend seem to have attended. So that's quite a lot. Key Stakeholder

Like most people at work if you can put something off, you will put it off and what you can easily put off is training. Key Stakeholder

There was also recognition that, as the training was drawing to a close (with funding due to cease in November 2016), the full staff group would not be reached. While blanket coverage was not deemed necessary or even practical by some of the respondents there was a concern that the impact of the training would lessen due to staff turnover, or staff simply forgetting what had been learned.

Obviously the funding for the training element runs out at some point...So I don't know if there's any plans to do anything after November. My worry is it just sort of falls into a memory hole. Key Stakeholder

There were few barriers to training delivery as the combination of Barnardo's expertise and organisational support from HMYOI Polmont ensured straightforward delivery. Dates were booked well in advance, participants recruited, and a degree of flexibility afforded to the training delivery so that personnel or content changes were permitted as required, either across all training courses, or to allow the facilitator(s) to be responsive to individual needs within a particular session. The training model had included an element of co-delivery with SPS staff, to provide a level of understanding about the reality of practically applying theory in the establishment, as well as longer-term sustainability of training delivery in that training could continue to be delivered in-house. There was concern among the staff group, however, that without external expertise, the training would lack impact and credibility. There was also a sense that the co-facilitation of training with staff from Polmont had had mixed success, with some staff managing well and others requiring more support in order to be confident and skilled in training delivery.

The reason that the training was so powerful was because it was co-delivered and I think had that been SPS delivered we wouldn't have got a tenth of what we had. I think the fact that the guy is so knowledgeable in trauma and bereavement, had it not been him I don't think it would have had the same impact. Key Stakeholder

Furthermore, although the majority of participants found the training beneficial (see Section 4.3), the facilitators did encounter a certain level of resistance to training, with some participants not fully acknowledging the relevance of trauma, bereavement and loss as an issue for the young people in the establishment, or not seeing the relevance of training to their role.

The challenge is staff give you a lot of kickback to discussing childhood trauma. Probably because they see it as an excuse for people's behaviours. Key Stakeholder

Was rostered this training; did not request it. Staff Training attendee

I have little direct contact with the YP at Polmont. Staff Training attendee

With hindsight it was also felt by some that a tiered approach to training may have been more efficient, offering brief awareness raising to all staff in the establishment, with targeted or more in-depth training provided for those staff groups who would be more directly able to apply the learning in practice. The training was clearly relevant and interesting to staff as refresher or follow-on training was requested by many, although as outlined above, there was a concern about how future training could be credibly sustained. Although technology was suggested as offering a solution here, the nature of the subject matter means that consideration must be given as to how to ensure the safety and well-being of staff undertaking any ongoing training.

I think I know enough to be effective in my role. General refresher and update on service development would help. Staff training attendee

Yearly e-learning module as core competency. Staff training attendee

Here & Now

The implementation of Here & Now was perceived by all groups of respondents as particularly successful.

The 'Here & Now' service have hit the ground up and running there hasn't been any major problems with that. I think the 'Here & Now Plus' service has taken a bit longer to get off the ground but I think that's to be expected really. Key Stakeholder

I think from a staff point of view whether staff recognise it as 'Here & Now' or just the trauma and bereavement people, they're all aware that it's there and there's certainly referrals coming from halls. Focus Group

This was evidenced by the level of awareness about the service and the high rate of referrals that had been received from a broad range of referral sources: in the first 12 months of the service 167 referrals were received from 16 different sources. Based upon the most recently available statistics (Scottish Government, 2015), this represents an estimated 30% of the HMYOI Polmont population who were referred to the Here & Now service in the first 12 months. The NHS staff in Polmont were the most frequent source of referrals to the service, followed by personal officers, programmes and self-referrals (the

latter comprising 7% of all referrals). Although the service reported an initial flurry of referrals, not all of which were appropriate, as time went on and the training continued to roll-out there was a sense that this had become less of an issue. Analysis of referral sources revealed an element of cross-referrals from other agencies also potentially involved in delivering trauma, bereavement and loss interventions, such as Chaplaincy, Third Sector agencies and Psychology, suggesting that services were beginning to align and share the workload as appropriate.

The Here & Now service did not report many barriers to implementation, in fact the smooth implementation was attributed, at least in part, to the support and enthusiasm received from HMYOI Polmont, from the senior management right down to the people on the ground. Others attributed the straightforward implementation to the qualities and efforts of the staff in the Here & Now service, as well as the familiarity of Barnardo's with the processes, procedures and operations at HMYOI Polmont.

*[Worker's] own personal drive to make this work is really noticeable. [Worker] wants to make a difference and to make it work and I think that's really important that Barnardo's have recruited the right person to do that. [Worker] has a good range of interactions across the establishment and is known to staff. **Key Stakeholder***

*[Worker] is really knowledgeable and that in itself - you can't train that. **Focus Group***

*I think the openness of Polmont. I think some very candid and robust discussions at the start that gave us a clear sense as to what was expected. But also just the supporting environment really, particularly from the management. **Key Stakeholder***

The service implementation alongside the training delivery afforded Here & Now the opportunity to raise awareness of their service with the staff group, by providing a brief overview at each training course. In addition, this multi-stranded approach had helped increase staff's knowledge and understanding of the impact of trauma, bereavement and loss on the young men in their care, and so had potentially ironed out any implementation barriers in this regard.

*[I learnt] about the Here & Now service and what they provide. **Staff Training attendee***

There had been any number of minor teething problems, most often as a result of the inevitable bureaucracies and politics of working in any large organisation as well as the additional logistical challenges of working in a secure custodial environment.

*I suppose the majority of them were logistics. You know getting them some place to do it. The service started during a refurbishment within the area so they had to try and work around refurbishment and access to that. There's always logistics round about moving young people around the establishment. **Key Stakeholder***

The support and enthusiasm from the establishment was not universal however, and a small number of attitudinal and cultural barriers to implementation were evident, mainly among staff but also among some of the young men. This will be explored in more detail in section 4.4 but included a lack of understanding of the importance of attending the service, and

either an unwillingness or inability of hall staff to help facilitate the young people's attendance. It should be noted that although these were frustrating and not infrequent experiences for the team, this was also not an everyday occurrence.

There's kind of like practical ones which I think is the same everywhere in here. Like booking boys, especially because they have so many one to one cases they need to get them up at specific times so I know, it's the same with us, there's lots of issues with booking. Whether they just don't get booked, whether they send the boys up at the same time. Focus Group

The staff responses revealed a hyper-masculine environment that was perpetuated by both certain members of staff and the young people themselves and that, at times, inhibited some young men from accessing the help that they wanted from the service.

I had a boy that I was planning on referring to 'here and now' and I spoke to him about the referral and he asked me not to just because he didn't want it, it's a sign of weakness. So some boys won't engage for that reason. He said that he really wants to do work but not in prison so he'll wait until he's in the community to address that. Focus Group

The staff awareness is starting to improve. But there are definitely things that need to be changed, people's attitudes towards the young boys, the culture, a lot of the language needs to change. If you're calling people stupid and being very derogatory towards them...shouting 'trauma bereavement and loss' down the hall is not great because then they boys are going to think 'I don't want to come out for that, what will the other boy think, am I going to get bullied for that?' Key Stakeholder

Despite the presence of these attitudes, staff were largely supportive of the service and the young men often overcame their fears and agreed to talk to the staff, but the flipside of a successful awareness-raising and implementation campaign was that the Here & Now service clearly did not have the capacity to deal with the level of demand in the establishment. As shown by Figure 1, for those young men who had completed the service by the end of the evaluation period (June 30, 2016), the whole process took 132 days (19 weeks) of which more than one-third (34%) was wait time. Given that at the outset of the service there would not have been a waiting list until the service reached capacity, this picture is potentially an underestimation of the true extent of waiting times.

