Developing a Trauma Informed Approach to Rehabilitative Group Work in Prisons

WINSTON CHURCHILL TRAVELLING FELLOWSHIP TO NORWAY AND THE UNITED STATES OF AMERICA
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Glossary

ACCT  Assessment, Care in Custody Teamwork
IAPT  Improved Access to Psychological Therapies
KRUS  Kriminalomsorgens utdanningscenter (Criminal Justice Training Academy)
LAC   Looked After Child
RTA   Rehabilitation Through the Arts
SUP   Stand Up Paddle Boarding
TIA   Trauma Informed Approach
TIC   Trauma Informed Care
WCMT  Winston Churchill Memorial Trust
YNY   Young New Yorkers
SAMHSA Substance Abuse and Mental Health Administration
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Being awarded the Winston Churchill Memorial Trust Travelling Fellowship has been an experience like no other. It has reignited my passion for the work I do within the criminal justice system and given me inspiration to continue trying to improve the services my clients receive.

Ultimately, my findings are based on the evidence of what works to reduce reoffending. It is reassuring that the evidence base clearly demonstrates that a compassionate, empathetic approach is what works: something the majority of us working in this sector already know to be true.

I have met many inspirational, compassionate and hardworking individuals throughout this experience. There are so many people to thank, both in the UK and abroad, who have supported me, provided contacts, shown me their work and shared their time with me.

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Executive Summary

Innovative approaches to group work in both the community and the custodial setting were the primary focus of this research. There was a particular focus on a Trauma Informed Approach to interventions: an approach that although popular in America and gaining traction in the UK’s community service has, thus far, not made an impact in discussion of best practice in a criminal justice setting in the UK. I hoped to learn whether aspects of a Trauma Informed Approach could be taken and combined with innovative group activities to then be implemented in the prisons where I work.

All the groups that engaged clients successfully and reduced reoffending rates worked on the assumption that drugs cannot just be stopped or mental health cannot just be improved without a foundation. The groups all worked on building a foundation of self-esteem, a positive sense of identity and self-belief.

Rather than explicitly address mental health needs or substance misuse issues these groups provided a safe space, both physically and mentally, where clients could develop positive relationships, develop a sense of control over their surroundings, their lives and how they expended their time and energy. This sense of safety and control (for both staff and service users) was a prerequisite for positive change to begin.

Staff in all groups and at all services I visited expressed the importance of 'soft skills' such as compassion, patience, empathy and an unerring belief for the client and their Recovery and Rehabilitation.

The activities usually take place in a manner that does not reflect a typical 'face to face' therapy session: clients do not need to make eye contact with staff, other clients input is just as important as staff members and the individual usually develops new skills through the group as well as better learning to manage mental health, trauma and substance misuse.

The groups, where possible, meet clients on their own terms or in their own neighbourhoods. On their own terms means finding activities that interest and engage the service user such as sport, art, drama or even through sharing food and meals.

Making attendance or engagement as easy as possible due to the location, or through 'open door policies' or 'drop in' allows clients to attend without feeling pressured to change their behaviour before they are ready. None of the groups or services I visited were compulsory in nature. Even in prison, inmates had to apply to live on the specialist units and had choice and control over their engagement.

Staff supervision and training is vital. Furthermore, selecting the right staff during the recruitment process in the first place helps to build a workforce that already buys in to a trauma informed approach. To foster feelings of safety and control for service users, staff must be
supported to develop and manage their own feelings of safety and control both physically and mentally.

Staff training, recruitment and supervision requires central government funding. The budget cuts that have decimated officer numbers on the wings make the request for further funding seem like wishful thinking. Yet we know from watching our colleagues abroad that a qualified and supported staff team means fewer incidents in custody and limited staff turnover that makes long term fiscal sense.

The Ministry of Justice is aware of the evidence that guides the rehabilitative approach to custody in Norway and prisons are overwhelmed by the increase of deaths in custody as services are reduced and budgets are cut. There must be a concerted collaboration between government and prison governors to support the men and women who staff the prison estate. Funding must be provided to train these staff appropriately.

To be truly effective, a trauma informed mentality must pervade throughout the whole service. There must be buy-in from the top down. It must be a concept that is considered when designing the physical lay-out of the service, its location, policy and procedures down to group rules, size of group and group membership requirements.
Introduction

I have worked in the Social Care Sector for the past ten years developing my knowledge and expertise 'on the job' whilst often training and learning alongside. I moved from Manchester to Bristol eight years ago to complete my MSc in Social Work. Since this time, I have actively pursued working with the 'complex and chaotic' client group first in the community and for the past four years in London in a custodial setting.

My role is to develop a service that works holistically, responding to need as it presents. In doing so, we hope to reduce reoffending, substance misuse and the need for more intensive clinical mental health input. As a by-product, the service works to reduce incidents in custody that involve my client group including self-injury, attempted suicide and violence.

To be able to work holistically it is important to have a clearer picture of who makes up our prison population. Fewer than 1% of the general population has been in care, but looked after children (LAC) make up over 30% of the male prison population and 60% of the female prison population.

Around 25% of the prison population is from a minority ethnic background, compared with approximately 10% of the general population. The rates for depression, anxiety, schizophrenia, psychosis and personality disorders are all much higher in custody than in the general population. Rates of learning disabilities and difficulties are higher than the general population.

