Abstract

Purpose: People in prisons have a high prevalence of poly-traumatisation throughout their life span. The behavioural and emotional sequalae of trauma are likely to be managed across the whole organisation. However, there is still a lack of clarity about the key components of a trauma-informed approach within the custodial context. This study aimed to gather in-depth knowledge of staff views on the components of an optimal trauma pathway in a prison, and the organisational factors that influence its' implementation.

Study methodology: Our research design is qualitative, involving in-depth, semi-structured interviews with eight members of staff from different professional backgrounds at a single prison in the UK that houses sentenced and reman prisoners. Data was analysed using reflexive thematic analysis.

Findings: Three super-ordinate themes were identified within the data. 1) Components of a trauma-informed pathway included subthemes of asking about what has happened and knowing how to respond; providing specialist approaches; enabling residents to cope; screening and detection; and a compassionate relational approach. 2) Organisational factors were associated with sub-themes of culture and leadership, resources, and systems and processes. 3) Staff factors were associated with sub-themes of skills development and training, staff wellbeing and support, and staff attitudes.

Originality/value: This study represents the first exploration of staff perspectives on the components of a trauma-informed pathway within custodial settings. Future directions should involve the piloting and evaluation of the components of the trauma-informed pathway, with a focus on longer-term outcomes and exploration of the organisational factors that impact on effectiveness.

Key words: Prisons, Criminal Justice, Clinical Pathways, trauma-informed

Background

People in prison and the wider criminal justice system have a high incidence of developmental trauma and poly-traumatisation throughout their lives (Ford, 2018). Many of the prison population experience a cluster of psychosocial issues that are referred to as severe and multiple disadvantage (SMD). SMD is generally considered to refer to an individual's experience of two or more of the following simultaneously: mental health issues, homelessness, offending and substance misuse. It is estimated that 85% of people that experience SMD have experienced childhood trauma (Bramley et al. 2015). Poly-traumatisation in this population is associated with a range of complex trauma-related mental health conditions, including high rates of Complex Post Traumatic Stress Disorder (CPTSD) (Karatzias et al. 2018). There are also high levels of co-morbidity with anxiety, depression, substance misuse, psychosis and other conditions (Facer-Irwin et al. 2019).

Despite this, mental health conditions are under-detected within the prison population and there is likely to be a high level of unmet need for effective psychological therapies, particularly for trauma-focused therapies (Malik et al. 2021; Tyler et al. 2019). However, for those that do access psychological therapies in prison, outcomes are modest (Yoon et al. 2017). There may be multiple factors that may contribute to low access, retention and effectiveness of mental health support and psychological therapies within prisons. The prison environment itself can be traumatising or re-traumatising (Piper and Berle, 2019; Ismail, 2020). Adjustment to the prison environment and uncertainty around outcomes of the sentencing process mean that there is complex picture of psychosocial factors that interact with, and impact on, outcomes.

To improve detection of trauma and other mental health conditions within prisons and to improve access to psychological therapies, there has been increasing interest in the development of clinical pathways within prisons and the criminal justice system (Forrester and Hopkin, 2019; Crole-Rees and Forrester, 2022; Simpson et al. 2022). However, it is increasingly recognised that, for complex trauma-related mental health conditions, condition specific pathways must sit within whole system approaches that are trauma- and psychologically-informed. (Bradley, 2021). These approaches aim

to increase awareness and understanding of the prevalence and impact of trauma on individuals and communities and reduce the risk of traumatisation and re-traumatisation in prisons. (Office for Health Improvement and Disparities, 2022; Sweeney et al. 2018) There is still a lack of clarity about the key components of a trauma-informed approach; however, there have been recent attempts to define, operationalise and evaluate these components, and to develop coherent practice frameworks that define the roles of staff within these. These encompass the whole workforce, rather than just those professionals with a direct remit to work with trauma. Such frameworks define the roles or 'practice levels' of people in the workforce and the knowledge and skills needed in their roles (NHS Education for Scotland, 2017, ACE Hub Wales, 2022). A summary of these practice levels are described in Table I:

(Table I here)

These frameworks may support the development of integrated and seamless pathways for traumatic stress-related difficulties. It is recognised that, for many individuals, these 'levels' do not represent a linear or stepped sequence of support and that an optimal model of support would be 'wrapping around' of the individual by organisations and services within a consistent and holistic approach. The framework also considers the principles of environment, policy and leadership within a trauma-informed approach, and is explicit about the importance of trauma-informed organisations for the people that work in them, as well as those that seek support from them (Vaswani and Paul, 2019).