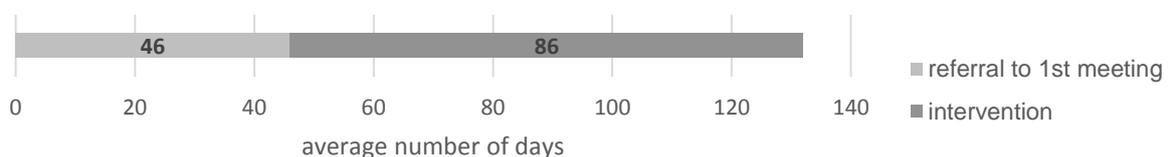


Figure 1. Length of time (days) between referral, service start and service end

At June 30, 2016 there were still 17 young people waiting for an initial meeting with the Here & Now team (who had been waiting for an average of 14 days), and 13 young people who had been met initially and allocated to the service, but who were still waiting (on average for 56 days, or eight weeks) for the intervention to commence. While there was absolute understanding that the waitlists were unavoidable given the capacity of the service, some

respondents felt that on occasion the opportunity to help young people with their trauma, bereavement and losses may have been lost. The young men who were interviewed did not seem to be either that aware, or that concerned, about being on a waiting list, although these were often young people who had completed the intervention earlier in the year and may have been subject to shorter waiting times.

I think obviously they've been pretty busy since they started. I think the waiting list is quite long. I'm not quite sure how they go about prioritising people. Focus Group

There's sometimes quite a long delay between the initial referral going in and then the team being about to pick that up and lead the way. Sometimes in the interim the guy's maybe re-examined that himself and thought 'I don't want to do this while I'm here' or it might be coming towards the end of the sentence. Key Stakeholder

Other proposed elements to the service, such as Here & Now Group, had yet to be developed. The implementation of these proposals would go some way to increasing the ability to meet demand, but the service was mindful of the many pros, cons and logistical hurdles involved in delivering such a sensitive intervention in group format, especially in a prison environment. Another big barrier was how to manage the needs and service delivery among the remand population. While Here & Now were keen to ensure that young men on remand also got the support they needed, there were practical and logistical issues in ensuring that young men could be seen before release, and also a reluctance to commence work when there was the potential for the young person to be released at short notice, for fear of not being able to conclude the work safely, or leaving the young person in a worse position.

So with the remand population we try and meet them as soon as possible after referral and what we try and do, because remand is in different levels, like you get boys that are on lie downs and boys that are fully committed so they're the difficult sector, we don't know what's going to happen they could suddenly go tomorrow. Key Stakeholder

There might be a problem still with the remand prisoners who tend to just stay in their room and not come out. So there could be a lot of problems that we might have there... They might have started something and they can't finish it. Then you've opened the can of worms and made it worse when he goes out. Focus Group

A trauma-informed establishment

Overall there was a sense that the successful implementation of new elements such as staff training and Here & Now, alongside existing service provision, meant that there was now a comprehensive suite of services in place to better meet trauma, bereavement and loss needs among the young men in HMYOI Polmont. The new services had also clearly attempted to create connections with the existing provision, quite successfully in some cases, and where this had been the case it was most often underpinned by a similar ethos to intervention as well as good communication. Likewise, where this synergy did not exist there were barriers to successful integration of services.

So we now seem to have a range of different types of interventions which would cover a range of trauma-related issues. So sexual abuse, bereavement related issues, domestic abuse, there's a range of different types of issues...So I think we've got a reasonable suite as a starting point given that we had virtually nothing before so that's good.
Key Stakeholder

[worker] sat in on our programme team meeting yesterday because we've got one boy that Here & Now just started working with but he's also going to be doing emotion and recognition stuff with us so we're linking up with [worker] to make sure we're both aiming in the same direction. So that's working really well already. **Focus Group**

Organisational and cultural issues and differences in the way information is shared.
Key Stakeholder

Despite examples of good practice, clear communication and joint working, it was also evident that more could be done to integrate these services together, and ensure that young men received the most appropriate service pathway for their needs. The reintroduction of the Multi-disciplinary Mental Health Team and the associated decision-making board to take an overview of needs and case management was viewed as an important mechanism to ensuring a holistic and sequenced approach to intervention in the establishment.

I think that the sequencing is starting to happen with ourselves and women's aid. There's still quite a lot of difficulties with sequencing with open secret. I think that's partly because there's only one member of staff who's only here one day a week. I think their recording methods are quite different...there's no records that anyone can access in regards to who they're working with so it's quite difficult to sequence with them...It's getting there with our lives for others but it's been quite slow. **Key Stakeholder**

With regards to trauma proofing other services, I don't think we are far enough down that road yet... **Key Stakeholder**

4.3. Experience: Challenging and uncomfortable but helpful and insightful

For many 'recipients' of OLWO, whether that was a young person receiving the service, or a member of staff attending the awareness-raising training, the experience, perhaps inevitably given the subject matter, often involved a certain level of discomfort but at the same time a sense that the work was important and worthwhile. As a result, the overall experience was broadly positive for all groups of participants.

Staff Training

The staff training was rated very highly, with almost all participants rating the course as relevant, well delivered and providing, despite the subject matter, a good atmosphere. Figure 2 outlines the proportion of respondents rating different components of the training as either 'excellent' or 'good'. The trainer's skills were particularly highly rated, with 57% indicating that the skill-level was 'excellent' and 41% 'good'.

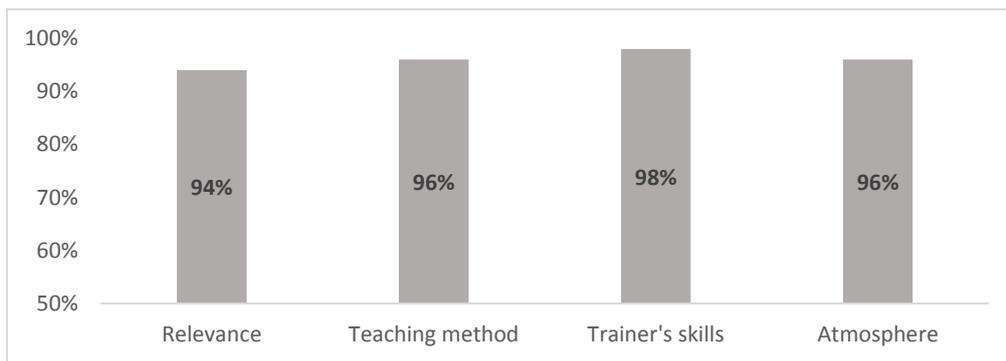


Figure 2. % of participants rating the training as 'excellent' or 'good' (n=205)

As a result, almost all participants (96%) stated that they would recommend the training to colleagues.

*I've heard various things in the halls about how worthwhile it is. People have raved about it. Other people have done the dinosaur approach but you expect that within the staff group anyway. **Key Stakeholder***

Although the mix of staff on the training may have posed some minor challenges in terms of content and pitch, staff most frequently reported enjoying and benefitting from the group discussions and interactive nature of the training.