Defining Our Terms:

Dual Diagnosis -

This complex and chaotic client group is also described as 'Dual Diagnosis' and although I may use the terms interchangeably I would like to clarify what this term means precisely in relation to the services I currently run in London prisons. I believe ‘Dual Diagnosis’ is a phrase that can often confuse key stakeholders, colleagues and clients because it implies

1) That a mental health diagnosis is needed prior to accessing support
2) That mental health and substance misuse issues can be neatly separated (and then re-combined under this banner)
3) It doesn't take into account the multiple layers of needs (be it homelessness, physical health, poverty, trauma) of this client group.

Furthermore, it is my experience that clinical vs. psychosocial staff have a very different opinion on which mental health issues and which types of substance misuse warrant this diagnosis. I have encountered many clinicians who use the typical threshold measure for community mental health services (i.e. severe and enduring mental health problems) combined with 'severe' drug use (i.e. Heroin, Crack and Alcohol) as the threshold measure for a Dual Diagnosis Service.

Since I started working with complex and chaotic clients I found that there are many who 'slip through the net' either because they are too chaotic to ever have been formally diagnosed, their
substance misuse makes formal diagnoses difficult or their violent and aggressive behaviour makes engagement and diagnoses difficult. There are also many clients labelled with 'Personality Disorder' who cannot access statutory mental health support but find the symptoms of their diagnosis inextricably linked to their substance misuse and offending behaviour.

There are systems in place in the UK to attempt to provide diversion to hospital for those who are acutely unwell in the criminal justice system. There are now also schemes in place to support those with low level psychological needs, such as IAPT (Improved Access to Psychological Therapy) in the community and it is increasingly common practice to have these services in prisons.

However, there is a large group of our prison population who misuse substances and have mental health issues that are too serious to be able to engage with low level counselling and psychological therapies but do not meet the threshold level for statutory mental health services. This client group has often experienced historic trauma that requires intensive support. Yet this type of intervention cannot necessarily be delivered 'safely' in a quick turnover, remand prison setting.

It is this client group who often demonstrate the most risky self-injuring behaviour and anti-social behaviour in a prison setting. The majority of clients who spend time in the Care and Separation Unit (segregation) or on open ACCT documents do not have formal diagnoses nor have addiction issues that warrant medical detoxification. They do, however, have profound complex and chaotic needs that need addressing if we are to keep our clients safe whilst in custody and support them to exit the criminal justice system completely upon release.

It is this client group I refer to when I speak of 'complex and chaotic' and it is this client group my Dual Diagnosis Service has attempted to engage, first in HMP Thameside and now in HMP Pentonville prison.

My Dual Diagnosis / Complex and Chaotic Service in Category B Male establishments was commissioned based on government guidelines and subsequent recommendations following inspection. All evidence demonstrates the improved outcomes when treatment for mental health and substance misuse issues is combined.

Trauma Informed Approach -

A Trauma Informed Approach is fast becoming accepted best practice in social care services in America. Promoted strongly by the countrywide Substance Abuse and Mental Health Services Administration (SAMHSA) this innovative way of practicing is producing tangible positive results for the client group I work with in England. SAMHSA identifies that 'the need to address trauma is increasingly viewed as an important component of effective behavioural health service delivery [because] unaddressed trauma significantly increases the risk of mental and substance use disorders and chronic physical diseases'.

SAMHSA's concept of trauma states that 'individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally
harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional or spiritual well-being'.

Research into best practice in America states that being aware of trauma in our client group is not enough, 'trauma researchers, practitioners and survivors have recognised that the understanding of trauma and trauma-specific interventions is not sufficient to optimise outcomes for trauma survivors. A programme, organisation or system that is trauma-informed realises the widespread impact of trauma and understands potential paths for recovery; recognises the signs and symptoms of trauma in clients, families, staff and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices and seeks to actively resist re-traumatisation'.

The concept of traumatic stress has emerged over the last forty years but with the majority of focus on trauma experienced by women and children. Whilst it has been widely accepted in these specific fields of practice in America for decades, it is only relatively recently that trauma informed practice has been developed to incorporate the traumatic stress experienced by any member of society, regardless of age, gender, ethnicity or sexual orientation.

As a modern concept within the field of dual diagnosis, this approach has so far not been accepted and developed in custodial settings either in the UK nor America. It is for these reasons that I visited community services in Chicago and New York: to see how this approach manifests in practice and how it can be used to influence the development of services in the English prison system.

I then visited prisons and criminal justice organisations in Norway to gain a greater understanding of innovative practice within a custodial setting and looked at how staff are trained and supported to implement a trauma informed approach.

Group Work -

The reason I developed groups activities for this client group was in response to the way our remand prison system functions in England. Prisoners can be transferred around multiple establishments whilst on remand based on which courts their cases are heard in. Also, once sentenced, a prisoner in England has little idea of why, when and to where he will be transferred to complete his sentence. Although there are systems in place to attempt to make the transfer system standard for each prisoner, in reality it can often seem arbitrary and bewildering to a prisoner as to why he has (or has not) been transferred to a more appropriate establishment to meet his needs once sentenced.