There have been attempts to pilot and evaluate a training approach that supports the knowledge and skills needed for staff working at the trauma-enhanced level. The trauma-enhanced role encompasses key principles of trauma-informed practice (Substance Abuse and Mental Health Services Administration, 2014). These principles help staff to recognise the prevalence and impact of trauma, resist re-traumatisation and to recognise the central importance of safe, empowering and enabling relationships (Parr, 2016). In addition, a trauma-enhanced practitioner supports service-users to develop intrapersonal and interpersonal coping skills, as well as facilitating enabling

environments (NHS Education for Scotland, 2017). Therefore, this approach represents a discrete practice approach that extends existing awareness training (Hardcastle et al. 2021).

This pilot work represents an initial step towards defining the components of a specific practice level within the trauma-informed framework. Evaluation suggests that this is a feasible and acceptable way of disseminating knowledge and skills for frontline staff in prisons. Further, it can be aligned to a coherent trauma-informed practice framework that provides a continuum between universal whole-system approaches and specialist therapies (Crole-Rees and Forrester, 2022).

However, several authors have described the considerable and unique challenges inherent in the custodial context. Vaswani and Paul (2019) noted that, although training can be a feasible way of increasing knowledge and understanding for staff working at a trauma-enhanced level within prisons, there are considerable organisational challenges that may limit the possibility of truly trauma-informed practice. These challenges include the inherent purpose of prison as a deterrent, high potential for re-traumatisation and the tension between care and control (Bradley et al. 2019). Auty et al. (2022) argue that, before any effects of trauma-informed practice can be properly investigated, we need to be clearer about whether it exists in practice, beyond the delivery of awareness training.

Despite the high prevalence of traumatic histories amongst people in prison, there have been no attempts to explore staff views about the feasibility of this trauma-informed pathway approach within prisons or to elicit their views on the main components of this pathway and the facilitators and barriers to implementing this. Investigating staff perceptions of a trauma-informed approach is a starting point for initiating programmes of change. Implementing trauma-informed services involves collaboration and shared planning, as well as an understanding of the potential barriers to change. Understanding staff perceptions about the trauma-informed approach is therefore a starting point for co-produced change in practice.

Therefore, the aim of this study is to gather in-depth knowledge of staff views on the factors that may contribute to the development and implementation of an integrated pathway for traumatic stress within prisons, the contextual and organisational factors that are pertinent to custodial settings, and the components of an optimal trauma pathway.

Methods

Study design

Our research design is qualitative, involving in-depth, semi-structured interviews with eight members of staff working at a single prison in the UK. This design allowed us to answer our research questions and explore staff experiences across a range of professions. It also gave interviewees opportunities to recount personal experiences they consider important to share (Silverman, 2015).

Theoretical underpinning and methodology

The philosophical underpinnings of the project are social constructivist (Hughes & Sharrock, 1997), and reflexive thematic analysis (RTA) was chosen as our method of data analysis (Braun & Clarke, 2019, 2021). Themes are understood to be a reflection of the researchers' interpretative analysis of the dataset, together with their theoretical assumptions, resources and backgrounds (Braun and Clarke 2019; Kuehner et al., 2016).

Braun and Clarke have identified a number of theoretical assumptions that should be addressed when conducting RTA. In relation to these, we adopted a predominantly inductive approach, meaning that data were open-coded and respondent/data-based meanings were emphasised. A degree of deductive analysis was, however, employed to ensure that the respondent/data-based meanings that were emphasised were relevant to the research questions (Braun and Clarke, 2012). Our approach was primarily essentialist - we assumed that the language used by the respondents was a reflection of their articulated meanings and experiences. Finally, we took a primarily semantic approach to coding, although at times, our analysis also goes beyond the

descriptive level of the data and attempts to identify hidden meanings or underlying assumptions or ideologies.