*Some of the chat went over my head as psychologists and social workers made up the majority of the group. **Staff Training attendee***

*I enjoyed the interaction and the different views of the group. **Staff Training attendee***

*Gaining an insight into the views of the other practitioners present at the training and sharing their knowledge and skills they already possess in this area. **Staff Training attendee***

The next most enjoyable aspect was gaining new knowledge and understanding about young people in Polmont, followed by the role play and a substantial number who stated that they enjoyed the entirety of the training and could not single out one particular element. Although the training was rated very favourably by almost all participants, and several commented on how such an important subject had been delivered light-heartedly yet sensitively, there was a substantial minority who found attending the training challenging or uncomfortable to some extent. The experience of the role play aspect to training was very polarised, with 26 participants highlighting it as the most enjoyable aspect of the training, and 32 as their least favourite activity (although it should be noted that the most common response was that there was 'nothing' that participants did not enjoy about the training). While it is not possible to design a group training course that will match every individual's preferred learning style, the nature of the subject matter may have made the role play that little bit more uncomfortable for some participants. Yet role play was also viewed as an essential tool for skills practice and navigating the smoothest path through these experiences for any future training will not be easy.

*There is some really really good practice that comes through from skills practice and exercises. One of the things I think that staff sometimes do is that they run into problem solving too fast. So if you do an exercise where a young person's feeling really hopeless, their immediate response would be 'well who could you speak to about that?' or 'who could I refer you onto?' All that kind of thing, rather than actually staying with that person's experience over a period of time. **Key Stakeholder***

While the training facilitators were very mindful of the need to ensure the safety and well-being of staff attending the training, and modified the training early on to reduce any perceived requirement to disclose personal experiences, the emotive subject matter understandably affected participants and may have caused a level of distress and embarrassment for a small number of individuals. After the role play the construction of participant's own lifeline, or their sharing of personal experiences was the least enjoyable aspect of the training.

I think you could maybe say at the beginning 'this might throw stuff up are you in a safe space to speak to someone?'

I think he did say something like that

Well he did. That's what I'm saying, I'm not really sure what he could have done differently...I just remember feeling this doesn't feel like a comfortable...this women's crying and it doesn't feel comfortable because everyone else at the table was really awkward and she was awkward and I just thought this is awful and this doesn't feel like a nice environment for this to happen. It didn't feel right. So I don't know what he could have done differently, I don't have a suggestion.

Yes because he did that at the start and he was so gentle all the way through.
Focus Group

As the above excerpt from a focus group conversation indicated, this was felt to be an inevitable side-effect of the training rather than a fault of the training per se, but it would be worth exploring what further factors might minimise this impact on some staff who may be feeling vulnerable. It was also acknowledged that the staff group may potentially be suffering from higher levels of personal trauma than the general population, given the additional layers of trauma that may arise from past or current professional roles (witnessing violence, being the victim of assault for example); the potential for vicarious trauma or compassion fatigue from repeatedly hearing such difficult stories; or simply a weariness and frustration that comes from the daily grind of working at the sharp end of a system that can be seen to have failed some of the most vulnerable young people in the country. Other research would suggest that staff's typical coping mechanisms to this trauma, such as depersonalisation and detachment (Crawley, 2006), are not conducive to undertaking the type of work required to work with issues around trauma, bereavement and loss.

*We need to acknowledge the emotional impact of the work. The impact of working in an institution like that and seeing that as a starting point in the training actually. When you have workers say to you 'I don't understand the stuff about feelings because I have no feelings when I come into work whatsoever, I switch the feeling bit of my brain off'. **Key Stakeholder***

*More support [is needed] for staff going through these issues not just the boys.
Staff Training attendee*

At the same time, it should be noted that a small number of staff reported finding the personal reflection challenging but ultimately beneficial in that they had increased understanding of their own experiences and behaviours, and hoped to apply their learning outwith their professional working environment.

Understand my own trauma and how to manage it. Staff Training attendee

I think I've applied it to my whole life not just my work life. Focus Group

Here & Now

The feedback from staff focus groups and key stakeholders about Here & Now specifically was, quite emphatically, positive.

*I think the people that they've recruited to it first and foremost [are a strength]. It's hard for me to say because I don't know exactly what they deliver. I'm just seeing it from someone looking in on it. I've never heard anything negative about it ever from a prisoner.
Focus Group*

I've referred a couple of boys to it. It's been really positive. That's one boy in particular that I thought you would never get through to him but it's really really helped him. Focus Group

Respondents felt that Here & Now had integrated well into the establishment, but some staff felt that having more of an understanding about what Here & Now do in terms of content and delivery, as well as a broad overview of how work was progressing would be useful. While this request for more information from Here & Now was quite consistent across the focus groups, there was also a recognition that communication was potentially an improvement on past experiences of other services that operated within the establishment, and that communication in such a large and complex organisation was a challenge more generally.

Really just to know who they're working with and what context and some feedback really as to the type of work and how they are responding. Focus Group

I have little knowledge, officially, of who, how or what. I develop contacts by chance meetings in corridors or halls. Staff Training attendee

The boy I'm working with just now, that's how I knew he was working with them because [worker] done a few PR2² updates. So that's quite valuable whereas I know some staff in other areas don't update it so you don't know who they're working with. So in that way they're quite good at making a note of who they're working with. Focus Group

Young people were asked to give feedback at the end of every Here & Now session, and also at the end of service provision. Weekly session assessments were available for 20 young men, and 118 session assessments were received in total, ranging from feedback on

² The Prisoner Record system

only one session (two young people), to feedback on 12 sessions attended as part of the Here & Now intervention (one young person). As not all of the young men worked through the full 12 sessions (or eight as was offered at the outset), the earlier the session, the more feedback is available. Young men were also asked to rate how they were feeling at the start and end of each session on a scale of one to 10, where one was more negative and 10 was the most positive (although the specific interpretation of the scale was left to each young person, and thus a level of caution should be taken when considering the follow analysis).

Young people frequently described finding the sessions challenging, difficult or uncomfortable, but ultimately good, insightful and helpful.

Good but uncomfortable. Didn't like talking about hugs/intimacy with my family.
Young Person

Good, helpful, challenging, funny, difficult, then good again. **Young Person**

Was good to get started and be able to talk to somebody. **Young Person**

These views are supported by the fact that young people, according to their own self-ratings, felt better by the end of each session as compared to the start. Looking across all of the available session assessment forms, 56 (49%) indicated that the young person rated their current 'state' at eight out of 10 or higher at the start of the session, whereas by the end of the session 87 young people (76%) judged themselves to be feeling eight out of 10 or higher. A Wilcoxon Signed Ranks Test found this difference to be statistically significant, $z = -7.402$, $p < 0.001$, with a small effect size ($r = 0.49$).

Post programme feedback was received from 18 young people once Here & Now had been completed. Young people indicated that their overall experience of Here & Now had been positive, that the delivery had been responsive to their needs, and that a difficult topic had been handled sensitively yet light-heartedly.

It did, it made a lot of sense, more sense than usual because there's a lot of things I won't understand but I don't know I just understood the programme. The fact that if I didn't understand it I would just need to say and [worker] would help me with it. It was a good programme. **Young Person**

I don't think I could have sat for two hours doom and gloom, most of the time we just have a laugh, [worker] is funny. **Young Person**

Most people found the frequency and length of sessions just right, but four young people felt that the one-hour sessions were not long enough and two young people felt that they would have preferred more frequent sessions, as the nature of the discussions meant that young people felt that they had only 'just got started' by the end of the session. One young person felt that they struggled to concentrate for the full hour.