Furthermore, complex and chaotic clients within the English prison system can often be 'ghosted out' of the establishment because their behaviour has become unmanageable for that specific establishment. This process involves transferring a prisoner without warning and can often follow assaults on officers as it becomes inappropriate to keep the offender in the same establishment as the staff members he has assaulted. Our complex and chaotic prisoners therefore have an added layer of instability around where they will be serving their sentence.
Under these circumstances, it can be incredibly challenging to build meaningful therapeutic relationships and demonstrates why one-on-one, long term psychological support for trauma experienced cannot often safely be completed. Group activities, however, can easily, quickly and cheaply be replicated across the prison estate and have less emphasis on the importance of the therapeutic relationship between the professional and the offender. Because of this, it is less likely that further psychological damage can occur if the prisoner is abruptly transferred mid-treatment. It is also my experience that offenders will access group work to ‘test the water’ about talking through their thoughts, feelings and emotions around trauma before feeling ready to seek one-on-one intensive support meaning more offenders are willing to engage.
Aims and Objectives

It is the aim of this research to:

- Gain an understanding of what Trauma Informed Care looks like in practice.

- Look at innovative ways of engaging with this client group through group activity using a trauma informed model as the foundation.

- Develop an understanding of the latest best practice in the social care sector and replicate this back in the UK, sharing the knowledge and understanding I have gained with my colleagues in the English prison estate.

- Discover ways of educating and supporting staff (including myself) to develop their own Trauma Informed Work.
Findings

I chose to travel to America and Norway in the hope I would be able to witness and experience examples of best practice and innovative work in two very different social care and societal structures. This was true. Whilst the majority of the services I engaged with in Norway were State funded, the majority of organisations I worked alongside in America were charitable, relying on fundraising or state level grants and funding.

In America, I met with campaigning organisations fighting to improve the criminal justice system in the United States. In Norway I saw groups of homeless men congregating in public parks and at the train station. Neither system is perfect but meeting with passionate, compassionate and dedicated individuals working within two very different frameworks gave me a renewed optimism in my work within the criminal justice system and many examples of best practice that can be implemented back in the UK.

It is not my intention in this essay to focus primarily on the overarching criminal justice structures in which we all attempt to practice. However, my findings across the two countries, combined with my own knowledge of the English system, hope to persuade that for a trauma informed approach to be truly and effectively implemented it needs to be embraced across the whole prison estate and throughout our additional criminal justice services. The experience I had in Norway demonstrated how attitudes towards crime, criminals, mental health and substance misuse at a macro level affect the funding opportunities, training, facilities provided and day-to-day interactions between those incarcerated and those paid to care for them. This is an attitude I believe many individuals within the UK also share, yet without governmental support and backing from the general public, it may be difficult to create a trauma informed prison estate in practice. Education creates understanding and with understanding a greater level of empathy. It is my intention to educate through sharing my experiences in the USA and Norway to work towards a trauma informed prison estate on a macro level, as well as within my day to day work.
The Training, Development and Implementation of a Trauma Informed Approach in Staff

Oslo Prison

Prison doesn't work. At least prison in the UK doesn't work. Those serving under 12 months are likely to reoffend at a rate of around 60% in their first year out of prison. For youth offenders those likely to reoffend is closer to 70%. The Criminal Justice System in Norway reflects relatively closely the model we attempt to follow in England when it comes to mental health and substance misuse support.

Primary and Secondary mental health services work in much the same fashion to those in England and the Experience vs. Reality seems similar in both the prison settings I work in and those I witnessed in Norway (e.g. Acutely unwell people sometimes end up in prison and getting them transferred to hospital from prison can be a long and difficult process).

Drug services in prison also appear, on paper, relatively similar with primary emphasis on medication and further support provided by psychosocial teams who work to build care plans from custody that go on into the community. The problem with this, however, is that the recidivism rates for Norway are much lower than those in the UK but it was only after visiting Oslo Prison that I began to understand why.

The first thing I noticed upon entering the establishment was just how quiet it was. Working in two London Local Remand prisons I have become so used to the constant banging, screaming, fire alarms, personal alarms, radio crackle and slamming metal gates that I found the gentle silence of Oslo Prison disconcerting.

I had researched the prison online before visiting and had come to the conclusion that this establishment would most resemble those that I’m used to in the UK: it has a reputation for being old, run down and has the biggest population of any of Norway’s establishments. Yet the wings sparkled, there were no raised voices, there was calm and order. Even on the hospital unit, the drug treatment unit and the unit that most resembled the UK’s Care and Separation Units, there was quietness and calmness. On these units, staff do not wear uniform and I found it difficult to differentiate staff from prisoners without surreptitiously looking to see who was carrying keys.

Prison Officers in Norway receive three years' mandatory training. In the UK this is six weeks. Prison Officers who then work on the more specialist units (drug treatment, mental health etc.) must undergo further training. During this training a number of areas are covered that often only get an hour slot in UK officers’ training, if at all. Mental Health, Criminology, Psychology, Law and the Legal System are all covered in this training.

A number of times throughout my time in Norway I heard staff say 'we are taught about dynamic security' and this seems to be a key theme within Officer Training. Every time this was
mentioned, it was not in the context of order and control, but spoken about alongside words such as 'Respect', 'Trust' 'Normalisation' and ideas around 'pro-social modelling'.

A unit manager I spoke with talked about it 'not being enough to take him out of prison [at the end of his sentence], we must take the prisoner out of him'. He spoke at length about the importance of identity and supporting prisoners to build a positive self-image no longer related to crime or substance misuse.

The Norwegian staff consistently talked about the importance of 'interacting' with inmates and all spoke to me in terms of rehabilitation. None of the prison staff I spoke to during my time in Norway thought that their job was only to keep the peace within the prison: they saw their role as genuinely linked to Release, Recovery and Rehabilitation.