Setting

The research was carried out in a medium secure men's prison in the UK. It houses over 1,600 men, including convicted and remand prisoners.

Participants and recruitment

Our sampling strategy was convenient as the research team relied on a local point of contact, a head of primary healthcare based at the prison, to approach colleagues, inform them of the broad aims of the study and put them in touch with a member of the research team. However, this was also purposive as we sought to invite participants from different professional backgrounds, ranging from senior management, healthcare professionals, frontline operational staff and representatives from third sector organisations providing in-reach into the prison. This ensured that we captured a broad range of views of staff working within the prison. Six were female and two were male. Mean age was 34.8 years (range = 26-59). Pseudonyms have been used and gender and age of participants have been changed in order to anonymise participants. The participant characteristics are described in Table II:

(Table II here)

Twelve staff were approached via email and asked if they would like to be involved in the study. Eight agreed and provided consent.

The concept of *information power* suggests that sample size is determined by the study aim, specificity of research questions, method of data analysis, quality of the interview dialogue, and the diversity of backgrounds of interviewees (Malterud et al., 2016). Based on these characteristics, we find that the sample size of eight participants generated sufficient information power to develop themes that can be further tested in future qualitative research.

Data collection

We conducted semi-structured, in-depth interviews between March and June 2022. Information sheets were provided to participants prior to the interviews, and written consent was sought before conducting the interviews. The project was undertaken as a service evaluation, endorsed by CwmTaf Morgannwg University Health Board's Research and Development Department (CT/1582/22). Ethical approval was also granted by Cardiff University and permission to undertake the study was granted by the director of the prison.

The lead researcher conducted interviews with participants at a date and time convenient for the participants. The interviews lasted on average 52 minutes, with a range of 40-65 minutes. At interview, demographic information was collected, and the interview followed a topic guide developed by the lead researcher and checked by the secondary researcher.

Questions broadly invited discussion of the following concepts/topics: defining the trauma-informed approach; defining components of clinical pathways for residents with trauma; and identifying the barriers and facilitators of trauma-informed pathways, such as training needs and organisational issues. Please find a full list of questions added as supplementary material. No repeat interviews were carried out. Interviews were conducted via Microsoft Teams.

Data analysis

We conducted reflexive thematic analysis in accordance with the six steps described by Braun and Clark (2006), summarised in Table III below:

(Table III here)

With each participant's agreement, interviews were recorded on Teams and field notes were written immediately after each interview to aid the preliminary analysis. Interviews were transcribed to produce orthographic verbal verbatim and audio recordings, and transcripts were uploaded and saved in a folder with restricted access permissions.

Data analysis was conducted by the lead and secondary researchers. Each researcher coded 25% of one interview sentence-by-sentence and discussed the overlap in code definitions. Following this, both researchers met to discuss coding following complete coding of two separate interviews. Both then coded four interviews. Analysis by multiple coders is helpful to sense-check ideas, to achieve richer interpretations of the data and to extend theoretical accounts (Braun and Clarke, 2019). Weekly meetings were held to discuss the ongoing development of themes. Agreement, disagreement and new insights were shared, and a high level of overlap was generally found. NVivo 1.6 software was used.

Results

Three super-ordinate themes were identified within the data. These super-ordinate themes, and respective subthemes, are described in Table IV. A full list of derived codes can be found as supplementary material.

(Table IV here)

Elements of the trauma pathway

Six sub-themes were identified within this theme:

*Screening and Assessment***:**

In order to identify needs and facilitate access to an effective pathway, respondents felt that effective screening and assessment of residents' trauma history and the impact of this was essential. Some participants talked about the importance of early screening for mental health conditions, particularly PTSD and CPTSD.

However, others also emphasised the importance of assessing needs more broadly and argued for a holistic, joint-professional assessment of the complex physical, social and psychological sequalae of

trauma.