I felt as if one hour was too short but, because there was stuff I was trying to talk about and then it was like 'time's up'. If there was an extra half hour it would have been better.
Young Person

In relation to the content of the programme, young people found the knowledge gleaned about their families from the genograms³ very useful, as well as information about identifying their emotions and the activities to help them develop coping strategies to deal with their experiences and emotions (each 89%). In addition, 83% of young people found the module on attachment theory very useful.

The life history helped me. It actually identified a big part. Young Person

As revealed by the session assessments, young people did not find undertaking the work easy, but any discomfort was often eased by the fact that they managed to build a positive relationship with the Here & Now staff. Young people also recognised the benefits of working through these difficult issues.

It kinda took a couple of weeks to manage to come out with it like, but once I did I felt a lot better and em just knowing that there was somebody there listening was kinda good as well and not just feeling like [worker] had to listen cos it was their job. Young Person

The fact that the staff were perceived as experienced and credible, and that the young people felt that the workers respected and involved them in therapeutic goal setting helped with this relationship building.

[Worker] was actually someone that you can trust and talk to so I would advise it for every person in this jail. Young Person

[Worker's] knowledge and experience on how to handle people with trauma and people with loss and how [worker] comes across. [Worker] doesn't slap everything in front of you straight away. Young Person

This trust was a crucial element of the relationship, as young people's formative experiences in the community and the prevailing culture of the custodial environment had often left them without anyone they could rely on. Here & Now clearly afforded these young people, literally and figuratively, a safe space in which to be vulnerable and therefore receptive to therapeutic intervention.

I couldn't trust anyone. There are boys I know in the older halls but I can't talk to them or else I would. Young Person

When there was problems up the hall I could kinda just go up there for a bit of space and come out of the facilities of the cell and that, and be like one-to-one with somebody, to have a chat... Young Person

Lastly, but most importantly, the Here & Now service was viewed as helpful by all of the young men who were interviewed, and not just in relation to their bereavements and losses.

To be honest I genuinely didn't think it would be much help to me, like at all. But once I actually got on to it I seemed to love it, it was brilliant, it helped me so much. I think it helped me that much I didn't realise it was helping me. Young Person

³ A pictorial representation of a young person's relationships

We spoke about me getting out and stuff like that so in a way it's like she's kind of supposed to be there for bereavement but she also spoke to me about getting out and how to stay out of trouble, that kind of thing. Young Person

4.4. Organisational impact: An establishment on a journey

This section explores the impact that the different components of OLWO have had on staff in terms of their own personal views, knowledge and skills and how this translates into practice change; and also on the wider organisation with its ideal of creating cultural and systemic change.

Impact on Staff

The most notable impact on staff was their increased confidence in relation to trauma, bereavement and loss as a result of attending the staff awareness training. Table 4 outlines staff's self-assessment of their confidence immediately prior to and immediately post training, where staff were asked to rate themselves from 1 (Very Low) through to 6 (Very High). As per previous statistical analysis the means are reported simply for descriptive purposes, but as the data is not truly interval then the non-parametric Wilcoxon Signed Ranks test was used to test for significance. The Bonferroni correction was also applied given the number of comparisons that were made, and the use of this correction reduces the likelihood of reporting a significant result where one does not exist. Even taking such a conservative approach to analysis, it was found that staff significantly increased their confidence on every indicator.

For most indicators the magnitude of this change was 'moderate', with the exceptions of recognising and seeking support for one's own emotions, which both exhibited a small but still significant change. These two indicators were the highest scoring to begin with, presumably as they are skills that can be developed from a whole range of life experiences and events rather than necessarily from specific training, suggesting that there may not have been as much room for improvement on these indicators as some of the others.

Table 4. Staff changes in confidence pre and post training (n=201 to 205)

Indicator	Mean score PRE	Mean score POST	Wilcoxon Test Statistic (Z)	p	Effect size (r)
Understanding how trauma, bereavement and loss affects young people	3.48	4.92	-11.58	<0.001	0.57
Acknowledging trauma, bereavement and loss experiences with young men.	3.56	4.92	-11.10	<0.001	0.55
Responding/supporting young men with trauma, bereavement and loss experiences.	3.49	4.75	-10.91	<0.001	0.54
Recognising your own emotions, thoughts and behaviours in the workplace	4.38	5.05	-8.59	<0.001	0.42
Seeking support for your own emotions, thoughts and behaviours when needed.	3.79	4.86	-9.71	<0.001	0.48
Understanding and responding to different attachment styles.	3.37	4.77	-11.12	<0.001	0.55
Influencing the views of others when there are gaps in support	3.46	4.69	-10.74	<0.001	0.53

The main learning outcomes for staff attending the training included a better awareness of the prevalence and impact of trauma, bereavement and loss (65% of staff); an understanding of the effects of trauma on brain development (34%); and theoretical knowledge about trauma and bereavement (31%).

Insight into how bereavement can affect young people. Staff Training attendee

Brain development and underdeveloped brains in neglected children. Staff Training attendee

The grief curve. Staff Training attendee

Some language changes. Certainly the recognition of 'here and now' as a resource. Just a sense around the place that there is more knowledge around the issues of trauma, bereavement and loss. Key Stakeholder

The extent of the translation of this new found confidence into tangible practice change is not immediately apparent in a short-term 12-month study. Both key stakeholders and focus groups felt that practice change had occurred on some level, but maybe not yet at a critical mass to have a wholesale impact on the organisation. As such, the changes that have occurred can be described as only reaching surface level.

The awareness of these issues increased the likelihood of staff identifying when trauma, bereavement or loss was affecting a young man, and the existence of a specialist service gave staff the confidence to open up a conversation about the loss, safe in the knowledge that there was 'backup' should the need arise, but the perception was that the main response from staff typically remained a referral on to other services. Even the willingness

to start such difficult conversations should be seen as an achievement in itself; however, the scale of the need suggests that more and more of the staff group need to be in a position to take on some of that direct relationship-based work, when specialist intervention is not required or to simply support that intervention.

*I think you're more aware of asking questions...and you're quite confident that you have got a place to refer them on to...Sometimes I think the issue that we have with death and stuff or bereavement or trauma, you're scared because we don't have any supervision at the back of us so maybe although you want to ask the question you don't because you're thinking where will this lead to? ...So having 'Here & Now' there makes you more confident to ask the guys when they come in how they're doing. **Focus Group***

*Prior to the training roll out a lot of staff would regularly talk to me about how uncomfortable and upsetting they find dealing with bereavement issues and they felt quite disempowered by that and helpless. I don't get the same amount of conversation now and certainly what evaluation we've had on the training to date suggests that the staff find that helpful.
Key Stakeholder*

*I've had one boy who was referred to 'Here & Now' and then he started opening up to me. Probably before that course I wouldn't have known how to handle it or what to say to him the poor lad but I think I done quite well speaking to him. He's doing well now. **Focus Group***

Certainly turning knowledge into action is a much harder task to achieve in any organisation, and, prior to the training, staff noted a number of challenges in developing support around trauma, bereavement and loss. This was most frequently about a lack of time and resources (24% of staff), followed by lack of knowledge and understanding about trauma, bereavement and loss (20%). While the training clearly could have an impact on knowledge, and the implementation of a new service added some capacity, the reality was that many (perceived or actual) barriers still existed post training.