It was an attitude I observed most keenly in practice during lunch time. Each unit houses around 20 prisoners. At lunchtime prisoners and staff eat together. All are expected to join. I ate from porcelain plates with metal cutlery on the wing with 19 inmates. Staff did not wear uniform. The interactions around the table gave me no clue who was a prisoner and who were staff.

Not every prisoner in Oslo lives on a specialist unit like this, but they have the opportunity to work towards it, or apply to enter onto one of the specialist units. Oslo Prison has a specialist unit that works with external drug treatment services and functions as a stepping stone from custody to rehab. Prisoners from across the prison estate can apply to enter this unit and are expected to go on to residential rehabs in the community to complete their sentence.

I was shocked when I realised the photographs of happy skiers and snowboarders on the walls were actually the prisoners. This was confirmed to me when I was shown the boot room, full of boards and skis. Prisoners in Oslo are often taken out of the prison, to develop skills and confidence in work, education and outward bound activities, such as skiing and hiking in the mountains. At night, there are no staff on this unit and prisoners’ doors are left unlocked although they cannot exit the unit. The only TV is in a common room: prisoners are encouraged to interact and not isolate in their cells.

Prisoners are all single cell in the Norwegian prison system and the inmates I spoke with found it difficult to understand how prisoners in the UK cope with sharing their space with someone else:

'How do they cope?'
'I'd just fight',
'Don't they get bullied?'
'I wouldn't feel safe'.

Over the summer the Unit Manager often cycles out of the prison with the 19 men on his unit to work in the community, earning money to allow him to develop more projects for the men.
housed on his unit. To clarify, Oslo is not an 'open prison'. It is a 'high security' prison yet trust is invested in the inmates.

There was a large focus on personal responsibility, with firm rules should prisoners break this trust. We spoke about these firm boundaries, which not only are used in an effort to model the reality of responsibility the prisoner will face after release but also to keep the prisoner safe from the possibility of harm from others whilst in custody. This fostered a sense of safety and control that both staff and prisoners discussed when talking about their experiences.

'Reponsibility Groups' are multi-disciplinary and multi-agency meetings held to develop the prisoner’s care plan and release plan. He chooses who he thinks should be involved in this meeting and is expected to participate fully: help isn't given to him but support is offered should he choose to use it.

Although all of this sounds impressive on paper, it was the things I could not quantify and find it difficult to describe that resonated most. The way staff and inmates interacted was respectful. Body language and tone of voice was always calm. Officers seemed genuinely invested in improving outcomes for prisoners. They spoke at length about managing prisoners in the 'most humane way', even when prisoners become violent or a danger to themselves and others.

The experience highlighted to me the importance of two key areas when developing a trauma informed approach in the UK. Firstly, the importance of these 'soft skills' when working with complex and chaotic clients. Interacting with prisoners in a trauma informed manner should not be the preserve of the social care staff or healthcare professionals within the establishment. To develop a respectful system that fosters feelings of safety and control for both staff and prisoners, interactions at all levels should come from a trauma aware understanding.

When I asked why the prison was so quiet, even on the 'difficult' units, the bemused response was 'because we talk to the inmates', implying that banging, shouting and self-injury are rarely used as methods to 'get needs met' and prisoners feel listened to and heard when they do speak.

This is then closely linked with the second key area that the Norwegian system takes for granted but which fosters the feelings of safety and control that allow a trauma informed approach to germinate: the physical environment.

The specialist units in Oslo prison are being closed next year as the old building is deemed 'not fit for purpose'. It is cleaner, brighter and more spacious than almost all the prisons I have visited in England. The environment allows feelings of safety and control for both staff and prisoners to develop. The intimidating noise I discussed earlier in the UK prisons is non-existent. The narrow landings of UK Victorian Prisons do not exist and there are clear lines of sight down the well ventilated and sunny wings.

Both the physical environment and the relationships between prisoners and staff overlap, demonstrating to prisoners that they will be looked after both physically and mentally (safety) and they will be supported in their rehabilitation but they must lead the process (control).
Even in Oslo, highly regarded as old and run down, I experienced a well-run and calm environment. I was told many times by staff that 'If you think this is good wait until you see Halden' but I reiterated to these Officers that the relationships I witnessed between staff and prisoner were a perfect example of Trauma Informed Care and one I hoped to share with my colleagues back in the UK.

To gain a greater understanding of how and why the officers work in this way, my next visit was to The Correctional Service of Norway Academy.

**Kriminalomsorgens utdanningssenter (KRUS)**

The Criminal Justice Centre, Norway

Arriving at the academy that trains all of Norway's prison guards centrally you get an impression of just how seriously Norway takes the education of its prison officers. In Norway, the prison officers complete a two year training course combining theory and practice, followed by one year supervised practice within a prison. The qualification is equivalent to degree level in the UK.

The building is brand new and was adjusted to specification with an auditorium that fits in 250 students and purpose built cells to mimic those in prison with viewing platforms, cameras and microphones to watch colleagues practice control and restraint manoeuvres in the same conditions they will experience when on the job.

I met with the director of the academy, Hans-Jorgen. The academy trains every prison officer who works across the Norwegian Prison estate at the central building, 10 minutes outside of Oslo. This means that every officer is given the same training and instilled with the same ethics, values and understanding of their role regardless of the final prison they end up working in.