> *M: Yeah, I think it's good to have a joint assessment, especially because it's so new and it also allows us to then… you know, have integrated departments working together. You get a better success rate 'cos you're working jointly.*

Others also emphasised the importance of accessing and drawing on previous information at intake, in recognition of the fact that many of the residents had complex trauma histories and involvement with multiple services before coming to prison. In addition, some respondents noted the limited resource for provision of specialist interventions in prison and that having a system for 'stratification' of need at screening and assessment would be beneficial.

Compassionate relational approach:

Several of the participants identified that the pathway should be underpinned by an organisation-wide, relational approach. Elements included fostering compassionate relationships, as well an understanding of the impact and prevalence of trauma, and of the link between people's behaviours and their trauma history. Respondents felt that this understanding was helpful in increasing their compassion and empathy.

> *S: When you start managing these men and case managing them, and having reviews with them and case reviews, they kind of open up to you. They tell you some of their past and you're thinking, wow, no wonder you've ended up here and no wonder you're behaving like you are. Nobody's, ever, ever worked with you or tried with you.*

Some respondents also emphasised the importance of embedding this universal approach within an effective trauma pathway. Therefore, in addition to having awareness and understanding the impact and prevalence of trauma and adversity, all staff should be confident that they could refer residents on for further support if needed and understood their role within an integrated pathway.

J: It is kind of just everyone working collaboratively. Absolutely making sure that everyone understands. We don't need all of the staff in the prison to understand the complexities. Everyone in the prison knows that there is a pathway where we can assess people for a brain injury. They don't need to know the niceties of what we do down there. It is about understanding and being able to refer.

Asking about what has happened and knowing how to respond:

A major sub-theme was the importance of asking residents about their trauma or abuse histories. Several participants emphasised that asking about 'what has happened to you' could be an important element of their roles in order to build relationships, normalise the experience of trauma and understand how the residents were impacted by this.

P: It wasn't delving. It wasn't intrusive, it wasn't, you know, I wasn't firing questions at him asking what happened. He just sort of guessed that it was OK to say and then the conversation followed without it being like too much for him. And I guess that's another thing about being trauma informed. You don't need to know the ins and outs of the trauma, the exact details in order to help somebody, they don't have to disclose everything to you in order for you to help them.

However, although several participants reflected that they 'didn't need to know all the details', they were also concerned about potentially causing distress and feeling unskilled in knowing how to respond appropriately within the context of their roles (Lotzin et al. 2019).

Here, M reflected that these conversations with residents helped to normalise the experience of trauma or abuse, whilst enabling conversations about their triggers and ways of coping. This approach was also seen as a useful step prior to accessing specialist therapies. However, several participants also emphasised the importance of training and support in how to do this in a way that felt helpful and safe for the residents and the staff, and crucially, that there was a pathway that could be accessed in order to provide support following these conversations.

Enabling residents to cope:

Furthering the principles described in the previous theme, several of the participants described how some staff should feel confident in supporting residents to identify triggers within their environment and to cope with the impacts of their trauma. This was seen as a potential role for some non-specialist staff.

> *M: you don't need to know the diagnosis because that just tells you potentially what they're being supported for, but it doesn't give you a breakdown of why they behave in a certain way. Actually, the important thing that the officers need to know is what triggers them, what support they need, and how they can work with that individual to make their time in custody a lot more positive and supported.*

Specialised interventions:

Within the pathway, several of the participants emphasised the importance of access to specialist psychological interventions, such as trauma-focused therapy. However, several issues were brought up, including the importance of effective screening to identify those that experienced specific mental health conditions and assessing severity of need so that the interventions could sit in a stratified pathway and resources allocated most effectively.

Other participants also described challenges of accurately detecting specific mental health conditions and discriminating these against other co-occurring conditions in order to provide the most appropriate evidence-based interventions. Overall, the importance of situating these therapies within whole system trauma-informed approaches and effective pathways was emphasised.

> S: The gold standard would be if a service would then be able to then provide some sort of intervention that could help that person cope and process that trauma and cope with some of the ... symptoms that come with it then as well.

Reintegration into the community:

The final element of the pathway that was identified was reintegration into the community. Several respondents emphasised the practical and logistical challenges of this and felt that a trauma pathway that was integrated between prison and community services was essential.