*Time getting time to do one to one, or even speaking about an individual's problem.
Staff Training attendee*

*Volume and need is very high. **Staff Training attendee***

There was a recognition that standalone training in itself was not sufficient to create practice change, and that although there were organisational shifts underway, staff may need more direct support in order to undertake any further work. There was a particular issue in that many of the staff who might have regular enough contact to build up a relationship with a young person did not come from a professional culture in which sufficient supervision and reflective space was given to be able to undertake direct work in relation to trauma, bereavement and loss confidently or safely.

*So actually the impact of training on changing practitioners' behaviours, what they actually do on the front line, the impact of training is pretty minimal unless you support it either through having the opportunity to shadow people who have more experience or supervision or consultation. It's that kind of layer effect that we're missing. We could maybe do something about that in the future. **Key Stakeholder***

SPS staff don't get supervision in the same way that all the other disciplines do. ...If you're going to do this and you're going to be doing one to one focused work with young people, the staff need support and supervision to do this... they don't have time to reflect on it, to think about it, to apply the training and knowledge that they are given. Focus Group

Impact on the organisational culture

Although practice change may have been slow and incremental, this increased awareness and understanding about the impact of trauma, bereavement and loss on young men in the establishment was seen as the foundation for organisational change. This new knowledge was gained in a corporate environment that had articulated its vision for young people in custody and provided a strategic direction supported by substantial training and steps toward professionalising the workforce. While the pace of change may have caused staff to feel fatigued, the strategic vision appeared to be slowly beginning to change the nature of the organisation. No-one seemed to underestimate the distance that still needed to be travelled, or naively thought that everyone was on board with the direction of that travel, but the fact that a journey had been embarked upon was undisputed.

Increasingly as training kicks in and the staff group become more aware of the direction we're moving that way. There is more good staff doing that sort of stuff now than there has been in the past. I don't know if it has reached the critical tipping point yet but it's going in that direction. Key Stakeholder

At the moment the staff see it as just another idea that has been fostered on them and yet another layer of training that they have to go through. Once they've been on it I would think about 75% would say 'actually I understand this and I know why we're doing it that way'. Key Stakeholder

We're now more trauma-informed in Polmont. It's not just social work or psychology, it's everyone's kind of role to work with young people. But usually if trauma and bereavement is not resolved it can have an impact on activity and programmes so it's good that everyone sort of has an holistic sort of approach to trauma, being trauma-informed and hopefully in a few years that can be just part of people's practice, having that awareness. Focus Group

While the increased empathy and understanding for young people across the staff group was clearly beneficial, the nature of the work meant that the right balance between care and control was not easy to find. Consequently, there were still substantial cultural and attitudinal issues around power, punishment and rehabilitation that were not conducive to trauma-informed practice.

It gets back to the whole system, the environment.... There are a lot of officers doing good work but there are still people, and quite often in 'Here & Now' training they have been fairly critical of young people, fairly dismissive and very judgemental. So I do think there's a journey. Key Stakeholder

It's ingrained into us about the use of power and awareness of power. They [officers] don't get that. They've got a white shirt on with jangly keys talking about these kinds of issues when actually I don't think half of them have any awareness of the power that they have in that white shirt and how to use that power purposefully and sensitively. Focus Group

*I don't have to lock someone up at night. I can talk to them all day but I don't then have to say right you're going in your cell, no you can't get the phone because someone's on the phone. There's that whole different thing you know. **Focus Group***

Certainly, the predominant hyper-masculine culture among both young people and staff, described in section 4.2, also hampered organisational and cultural change, although the perception among a small number of respondents was that this was beginning to shift. This was considered to be apparent via the young men themselves, who seemed to have seized the opportunity for support from Here & Now.

*It can be difficult to encourage both staff and young people to 'talk' and open up about relationships and the problems life can bring. **Staff Training attendee***

*I was just up for trying anything to try and sort ma heid out and see if my sentence was going to get any easier know what I mean. **Young Person***

*The guys that we're dealing with now are slightly different. They've changed and probably to that point it's very unusual to see someone posturing about with a macho image. It's looked on as an exception rather than the norm. That in turn leads people to be more open about taking up the services that we offer rather than if my pals not doing it I'm not doing it. **Focus Group***

Whether this perception of change is accurate or long-standing is not yet clear. Promisingly all young men, when asked, stated that they would recommend Here & Now to a friend, and indeed some said that they already had done so, or could identify young people who might benefit from the service. This ability to identify when someone may need support, and the willingness to share their own personal experience, may be a sign of even a small shift in attitudes and culture towards vulnerability and help-seeking among the young men.

*I'd say that Here & Now is definitely the place to go and speak to somebody, they are experienced for that and definitely know what they are talking about so...Quite a few people I've spoke to in here that have been working with them and that have said that it's helped them a lot as well so aye...it's good to know it's not just me that they've helped. **Young Person***

There were also potential risks to the progress that had been made, most noticeably the arrival of women prisoners from the closure of Cornton Vale (Scotland's only dedicated female prison) in September 2016. This impending change was creating a level of uncertainty and unease among the staff group, which was recognised by both managers and staff. The impact of this on the organisation remains to be seen, but there were some concerns that any disruption caused by the women's arrival might derail the progress that had been made in relation to the organisational culture. In more direct terms there was a sense of disappointment that there was not sufficient capacity within Here & Now to meet the needs of the women, despite recognition that this was a population that might benefit from such a service.

*I think there are both risks and opportunities from the arrival of the female population. It has the potential to drag us the wrong way so I am worried about that. I think there's a stated objective that we will not, the arrival of the women will not be deleterious to either the services provided to the women or to the young men. I don't know if we can achieve that, I don't know if we can. So that bothers me. **Key Stakeholder***

*I would have to say motivation in general is poor just now but that's just because of the changes that are happening and people are pressured because of the constraints - there are too many boys now pushed into the units rather than having the space and time that we have had over the last wee while. I've certainly noticed since the jail has been constrained with the arrival of the women there's probably less good work going on than there was before. **Key Stakeholder***

There were also practicalities related to the regime that tended to hinder large-scale change, such as difficulties in accessing the young men, responding to issues at night or finding privacy for one-to-one work.

*Difficult to offer support behind a closed door; difficult to talk to them especially when other young people can hear what is said. **Staff Training attendee***

*If something happens at night there is less support available i.e. nurses are not available, listeners are locked up as it's home time. **Staff Training attendee***

Regardless of these challenges, and the inevitably slow pace of change, there was a sense of pride and acknowledgement of the journey that had been undertaken and the achievements made.

*I hope I'm not coming across as overly negative because one of the things that really surprises me is I have just been amazed at the level of skills and reflectiveness of staff at Polmont. Obviously Polmont has been on quite a journey in terms of changes to its practices over quite some time and you know there are some staff who are just unbelievably on board with that including not just personal officers but activity staff who are just doing amazing stuff in terms of relational work. **Key Stakeholder***

4.5. Outcomes: A step towards happiness and acceptance?

This section explores whether increasing staff awareness, knowledge and skills; providing specialist services and trying to create the right organisational environment for change is beginning to have an impact on short-term outcomes for young people. In this study, outcomes are only measured for young people completing the Here & Now service, and analysis is also limited by the small sample size and a lack of comparison group. It is therefore difficult to fully disentangle the effects of the direct intervention, the wider organisational effects and any other factors that might affect young people.