Hans-Jorgen talked me through the selection process, where for the 175 places a year on offer over 1700 students apply. The selection process is rigorous with every application read at least twice, before around 500 applicants are selected to attend a day of fitness testing, written exams and face-to-face interviews. Applicants must already have good academic qualifications and third languages (beyond fluent Norwegian and English) are preferable.

Face-to face interviews take place with leaders of the academy, members of the biggest prison unions and prison governors on the selection panel. Once selected, trainee officers must wear their uniform for all lectures and lessons: 'They must learn how to wear the uniform'.

Their timetable includes lessons in diverse topics such as-

- Communication skills and conflict resolution;
- Correctional values and human rights;
- Processes leading to personal change;
- Execution of power and;
- Jurisprudence.

Students then complete a six week placement within prison in the first year. Students are deployed to prisons based on need and the ability of that establishment to provide adequate supervision and support.
The academy also has a large, strong research department, which prides itself on being free and independent and able to publish research regardless of the findings. I was informed that this has not always been easy and throughout the 1980s there were a number of 'hard won fights' with government to ensure that the independence of the faculty was maintained and it remained free to publish findings even if they did not suit the needs of the government or justice ministry at that time.

Having a research department onsite emphasises is the importance for an evidence-based syllabus: what actually reduces reoffending, what aids rehabilitation and what are the needs of the prison population?

When I asked why it is important to train and educate Officers in this way; why it is important to train Officers in 'moral philosophy', 'cultural understanding' and 'ethics and professionalism' I was met with bemused looks.

Ultimately, the conclusion was reached that the Norwegian attitude is that every prisoner, one day, will return to society. The notion of 'who do I want as my neighbour?' was discussed, with the implication that rehabilitation must be supported through a system that demonstrates mutual respect, empathy and understanding of prisoners.

The emphasis on 'collaboration' with prisoners and topics such as 'processes leading to personal change' and 'the effects of incarceration and isolation' are all evidence-based and teach what those of us who work in this sector know anecdotally to be true: empathy, compassion and respect go a long way and fostering a sense of safety and control is often the first building block towards Recovery and Rehabilitation. It was inspiring to see this attitude being instilled in all students who choose to train to be guards. Many of the staff I spoke to mentioned that a progressively more right wing government is developing in Norway that on ethical grounds, is not convinced about this approach to criminal justice. However, Norway and the research academy ensure that the evidence base exists to demonstrate that an approach to criminal justice that is Trauma Informed reduces reoffending and is cheaper than a punitive model of criminal justice.

As I thanked my hosts at the academy, I mentioned how inspired and impressed I had been by Oslo Prison. I was given the same response that the guards at Oslo had given me - If Oslo impressed you, just wait until you get to Halden.

**Halden Prison**

Halden was built in 2010, housing 258 inmates within the prison walls and another 20 inmates in the 'halfway house' where offenders go out to work, education and to visit family in preparation for release. Halden is a high security prison, second only to Ila, now infamous for housing Anders Breivik. Much has been written about Halden being 'the most humane prison in the world' and it is used to receiving visitors from around the world who come and marvel at the conditions and facilities available to offenders.
The 'substance misuse' unit (Unit C) houses only ten prisoners, who have to apply and are screened to join the community who have access to psychiatrists, psychologists and social workers, as well as personal ‘contact officers’ daily. The mental health and psycho-social support is provided by the local healthcare providers, with staff often employed both in the prison and at local doctors' practices too. This means that if therapy is started in custody it can continue, with the same therapist, into the community upon release. If this is not possible, the psychologists are able to make direct referrals into services and know that their client will be picked up and services will continue immediately upon release.

The groups that exist in prison - mood management, stress management, anger management and anxiety management - also exist in the community, so the safe spaces created within groups in prison can continue upon release. This is often a big complaint I hear when running Mood Groups in prisons in the UK: there is a lot of support provided in custody, prisoners begin to 'do work on themselves' then find they are released without any follow-up or peer support groups in the community to meet their needs.

I met with Jon, a psychologist on the substance misuse unit. He described how Norway values the profession of Psychology and he feels he can often demand support for his client from Doctors and other healthcare professionals. This reflects the high regard for which psycho-social interventions are held in Norway and goes some way to explain the high value placed on teaching officers’ skills often only taught to psychologists and social workers in the UK.

Jon described how he would expect community doctors or therapists who were taking over his client in the community to come into the prison prior to release and meet his client. This is not just for clients under Community Mental Health Teams. This is an expectation for the complex and chaotic client group also, who may not have diagnosed mental health needs or may not be under psychiatric care.

Jon described how it was normal practice for community professionals to travel many hours across the country to conduct these meetings. Jon described how, occasionally, the distance to travel made some reluctant to make the journey. At these times, he described how using his professional authority as Psychologist ensured the meetings took place.

In Norway, it appears that Psychologists are held with the esteem we reserve for Psychiatrists in the UK. This may seem a small difference but it does imply an almost polar view of how criminals and rehabilitation are viewed. Rather than adopting a medical model which implies there is something wrong with the individual that can only be diagnosed and therefore fixed by an expert, the Norwegian emphasis on psychosocial interventions implies that the individual is not born with something innately wrong with them but through a combination of bio-psycho-social factors they have ended up misusing substances and in prison. It is an empowering approach, that allows the individual to remain the expert in his own Recovery and Rehabilitation, implying that he has the solutions within and is able to access them with the support of a psychologist. This approach gives the client a sense of control: he is an equal partner in his rehabilitation and recovery.