> *A: Another thing that has been picked up is that it is quite difficult to access mainstream mental health services, and when people go back into the community, they have to go round the houses again to access it and be reassessed again. So, can that be streamlined to improve that transition? For some people prison might not be the best time to do the trauma work for various different reasons, but they can do all the other stuff you have talked about and then slot into therapies when they come out.*

Organisational factors

In addition to elements of the pathway, a theme of organisational factors was developed. This theme had three sub-themes – systems and processes, resources and culture and leadership.

Systems and processes:

Several participants commented that for a trauma-informed framework to be implemented effectively, a coherent, system-wide approach would be necessary. Several cited existing models of good practice, for instance the Offender Personality Disorder Pathway (Moran et al. 2022). Elements of good practice described included: effective design of processes, integration throughout the pathway, and a multi-disciplinary approach. One of the participants, J, commented that having a comprehensive plan, and clear aims and objectives were important.

> *J: My experience is that when things are well designed, and integrated from the point of entry into prison and it is a multidisciplinary approach, I don't think it has a problem. It is just having clear aims and objectives. Who can be allocated, at what point can we refer in, and having service provision that is there all the time, and what does that look like?*

Elements of the systemic approach included a clear sense of who was on the pathway and allocation of resources based on need. One participant also commented that staff 'feel better' when they know that there is a clear structure and process for the work that they were doing and noted the importance of clear roles and a sense of their value within the pathway.

Resources:

Several respondents talked about the impact of resource and staffing issues in trauma-informed practice. They identified that turn-over of staff and low staffing made it difficult to get to know the residents and to build trusting relationships with them. This was also flagged up as an issue for the wellbeing of staff, and some participants reflected that understaffing led to coercive and disempowering behaviours, such as locking people in cells.

> *A: And I think sometimes we as people don't think enough about that, and I think the frustration we've got is the lack of service provision we've got for dealing with some of the most vulnerable and traumatised people in society. And we don't need equivalence of care with the community. We need more.*

Culture and leadership:

Several respondents identified that other factors, such as the culture of the prison and its leadership, helped to mitigate resourcing issues, and therefore this was a complex picture that impacted on the implementation of a trauma-informed approach within the prison. The possible tension between the punitive and rehabilitative purposes of prison was brought up several times, and a culture of hypermasculinity was also referenced (Kupers, 2005).

> *T: I've worked in prisons for nearly 30 years and this sort of childhood trauma has only sort of really been talked about in the last 10 I would say, or probably more than that. The culture*

in prison is very much around discipline. And… and.. I don't want to use the word punishment. I'm trying to think of a better word, but so if somebody who's violent would get placed on a report, put in the segregation. And whilst there has to be consequences, there isn't much thought given to trauma and how that has impacted. So, I think that that would be one of the biggest barriers.

Within prisons, the hierarchical nature of the organisation was mentioned by several of the respondents – this was seen both as a potential barrier and facilitator to implementing the approach. This is consistent with other work on implementing trauma-informed approaches that emphasise the importance of 'top-down' approaches (Bradley et al. 2021).

L: I suppose it's getting the culture right, and that we're not here just to lock them away and fight them, we are actually here to help. I think staff come into the job thinking it's about fighting with prisoners and locking them away, and it's a more punitive rather than a rehabilitative approach, I think. And I think it's about changing that culture.

Others talked about the difficulties in challenging this culture within the organisational system, particularly by younger staff. In addition, several participants described 'micro-cultures' within different teams in the prison, for instance, between health and operational teams.

Staff factors

In addition to broader organisational factors such as systems, culture and resources, a third theme of staff factors was interpreted in the data. This consisted of three sub-themes: training and supervision, support and wellbeing, and beliefs and motivation.

Training and supervision:

The majority of the participants expressed the importance of training and supervision in implementing the trauma-informed approach. Some articulated that there was variability in access

to training between operational and non-operational staff. This related to a lack of value attached to the development and training of operational staff as well as differences in their roles. For others, it related to pragmatic issues around releasing staff for training.