Pre and Post Measures

The screening checklist, adapted from the Trauma Symptom Checklist for Young Children (Briere et al., 2001) was administered for all individuals (unless they opted out) at the start

and end of the planned programme of work. In total, 20 young males had a paired pre-and-post screening checklist for monitoring outcomes.

As outlined in section 4.1, the response scale on the screening checklist is ordinal in nature, rather than a true interval scale. Thus, although the change in total mean score is reported here for descriptive purposes, the statistical analysis has been undertaken using non-parametric tests. These tests are suitable for use with smaller samples, and with ordinal data, although are less powerful than their parametric equivalents. This results in a more conservative analysis, as the non-parametric tests are less likely to uncover a significant difference, even where one exists.

The mean total score on the screen at the start of the Here & Now intervention was 72.4 ($SD=22.4$) meaning that, on average, respondents reported experiencing each symptom midway between 'sometimes' and 'a lot'. The mean score immediately following the Here & Now intervention was 47.7 ($SD=9.3$), indicating that by the end of the programme respondents reported that they only experienced each symptom, on average, somewhere between 'never' and 'sometimes', suggesting that symptoms had lessened or even dissipated during the course of the intervention. When this change was tested using the Wilcoxon Signed Ranks Test, the difference was found to represent a statistically significant decrease in overall symptomology following the Here & Now intervention, $z = -3.88$, $p < 0.001$, with a moderate effect size ($r=0.61$). All but one of the participants reduced their overall score on the screening checklist, suggesting that the intervention has a positive effect across a range of individual experiences, learning styles or therapeutic preferences. The individual who did not report improvements in symptoms only increased their score by one point.

Table 5 outlines the change in each individual symptom, and a negative score indicates a reduction in symptoms, with the maximum change score possible -4 (indicating that a young person went from experiencing symptoms 'all of the time', to 'never'). Table 5 is ordered by the symptom displaying the greatest change in mean score pre-and-post service provision, followed by those symptoms that were causing the most difficulties to begin with, as indicated by the proportion rating themselves as 3 or higher (experiencing each symptom at least 'a lot'). The difficulties displayed by this group of completers were slightly different to those in the wider referral group. While the key issues were similar, the order of these issues was not entirely the same. Almost all young men in this group initially reported classic trauma symptoms such as hyperarousal (i.e. difficulty concentrating or angry outbursts) as well as anxieties and avoidance (such as feeling numb or dissociation).

There was a level of recovery evident across all symptoms, with each displaying a decrease in the overall mean score recorded across the group. Again it appeared that certain symptoms were more amenable to change, and frequently these were those symptoms that had been most problematic to begin with. It can be presumed that these were the symptoms targeted by the intervention as the initial screening checklist guided the focus of the work, but there is also more room for change in these more problematic issues. The biggest gains were in the ability to concentrate, in beginning to feel emotions again, and in arguing less, suggesting that there had also been a knock-on effect on relationships both within the prison environment and with family and other people on the outside. Other symptoms that

displayed big improvements were in young men's general level of worry and anxiety, as well as an improvement in the number of young people ruminating and dwelling on past traumas.

Table 5. Change in mean total score and % experiencing symptom 'a lot' or more frequently pre-and-post intervention (n=20)

Symptom	Change in mean score	% scoring symptom at least 'a lot' PRE	% scoring symptom at least 'a lot' POST
Have trouble concentrating	-1.4	90%	30%
Feeling like I don't have any feelings	-1.4	60%	15%
Arguing too much	-1.4	40%	0%
Worrying about things	-1.3	74%	15%
Can't stop thinking about something bad that happened to me	-1.3	50%	10%
Feeling angry	-1.2	58%	20%
Feeling sad or unhappy	-1.2	45%	5%
Feeling tense	-1.1	55%	5%
Getting mad and can't calm down	-1.1	45%	0%
Going away in my mind, trying not to think	-1.0	65%	25%
Remembering things I don't want to	-1.0	50%	10%
Feeling like things aren't real	-1.0	45%	25%
Wanting to shout at people	-0.9	50%	10%
Bad dreams or nightmares	-0.9	35%	15%
Getting in to fights	-0.9	35%	0%
Feeling lonely	-0.9	35%	0%
Wanting to break things	-0.9	30%	5%
Remembering scary things	-0.8	40%	15%
Have headaches	-0.7	47%	29%
Feeling nervous or jumpy inside	-0.7	45%	25%
Feeling afraid	-0.7	30%	5%
Crying	-0.7	10%	5%
Wanting to hurt myself	-0.6	10%	0%
Feeling like I want to be alone	-0.5	30%	15%
Feeling stupid or bad	-0.5	25%	10%
Feeling like I hate people	-0.4	25%	10%
Feeling like nobody likes me	-0.4	10%	0%
Wanting to hurt other people	-0.3	20%	15%
Being afraid of the dark	-0.3	15%	5%
Washing myself because I feel dirty inside	-0.1	15%	5%

Staff and Managers' Views and Opinions

The quantitative data was also supported by anecdotal evidence that the changes that were emerging in the establishment, in particular the implementation of the Here & Now service, were beginning to have an impact on outcomes for the young men. Even just engaging with supports and providing a safe space to talk about their trauma, bereavements and losses was seen as a hugely positive step for the young men.

*Some of the young people have said they've been able to speak about things they've never been able to speak about and they feel as if they are able to do this safely and understand why they behave the way they do and realise that they're normal. Knowing that they don't have to conform to everyone else and they can achieve their hopes and dreams, it just might take them a couple more steps to do it. **Key Stakeholder***

Positives were often observed in a wider range of outcomes than would be expected from one individual service provider, and it is unlikely that Here & Now could, or would, claim credit for this broad range of outcomes. However, there was also a sense that helping young men to manage and cope with these difficult and traumatic experiences via Here & Now may, at times, put them in a position where they could start to feel hopeful, motivated and engaged with the other interventions and supports on offer.

*We have had guys who have pretty much switched off, put the blanket over their head and they just don't want to engage with anything and that sometimes comes from depression as a result of their past trauma. They're just so concerned that if they unpack any of their feelings and stuff they will either blow or breakdown and they don't want to do either in a prison setting. **Key Stakeholder***

*Where they maybe hadn't been ready to come and do group work, they've gone and done the time with [Here & Now] and all of a sudden they're in a far better place to come and work and they are able to do it. **Focus Group***

Key stakeholders were clear that seeing the ripple effects of helping young people work through their childhood issues was the ultimate outcome that they hoped to achieve from the interventions.

*The feedback that young people give that actually says it's made a difference to them because ultimately that is the justification for what we're doing. When you hear young people who have went through the programme say that on their liberation they're going out to volunteer for organisations to help other people that's when you realise we've done something, we've made a difference. **Key Stakeholder***

However, there was also a sense that it was still early days, and that the full impact of the developments on outcomes was not yet visible. In many ways this was due to the scale of need and the challenge that this posed for the establishment: from the sheer impossibility of trying to address a lifetime of adversity in the short time available for intervention, to the capacity issues and subsequent waiting lists that were observed in the Here & Now service.

*I think individual boys are benefitting but that just needs to continue because every individual eventually makes up the whole population. So if every individual is benefitting then eventually every other individual will. **Focus Group***

There was also a sense of frustration that positive outcomes were harder to achieve at this life stage, as young people had not necessarily been supported to deal with their trauma, bereavements and losses before they reached the prison gates. Better early intervention and community provision was seen as something that might help to stem the flow of young people to Polmont, or at least result in less damaged individuals for those young people who do end up receiving a custodial sentence.