It is also an approach which goes some way to explain the humanity and compassion I have seen in the staff in Norwegian prisons: circumstance and trauma have led the individual to prison,
society has helped form the man into a criminal and society now has a responsibility to rehabilitate and reintegrate him successfully.

The Importance of the Facilities and Physical Environment

Halden

The facilities in Halden have been discussed numerous times in numerous newspaper articles and on television programmes, but they truly are amazing. The prison is surrounded by woodland, and air of calm, quiet and peacefulness pervades. Within the prison walls is a small trail through the woods, where prisoners can jog, or the therapists can stroll with their clients. Jon and I discussed research conducted on the 'gaze' in psychology that demonstrates that often being side by side with someone can yield a closer connection and more honesty from the client.

I also discussed with my host the research into nature and light in the improvement of mental health. He explained how the evidence for this had all been considered when building Halden and its grounds, which include outdoor picnic benches and a sensory garden that 'smells beautiful in the summer'. The environment is light and airy. There is a fully fitted factory for carpentry, a garage where staff have their cars MOT’d and fixed and a welding studio. There were saws, drills, blades and Bunsen burners everywhere yet I was met with those bemused looks again when I continually asked about risk and if prisoners were searched in and out of workshops: 'we have metal detectors'. All the equipment is of the highest quality and none of it is damaged. I was informed by staff that in five years no single piece of equipment had been purposely damaged by an inmate. Prisoners are trusted to behave appropriately and in turn, they do. Staff feel safe, prisoners feel safe. Power is not used to exert control and a mutual understanding of trust and respect pervades, creating the feelings of safety and control that both staff and prisoners need for a trauma informed environment to function and flourish.

Speaking to one prisoner, I was informed that the qualifications he will receive are to the same level as those from local education providers in the community. Also, vitally, the certificates received only give the name of the local college. They do not say that the qualifications were earned in prison. I asked whether he had to declare his convictions. He stated that he would probably tell prospective employers at interview, but not on the job application form. He stated that he felt he would be able to get a job relatively easily upon release, the stigma of time in custody apparently not the issue it is for my clients in the UK. He felt control over his future, where his past actions would not affect his future choices.

I was interested to know how the medical staff felt the prison guards worked alongside them. I was informed that there is a heavy emphasis on a multi-disciplinary approach to client care both in custody and the community. I was informed that until the prisoner's community social worker, substance misuse worker, mental health worker etc. can be identified and brought into the prison to work with the prisoner, guards take on this role. I was informed that the guards' involvement is vital and they play a pivotal role in the care package offered to a prisoner in custody. Examples were given of prison officers who secured employment for prisoners upon release in friends' companies. I was informed that the guards 'see themselves as separate to the
healthcare team, but work very closely with us' and 'contact officers take their job very seriously'. Medical staff described officers who are 'comfortable, laid back and can diffuse [any] situation'.

This implied that the prison guards were confident in managing complex offenders with mixed substance misuse and mental health backgrounds. They saw it as part of their role to deal with these issues and did not see this as purely the remit of the healthcare team. Furthermore, I was impressed by the discussion around staff needs and feelings of safety. I was informed that the guards were 'very self-aware... they know when they need a break from the [substance misuse and dual diagnosis] wing'. Every third week the guards get 'guidance sessions', a clinical supervision that helps officers cope with their day to day work. 'Environmental Therapists' also attend these sessions to support staff. The preservation of the good mental health of officers is seen as important and openly discussed: an approach that seems novel in the UK but demonstrates a trauma informed environment that is supportive of staff needs as well as those of the service users. The success of supporting staff may be inferred from the low levels of staff turnover, the infrequency of disciplinary proceedings and the lack of prisoner on staff violence.

When questioned about the 'suicide watch' process, I was informed that should a prisoner get to the stage where a near constant watch was required, they would be transferred to outside hospital. This was followed by staff clarifying that this hardly ever has happened, as the mental well-being of a prisoner typically does not deteriorate to this point whilst in custody. I was informed that self-injury in custody was rare and there had only been one self-inflicted death at Halden since it opened five years ago. This emphasises the sense of safety and control felt within Halden: prisoners' needs are met and they feel listened to and supported when they request to be heard.

There is a feeling of mental safety, that he will be looked after and supported if it is required. There is a feeling of control: he is able to get his needs met by communicating with staff and he believes they will work alongside him, not against him.

**Breakthrough**

Breakthrough was another service that did not explicitly speak about the Trauma Informed Approach, yet I visited the service to shadow and participate in group activities and whilst I was there I witnessed trauma informed practice in action.

Breakthrough serves the poor, mainly Black neighbourhoods of Chicago. It is a church based organisation although it was the group activities I came to visit. As well as providing supported accommodation, day centres, food pantries and outreach work, Breakthrough also holds a running club for adult service users. This running club starts at six thirty AM twice weekly and kit can be provided through donations. Food is provided afterwards so the homeless, drug and alcohol using client group are able to replenish their energy following the run. Kit can also be provided through donations so no service user if left out because they do not own a pair of trainers.

Like in Halden prison, there was a tacit understanding that exercise and being outdoors could have a positive impact on mental health, substance misuse and more generally improve self-
esteem and person's sense of identity. Although run down streets of Chicago's south side were a stark contrast to the woodland trails within Norway's prison the positive impact of this service remained. As part of a running group, these service users became more confident to exercise and run in their neighbourhood. Being part of a group created a sense of safety that meant participants were confident to run through neighbourhoods that would have been intimidating and frightening had they been jogging alone. Jogging also developed a sense of control over their bodies, their health and their identity.