> *S: So, I was operational for months and I never did any training at all, apart from my initial training when I started. I've been in this role now for about five weeks and I think I've done four different types of training already. That just shows the difference between operational and non-operational. The time that you have and the staffing levels, and the ability to be able to come away from your role for however long to do training is completely different. I think that the biggest barrier you would have in training operational staff is just trying to get them there.*

Therefore, some conveyed that the training must be pragmatically delivered to fit around shift patterns. Some respondents felt that the concept of 'practice levels' within the trauma framework were helpful and that training could therefore be differentiated according to the role of the staff member. However, other participants expressed the value of being trained across broad staff groups to share learning and to develop a community of practice and to gain clarity about the different roles within the pathway.

> *Staff support and wellbeing:*

In line with existing research that shows that staff in prison have high rates of burnout, vicarious traumatisation and other psychological issues (Walker et al. 2018), several participants talked about the impact of their work on their wellbeing and mental health. Some described that their own experiences helped them to empathise with the residents and gave them an increased awareness of the importance of a trauma-informed approach.

> *T: Because I think you know your staff are your bread and butter. If there was no staff here, then the prison wouldn't run. So, you know I think to be trauma informed you have to be*

trauma informed for everybody, not just for the prisoners but also for the staff. Because their welfare and their well-being matter just as much as the prisoners do.

Others talked about being exposed to regular traumatising and distressing events within work, and the impact that this had on them (Clements and Klinman, 2021). Several also described a culture in which staff were reluctant to ask for help – this willingness to seek help may be linked to cultural factors, such as hypermasculinity, that have been described previously. Some also talked about difficulties accessing appropriate support for work-related psychological difficulties, although other participants described accessing effective pathways for staff support.

Staff attitudes:

Several participants talked about intra-personal factors such as staff attitudes about the residents and their offending behaviours, and their motivation to adopt a trauma-informed approach. Some described that these attitudes influenced staff behaviours and created a barrier in understanding and implementing the trauma-informed approach.

M: You know you could have anybody on the training course that you delivered, and you can teach them about grounding techniques and trauma informed and so forth. But if that person isn't bothered or isn't willing to ask the question or doesn't care that that person is being through trauma, then it doesn't matter whether they're on the course or not, or they've got the training or not. Because if they're not willing to be trauma informed, they're not willing to be open or not willing to care, then you can have all the skills but if you're not going to put them into practice you may as well not have them.

As described within the sub-theme of culture, some participants felt that these attitudes were influenced by the culture and leadership of the prison and related to burn-out as well as exposure to traumatic and stressful events within work. The psychological impact of their work on their attitudes towards residents is described by S:

I think the biggest barrier will be around changing staff perception when dealing with somebody who's potentially violent towards them.

However, participants also talked positively about the impact of training and lent support to the idea that the trauma-informed approach can lead to changes in attributions of offending and challenging behaviours.

Conclusions

Eight staff members within a prison took part in qualitative interviews and offered their perspectives on the characteristics, challenges and opportunities of a trauma-informed pathway within custodial settings, and the organisational and intrapersonal staff factors that may influence the implementation and impact of this. They identified key elements or characteristics of a trauma-informed pathway within prisons, which included effective assessment and screening, access to specialist interventions, a universal trauma-aware approach within the prison, support to cope with the interpersonal and intrapersonal impacts of trauma, and inmates' reintegration into the community.

Respondents felt that the organisational factors that impact on the implementation and impact of the pathway were effective organisational systems and processes, an enabling culture and leadership and sufficient resources. In addition, they identified staff level factors such as effective training and supervision, staff wellbeing and support and staff attitudes. These staff level factors interacted with the organisational level factors, as well as being mediated by the pathway itself, reflecting the view that trauma-informed approaches apply equally to everyone that works within an organisation, as well as the people that they support (Bradley, 2021). Within each of these themes, respondents identified examples of good practice that could facilitate and enable a trauma-informed approach. However, consistent with previous authors, they also identified organisational challenges to implementation and impact of a trauma-informed approach (Auty et al. 2022). These factors have

important service and clinical implications, as well as providing a focus for research and evaluation of the development of a potential pathway within prisons in Wales.