*If youngsters are coming to custody with all of these bereavement issues then surely we should be doing something about that at the time it happens, not waiting until they come into custody. So there is a whole set of issues about provision in the school system and making sure that they're actively targeting youngsters who they know have had bereavement and not waiting for the young person or someone to ask for support. By the time they know they need support it's too late. **Key Stakeholder***

Young People's Views

Young people described the learning that they had gained through their participation in Here & Now. Eleven out of the 12 young people talked about gaining new knowledge, understanding or skills to help them begin to process or live with their trauma, bereavement and loss experiences (and the remaining young person was not sure whether they had learned anything specific due to being released after only a few sessions). The practical nature of Here & Now was evident, as the most frequent response was that the young people had learned coping skills. Perhaps just as critically for long-term health and well-being, the young people often mentioned that they had learned the importance of opening up and sharing their troubles and worries, potentially indicating a small level of cultural change in that young men may be more willing to seek help for any future problems.

*Aye, just coping methods what you can do in here: listen to music, watch the telly, know what I mean, just calm down, chill out, get in and get out wan day know what I mean. **Young Person***

*I learned to talk a bit more rather than bottle it up all the time. I learned to stay calm and talk a bit more, to take five minutes or something if I need to calm down. **Young Person***

Young people felt that they had learned a lot about themselves as well as gaining useful insight into how other people might behave and respond, allowing them to rethink some of their interactions with friends, family members and other people in general.

*I'm stronger than what I thought. **Young Person***

*So for some reason I end up learning about my mind and other people's minds and how people work in general and that helped me understand why people do stuff and how they act and stuff. **Young Person***

I would probably say I am a lot nicer to people now than what I was before...I maybe realised that people saying things to me or doing things to me that aren't nice hurts my feelings. It's kind of realising the same things occurs to them. That's mainly it.
Young Person

It appears that this learning is being translated into tangible short-term outcomes for the young men. Young people frequently reported feeling calmer and happier, and often attributed this to a real sense of relief at unburdening themselves of troubles and worries that they had carried round with them for many years.

It was good tae open up tae somebody...Just being able to get it all off your chest.
Young Person

Physically I am just different; I'm not a closed book anymore. I'm more happy...I feel that I'm not always aggressive; I'm not always just wanting to fight. **Young Person**

I'm a lot happier...I just feel as if I'm smiling a lot. **Young Person**

This new sense of calm, at times, resulted from a certain level of acceptance from the young people about what had happened to them over the course of their lives. While there was no means of turning back the clock, the work undertaken had often opened the young people's eyes and given them a new perspective on their experiences.

It's just that I found more ways of dealing with it and realising that there's nothing that I could have done...I blamed myself for what happened but then I just kind of realised that there's nothing I could have done physically or mentally that would have changed the outcome of what happened. **Young Person**

Just talking about...how I coped and what I could have done different...just went over everything really, just kept trying to get it into ma heid that life isnae over know what I mean...I'm gonna get out wan day and I'm gonna get ma job back or I'll get another job and I will make something of myself know what I mean...But I didnae think that back then...
Young Person

Before, when thinking about ma pal and ma aunty I just missed them, they weren't there anymore. I still miss them, nothing helps with that. I felt sad thinking about them, I still feel sad but now I try and think of other stuff, maybe just the good times I've had with them and that. **Young Person**

Many young men had initially been a little cynical that a service like Here & Now had anything to offer them, and were grateful, and more than a little surprised, at how far they had come.

It just helped us a lot and I'm grateful for it know what I mean, I just didnae think anything like that would have actually helped us, it was a big surprise. **Young Person**

*Because I done one right at the start [screening checklist] and it was sometimes, never, a lot, all the time. And right at the start I was always a lot or most of the time and then I done one at the end of the programme and it was sometimes to not often. So it was just dodgy looking at it and putting it together and thinking: 'Wow!'. **Young Person***

Discussion

While every bereavement will be experienced differently, the inevitability of loss, death and grief means that learning how to cope with these experiences is an essential and adaptive life skill. Certainly most young people who are bereaved display remarkable resilience and go on to lead healthy adult lives (Harrington & Harrison, 1999). Yet it appears that, for whatever reason, a subset of more vulnerable young people are not able, or are not supported, to develop these skills in childhood. As a society we still tend to be uncomfortable in talking about these issues, more so when the death involves children and young people in some way. While wanting to protect children and young people from pain is understandable, avoiding the issue can often make matters worse and this study has uncovered a group of vulnerable young men who have rarely spoken about their experiences before. Although the stability provided by custody can provide an opportunity for intervention with young people whose childhoods have been characterised by disruption and disarray, it should not be left to a young offenders institution to pick up the pieces. By that point considerable harm has been done, to young people, to the victims of their offending and to society as a whole.

While community-based bereavement provision has received investment from the Scottish Government, the Big Lottery and other funders in recent years, provision remains patchy (NHS Education for Scotland, 2012). However, it is not just about specialist services. Given the high likelihood of children being bereaved at some point before school-leaving age it is clear that universal death, grief and loss education is needed from a young age, and regularly throughout childhood and adolescence, to ensure that society is better equipped to deal with loss and bereavement. It is also not enough to simply offer support at the time of loss or bereavement, as children will often revisit their grief at various points in their lives and will also require different information and supports as they move through the developmental stages (Biank & Werner-Lin, 2011).

In relation to the main focus of this study, it is clear that all of the elements of OLWO have been successfully implemented and are individually beginning to have an impact on knowledge, practice and short-term outcomes. The staff training was well-received and has reached a substantial number of staff. Almost all staff recognised the importance and relevance of the training for their understanding of the young men in HMYOI Polmont, and in the implications for their care. A number of staff requested that the momentum created as a result of this training is not lost, by the use of annual refreshers and for more skills-related practice and in-depth training for those who would use it most. The Here & Now service has been a crucial part of the OLWO implementation, allowing staff the confidence to use their new found awareness and skills to strike up difficult conversations with young men, safe in the knowledge that there is specialist backup available should this be needed. The extent of referrals to the service are a clear indication of the scale of need, and the recognition of that need among the establishment. However the capacity of the service, and the subsequent lengthy waiting lists, are a potential barrier to successfully meeting need and contributing to positive outcomes. Despite this, the feedback about the service has been highly positive and, more importantly, Here & Now have begun to demonstrate what effective bereavement

practice might look like at the YOI level, with a noticeable effect on trauma symptoms, at least in the short-term.

The knitting together all of these separate elements is underway, with some examples of good communication and joint working between services, and the beginnings of a sequenced pathway for young men in the establishment, but unsurprisingly wider systemic change has been incremental. Largely this is about the length of time needed to create and sustain culture change, but it is also a consequence of the nature of the custodial environment. Huge steps have been taken at Polmont to improve the custodial experience for young people through actions such as steps to professionalise the workforce; investing in the fabric of the building; in the support available in the establishment; in the staff group and also in setting the wider strategic direction by articulating a vision for young people in their custody (Scottish Prison Service, 2014).