Breakthrough is also active in youth work and I joined Bryan as he led the youth running club, which meets bi-weekly over 8 weeks. At the end of the course, children and young people enter a local five kilometre race, which also functions as a celebration for all they have achieved.

The young people, aged between 8 - 14, meet at the main Breakthrough building. Here, they are met by a team of slightly older volunteers (mainly teenagers but also some parents of the young people involved).

We walked together to the running track with volunteers and young people interacting along the way. These were not forced key work sessions but the young people updated the volunteers on their progress at school, how things have been at home and how they felt about things. Although not officially stated, I began to realise that this course was not just about the running.

We arrived at the running track and the session for the day was a timed mile run. Bryan encouraged us and reminded us it's not a race. Volunteers and young people naturally paired off and I found myself running with two young people, both around twelve years old. The boys had ill-fitting shoes and clothes, so we ran slowly but we talked constantly as we ran.

They were fascinated that I would travel from England to visit them. I explained how I love to run and think that it helps my mind as well as my body. They agreed and talked about how good they are at basketball and hope to get better at running. At the end of the session, everyone was smiling through the natural high of endorphins and beaming with pride at having run one mile.

During the session it had become very dark but it was only when I was walking back to the train station later with another volunteer that I realised I had felt safe at running club, yet as soon as I was away from the group in this south side neighbourhood after dark, I felt vulnerable.

One of the boys I was running with described the neighbourhood as 'OK.... it can be pretty scary sometimes'. He spoke about hearing gun shots, about his father shouting at him to get back indoors as gun battles took place on his street and his difficulty trying to focus at school because he rarely got a good nights' sleep. He talked about enjoying the activities he did with Thresholds and he seemed relaxed through the whole session, only tensing slightly when it was time to walk back through the dark neighbourhood to head home.

The running club, along with after-school club, basketball club and many other activities for the young people of this neighbourhood seemed to provide a genuinely safe space in a neighbourhood that can feel very unsafe at times. The running club also uses a similar tactic to
that described by Jon the psychologist in Halden prison: people are more likely to talk about their emotions and feelings when you are walking alongside them, rather than face-to-face. During running club I witnessed positive interactions and participated myself in conversations that were very close to key work sessions as we ran around the track. It was an innovative way of engaging with young people, developing positive self-esteem and identity, using exercise to improve mental health and show how positive relationships can create a safe space.

SUP Norway

This idea of combining outdoor exercise and group activities to engage a client group was something I also found in action in Norway.

Although unable to visit the service as it does not run in the very cold winter months, I had a number of conversations with SUP Norway founder, Titus Kodzoman.

SUP, or Stand Up Paddle Boarding, is quite like punting only you are on a board instead of in a boat. Virtual beginners can master it quickly, which makes it an ideal sport to use as a form of therapy. SUP Norway highlight the evidence demonstrating the positive effect being in nature, sunlight and exercise can have on Mental Health, Recovery and Rehabilitation.

Titus explained to me how other European countries (the UK included) are now prescribing exercise for Mental Health issues as it has a clear evidence base and success rate on par, or greater than, antidepressants and medication.

Innovative Activities

Halden

It is the environment and facilities in Halden that often get the press and although I agree that the environment was impressive, I was more impressed by what these facilities implied about attitudes towards prisoners. Prisoners did not have to 'earn' trust, respect and privileges as they do in the UK prison system. They are treated as adults to begin with and privileges are removed only if this trust is breached. As such, the prisoners I observed were flourishing. Prison property was never damaged or destroyed. Genuine respect was shown between staff and prisoners. On more than one occasion I saw prisoners beaming with pride over what they had made, created, achieved or built whilst in custody. The example below demonstrates the importance of a sense of control over one's choices, environment, Recovery and Rehabilitation journey.

One of the most moving moments I experienced in Norway was one I was not meant to have seen. On Fridays, prisoners taking part in the cooking school make a three course dinner for the Number One Governor and other high ranking members of staff. Guards are also invited to be guests at this dinner on a rotational basis. This is expected to be a proper, fine dining experience with silver service and white linen.
Soft drinks are served in wine glasses to mimic the experience of a high-end restaurant. The waiters and kitchen staff are all prisoners. As I turned the corner I saw the chef and head waiter leaving the dining room at the end of the service, where they had been critiqued by the Governor and his colleagues. They remained calm for a second or two, then giddily became high-fixing, embracing, and excitedly congratulating one another. They saw me and quickly calmed down but could not hide the sense of pride they felt in the obvious praise they had just been given. For these few moments, these men did not feel like prisoners - they were valued and respected for the quality of their work and experienced how it felt to take control of one's life in a positive way. These men had very real control over their kitchen and therefore flourished in that space but the skills they were learning in custody also gave them very real control over their futures upon release. The environment was a foundation from which they could build self-esteem, pride in themselves and their skills and an identity beyond that of 'criminal' and 'drug user.' Halden created a feeling of safety where these men did not need to hide their emotions for fear of appearing vulnerable to other prisoners - I saw their emotions clearly displayed to one another when they that no one could see. To me, this was the perfect example of the way environment and staff attitudes could work together to support Rehabilitation and Recovery.