Strengths and limitations

Within the current study, the authors aimed for sufficient information power via the recruitment of eight participants. This was based on the aim of the study, the specificity of the sample and the strength of the interview dialogue (Malterud et al., 2016). Some prior research linked to our research aims had been conducted (Crole-Rees & Forrester, 2022; Vaswani & Paul, 2019). All participants came from one institution and had characteristics specific to the study, (homogeneity) but had different professional backgrounds (heterogeneity). It was felt that there was high quality dialogue within the interviews and that the interviews had a high relevance for the research question. The authors drew on existing theoretical frameworks that offered models and concepts (such as trauma-informed approaches and clinical pathways) that explained relations between different aspects of the empirical data in a coherent way. The relatively small, primarily female, sample may be considered a potential limitation. However, it is considered that sufficient information power was achieved and that the analysis and theoretical interpretations provided access to new knowledge that may be extended through larger-sale qualitative and quantitative research.

Service/clinical implications

Participants suggest elements of an optimal trauma-informed pathway that are consistent with the STAIR pathway approach that has recently been piloted (Pillai et al. 2016). Early work suggests that this integrated and needs-based approach to screening, referral and assessment may achieve improved rates of detection and intervention, and consistent processes and improved clarity of professional roles and tasks (Simpson et al. 2022).

It also provides broad support for the use of trauma-informed frameworks as a way of defining the roles of staff in the prison within the pathway and providing guidance on the content and design of training to support a multi-level approach (Matlin et al. 2019) These levels include a universal, trauma-aware approach that applies to staff and residents of the prison, whether or not they have experienced adversity, and whether this is known about. This was consistent with research that suggests that the relational context is the most important element of trauma-informed practice (Auty et al. 2020). Within prisons, inherent challenges in facilitating these compassionate and empowering relationships have been identified. These reflect a wider discussion about the role of prisons within society, and the extent to which they should be considered rehabilitative and therapeutic, as opposed to punitive (Hardcastle et al. 2021).

In addition to these core relational needs, people who have experienced trauma and abuse may experience complex difficulties with intrapersonal and interpersonal coping. These may manifest as violence or self-harming behaviours and therefore specialist therapies such as trauma-focused therapies may not be indicated (Shafti et al. 2021). Embedding trauma-informed practice within frontline non-specialist services was seen as essential. Key elements included asking about 'what has happened to you?' and how these experiences have impacted residents, supporting them to cope with the emotional and interpersonal impacts of this, and providing enabling and supportive environments. Participants suggest that this support is embedded within the routine practice and 'everyday conversations' of these staff rather than as specialist interventions (Hardcastle and Bellis, 2019). They felt that this way of working would help to provide a continuum of support that could facilitate a more integrated and effective pathway to specialist therapies and were consistent with the trauma-skilled and enhanced practice levels within the trauma-informed framework.

Participants articulated that effective screening and assessment at intake through validated, condition-specific measures would allow identification of those that present with mental health conditions, such as PTSD and CPTSD, as well as other trauma-related mental health conditions (Evans

et al. 2017). This principle of improving identification and detection of mental health conditions, in order to improve access to a treatment pathway for evidence-based interventions is consistent with recent research that shows that mental health conditions, particularly PTSD and CPTSD are under-detected and treated in prisons (Facer-Irwin et al. 2021).

Participants also suggested that assessment of severity of difficulties, risk and need would allow stratification of care and effective allocation of resources. However, in line with trauma-informed approaches, it was also seen as important to have a single assessment that prevented multiple retellings of their trauma history. Respondents also expressed the importance of sensitive, individualised and integrated assessments that asked about experiences of abuse, adversity or trauma, and identified holistic biopsychosocial impacts as well as strengths (Lotzin et al. 2019). They also suggested that this assessment should be joined-up and offer a wider assessment of trauma-related physical, psychological and social difficulties, including difficulties with emotional and inter-personal coping skills that would make it difficult to cope within the prison environment and the community. Various challenges in implementing this screening, such as the difficulty in accessing complex background information prior to intake were identified. Furthermore, many residents present with multiple mental-health conditions. The development of effective and coherent clinical pathways for complex and co-occurring presentations is a key challenge for service design (Forrester et al. 2018).