The effects of these actions are beginning to be visible in that there appears to be more empathy and understanding among the wider staff group about the backgrounds of young people who end up in custody, and how this might affect, and be affected by, the practicalities of the regime. The research has confirmed that the establishment has embarked decisively on a journey, but it also highlights that there is still some way to go, with concerns voiced about attitudes, motivation and resistance in small pockets of the staff group. HMYOI Polmont is not unaware nor dismissive of these issues and has already taken steps to address them. Yet the research also revealed a staff group that requires significant support to implement some of this learning into practice, particularly for those who through their own personal or professional experiences have been affected by trauma. Given the challenging work environment and harrowing personal narratives that accompany such vulnerable young people, consideration must also be given to the presence of vicarious trauma and compassion fatigue among a much wider staff group (Miller & Najavits, 2012). The lack of a professional culture of supervision and other supportive structures for significant groups of staff may also leave staff in a more vulnerable position and less able to help create the changes that are required to meet the strategic vision. With existing pressure on resources about to be increased due to the arrival of women at HMYOI Polmont, and the imminent winding up of the training delivery it is not yet clear how the organisation can continue to support staff to develop their practice.

It is also evident that HMYOI Polmont is something of an artificial environment, in which the young people are learning to manage their trauma, bereavement and loss detached from the real world, and this study has not been able to explore whether the learning and progress made in custody was able to be carried forward and transferred into the community. There was a desire to be able to offer refresher sessions to young men prior to release that was not able to be delivered given the demands on the Here & Now service, and also concern that the community supports available upon release were as patchy as that which was available earlier in childhood. This was particularly apparent for those young people on remand, whereby providing a service within Polmont was logistically problematic and compounded by a lack of ability to identify appropriate support for the young person within the community (due to time pressures on the service, awareness or the availability of local service provision).

This study is also limited by the small sample of young people involved in the outcome research as well as the consideration of only short-term outcomes. The lack of a comparison group means that it is also difficult to disentangle any changes that might have occurred as part of the wider systemic change from the outcomes demonstrated by the service, or to distinguish between Here & Now 1 (the standard programme) and Here & Now Plus. Despite this, this study adds to the evidence-base about the trauma, bereavement and loss needs of young men in custody, and provides emerging evidence about effective practice and the components that might be needed to create and sustain trauma-informed practice and culture change across a large organisation with deep-seated practices and beliefs.

Recommendations

HMYOI Polmont should take pride in its considerable progress and achievements made in trying to better understand and meet the needs of young men in its care. But there is still more work to be done and, as with any organisational change, it is important to keep up the momentum as large-scale change can be difficult to sustain in the long-term as custom and practice traditions take root again. As such the following recommendations are suggested from this research.

1. Continue to develop staff knowledge and understanding

The training provides the foundation for sustained organisational change, by keeping trauma, bereavement and loss at the forefront of people's minds, and in giving staff the confidence and skills to undertake difficult conversations, make referrals and to undertake direct work where appropriate. The organisation needs to maintain a critical mass of people who understand the impact of these experiences on young people, recognising that the best practitioners can get worn down and forget in such a challenging environment. HMYOI Polmont should therefore consider how best to facilitate this training in the future, as external expertise provided a level of credibility and depth, but internal facilitators ensured the training was embedded in the reality of the organisation.

A tiered approach to future training may be more effective in the long-term, with basic awareness-raising training for all staff (potentially much more concise than the two days delivered to date), followed by annual refreshers and more in-depth training and reading for those who require it. The development of an e-learning module, drawing on the knowledge and expertise of professionals working in this field, may prove to be a useful method but should be considered carefully given the emotive nature of the subject matter, and the need to ensure the safety and well-being of staff. Such an isolated method of learning should not be used on its own for those staff groups that cannot draw upon the support obtained by professional supervision and time for reflection.

2. Create the right environment to translate knowledge into practice

While training is important, learning needs to occur in a supportive environment that facilitates the application of this knowledge into practice. Again HMYOI Polmont should

consider how best to support the transference of learning into action. This will almost certainly require continuing to develop a culture of supervision and reflective practice among the wider staff group, including personal officers. While steps are already underway to implement this style of working, the usual barriers of time and resources as well as some cultural and attitudinal issues seem to be hampering progress. With the arrival of the women these pressures are only likely to increase. If these pressures continue then HMYOI Polmont may need to consider how best to ensure that supervision and support happens for all staff undertaking any trauma, bereavement and loss work (formal or informal), possibly by using external expertise to provide advice, consultancy and clinical supervision.

3. Continue to reduce the trauma of custody

Research in this area highlights that loss of liberty can be experienced as a traumatic event (Jewkes, 2011), and that the custodial environment can exacerbate the trauma of prisoners (Vaswani, 2015). Certainly institutions have long struggled to maintain an appropriate balance between the duties of care and control (van der Helm, Boekee, Jan Stams, & van der Laan, 2011) and of course HMYOI Polmont would never be able to operate without the outward manifestations of security and control: the jangling keys, the locked doors, the rules and regulations of the regime. However, there must be solutions to humanising the prison environment without compromising prisoner and staff safety. Ensuring staff are aware of the presence and use of power, particularly the power differentials that exist and how they can affect the ability to conduct relationship-based work is an important starting point. Yet more can be done in the prison estate more widely, and although some actions may seem at once both very small and very brave, such as considering the use of and style of uniforms for prison officers (Crawley, 2006), they may go some way to change the relationships between young people and prison staff.

At the same time, the trauma of the institution for staff must continue to be acknowledged and better understood. Not only do the staff group come with their own personal experiences of trauma, bereavement and loss, the working environment is one that leaves them vulnerable to both primary and secondary trauma. When the coping strategies often employed in these situations are those of depersonalisation and detachment (Crawley, 2006), how are staff supported, refreshed and supervised to maintain their humanity in such a difficult environment? Again the importance of professional support and supervision as a right and a requirement for all staff becomes evident, but also wider system change is needed as described above.

4. Ensure that needs are being met

The short-term success and impact of the Here & Now service is now documented, and specialist trauma, bereavement and loss provision should continue to form a key part of the suite of services available in HMYOI Polmont. It was apparent, however, that demand vastly outstripped capacity. While this may be tolerable in the provision of a short-term pilot designed to test levels of need and practice concepts, going forward it should be queried whether the waiting lists; the delays and the difficulty in reaching all corners of the establishment (such as young people on remand) are acceptable to the establishment.

While helping staff apply the learning into practice and take on some of the work must form part of the approach to increasing capacity, consideration should also be given to the possibility of expanding service provision in order to better meet need and to ensure sustainability of the service through short-term issues such as staff absence. Increasing the capacity might also mean that a specialist service could also take on some of the responsibility for training, clinical supervision and consultancy for trauma, bereavement and loss work. In addition, more capacity would allow the service to make better links with the community and other networks in order to support transitions back to the community, and to use its expertise to try and influence positive change where community provision is lacking.

5. Continue to develop the evidence-base

As discussed, this evaluation has only looked at short-term impact and outcomes. It would be useful to know if the outcomes achieved by Here & Now were sustained over the longer-term and on reintegration back into the community. The small steps to widespread cultural change are an indication of the combined achievements of the overall vision and approach of SPS, HMYOI Polmont, and the OLWO approach. Yet organisational and cultural change is a long-term strategy that will most likely not be fully realised within a decade, let alone a 12-month evaluation, and monitoring of this potential organisational transformation would provide learning for custodial establishments both at home and abroad. Some perspectives suggested that there may be the beginning of a cultural shift, not only among the organisation, but also among the culture and attitudes of young men in terms of masculinity and attitudes towards help-seeking and emotional support. Further research would be required to ascertain if this is a genuine phenomenon and, if so, the scale and nature of change and the factors involved in this change.

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