In some ways, this suggested pathway provides a way forward that moves beyond a purely trauma-informed approach in terms of raising awareness of the impact and prevalence, to a multi-level approach that provides trauma responsive environments, services and relationships, and trauma-specific services (Champine et al. 2021). It is possible that this integrated pathway will alleviate the fragmented system that leads to a “revolving door” cycle both within prisons and when reintegrating into the community. The fact that these elements are broadly consistent with the practice levels of the Welsh trauma-informed framework, is encouraging. They also speak to the importance of social

policy initiatives that address the complex social determinants of offending, substance misuse and mental health, and seek to develop multi-sector, systemic approaches to the prevention of ACEs (Addis et al. 2022)

However, participants also identified several factors that impacted on the delivery of this pathway. These included resources and appropriate staffing levels, as well as access to training. Generally, participants endorsed a pragmatic training approach, in which the delivery and content was tailored to staff groups. They suggested a briefer training offer for staff that were operating at a 'trauma-skilled' level, as well as a more in-depth training for staff and peer supporters that were operating at a 'trauma-enhanced' level. It is also likely that training should be embedded within ongoing supervision or support to develop skills and embed the approach within their learning.

They also identified some variation in the attitude of the staff, based on factors such as their role and their experiences in the workplace, particularly exposure to violence and aggression (Bell et al. 2019). Staff wellbeing and access to appropriate support and supervision was seen as a major factor in their ability to deliver trauma-informed pathways to residents and mediated the impact of training. These findings are consistent with research that shows high rates of stress and burn-out amongst prison staff and high exposure to traumatic events within their work (Bell et al. 2019), whilst mental health conditions amongst staff are under-reported and detected. Therefore, effective wellbeing and mental health pathways for staff are essential (Kothari et al. 2020).

Over-arching these factors, many participants talked about the importance of the trauma-informed pathway being supported by managers, and effective strategic planning and systems were seen as crucial. In line with other authors, it is suggested that in order to place resident care and rehabilitation at the heart, implementation begins at the top of the prison managerial hierarchy, becomes embedded within staff practices and support systems, and then can be fed down to the residents and the support services available to them (Vaswani and Paul, 2019).

Research implications

This study helped to identify the components of a trauma-informed approach within a sentenced and remand prison and offers a pathway for residents who have experienced trauma that both facilitates the detection and treatment of trauma-related mental health conditions, as well as providing a framework for provision of trauma-informed support by non-specialist staff that is appropriate to their practice level. Other studies suggest that training of frontline staff is a promising approach in improving knowledge and skills and has a positive impact on practice.

However, more work is needed to assess whether this approach is feasible and acceptable across the prison estate and whether it delivers longer-term outcomes for people that use services. Therefore, future directions should involve the delivery and evaluation of trauma-informed training more widely across the prison estate with focus on longer-term outcomes and exploration of the organisational factors that impact on effectiveness (Purtle et al. 2020). Some authors have raised the concept of procedural justice as a way of developing resident and staff interactions similar to trauma-informed services and this is worthy of further exploration (Wittouck & Vander Beken, 2019). In addition, this study identifies significant unmet needs for staff working in prison, in terms of detection of work-related psychological issues, and exploration of the most effective pathway for staff would also be beneficial. It will therefore be important to explore the impact of the trauma-informed pathway in terms of wellbeing and reduced offending, and to centre the voices of people that use these services.

Implications for practice

1. People in prisons experience a high prevalence of exposure to traumatic events throughout their lives, and the prison environment may be traumatising or re-traumatising.
2. There are complex psychosocial factors within prisons that mediate the effectiveness of psychological therapies.
3. Effective identification and treatment pathways that are embedded within trauma-informed environments must be developed.

4. Key elements of the pathway include identification and screening, access to interventions, organisational approaches and embedding skills within frontline services.
5. Organisational and staff-level factors mediate the implementation of trauma-informed pathways and should be a focus for further exploration.

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