A Safe Haven

A Safe Haven is a County commissioned scheme in Chicago aimed at addressing the substance misuse, mental health, housing, family and employment issues of those charged in the County Court.

It is a scheme commissioned to redirect those who are fighting their cases from County Jail into supported accommodation whilst they await their court dates, rather like 'bail hostels’ in London but with added intensive support and supervision. The residents have essentially been bailed to Safe Haven because they do not have property or cannot return to their old property for reasons such as domestic abuse or they are living in known Crack houses.

Residents are monitored with electronic tags. They live on-site, with an allocated Case Manager overseeing their support. Residents are expected to keep a full timetable of work, learning and group work or risk being returned to County Jail.

Group work focuses on changing thinking patterns, addressing substance misuse issues, living skills, employability and managing moods and emotions. On the first day of my visit I worked alongside 15 residents, led by Calvin who had been through the Safe Haven system 12 years ago and now worked for the organisation. Work started at 08:30 although the residents had been up since 06:30 completing chores. Our task for the day was running The Pantry, a food bank for the local community. When I arrived at 08:00 there was already a queue of two dozen people waiting outside for the food bank. Myself and the team of male and female residents hauled food off the vans and bagged it up equally in preparation for the hundreds of people that would pass through the doors before 1pm.

One woman I worked alongside described how she has never had a drug or alcohol problem but chooses to attend the substance misuse groups on site because 'it doesn't matter if you've used drugs or not, these groups are all about ways of coping and managing and it's about your emotions anyway. I can learn from these groups’. She explained that there were beds available
at Safe Haven under different schemes and she would choose to return even if her case got dismissed from court.

There was a tacit understanding that substance misuse was just an obvious symptom of the underlying mental health issues and trauma that needed addressing. No one shied away from the hard work and I noticed no bad language or complaining, just 15 people helping each other to get the job done.

Calvin explained to me later that 'helping those less fortunate can help with Recovery. Doing this gives you a sense of purpose and pride'. The Pantry is a social enterprise that not only helps the local community by providing a vital service but supports those who would otherwise be doing their remand time in a County Jail to develop not only their employment skills but self-esteem and sense of purpose in life. It gives a sense of control over their involvement with the criminal justice system: A more rehabilitative option is available for them if they choose to engage with it.

The majority of the young men in the group were involved in gangs in their local community. We discussed group work for mental health needs and although initially shying away from describing their issues as 'mental health' each man confirmed that he struggled with things he had witnessed or done himself whilst involved in the gang lifestyle.

Similarly, to the British client group I work with, these men described smoking cannabis and using crack as a 'coping strategy' to manage the lifestyle they live. They did not seem willing or able to articulate their trauma in terms of mental health but spoke about 'things I have seen', 'things I have been through', and made comments such as 'it's no wonder after experiencing what I have' that I have found it difficult to cope and function in a way in society that is expected of me. Until attending A Safe Haven, none reported having received psychological input.

A heavily tattooed man with silver grills on his teeth politely described the difficulty he faces in society as a young Black male with visible gang affiliations tattooed on his arms and neck. This also opened up a conversation about the complex and specific needs of the Black population of Chicago. Of the 15 residents working alongside me at The Pantry one was ethnically Puerto Rican whilst the other 14 identified as Black Americans. Of the 200 people who came to use The Pantry that morning, only a handful were white.

I had already witnessed myself the ethnic divide of Chicago but Calvin described how poverty exacerbates the complex needs of this client group and when interwoven with historic and current racism, services must be tailored to meet the specific needs of the client group with an understanding of the trauma whole communities can experience.

In the research I have already been conducting in the UK, I neglected to consider the trauma that can be felt by whole communities. Another young gang member described the constant police harassment he experiences and witnessing violence against and within his community.

To quote one of the young men I spoke to, as he quoted Kayne West 'Racism's still alive' in Chicago.
The men described a lack of safety and control within their own communities, not only because of the dangers faced from opposing gang members but the violence and intimidation they face from the police and society as a whole. They described lacking control over their own destinies, judged already and excluded from society from a young age because of the colour of their skin. They do not feel safe in society and when they described being 'stop and frisked' as children it becomes clearer how multi-faceted and deep rooted the trauma they have experienced is.

A Safe Haven attempts to create just that, a place of safety. This is a psychological place of safety as well as physically removing residents from the risks they face in their neighbourhoods. Like the prisons in Norway, firm boundaries were in place but these were never described by staff or residents as punitive measures: they existed to ensure order, and therefore safety, was maintained.

Within A Safe Haven, residents could choose which activities, education and work they attended and were expected to work independently from staff and as a team. Again, like the way I saw prisoners treated within the Norwegian prisons, residents were expected to have personal responsibility and control of their own Recovery and Rehabilitation. They were given trust, it did not have to be earned and it was their choice if they breached that trust.

Some of the residents I spoke to described the difficulties of exiting the lifestyle they are involved in because of the lack of employability following release from custody and the ease with which money can be made dealing drugs and continuing with criminal activity.

These are concerns that have been raised throughout the 'Mood Management' groups I run with gang affiliated clients in the London prisons. These comments continued to reflect feeling a lack of control over the world around them and little opportunity to affect change within their own lives.

Running the food bank was not described as 'Trauma Informed Group Work', yet what I witnessed demonstrated the importance of developing feelings of safety and control to allow those who have experienced trauma to begin to develop resilience.

I witnessed an environment where trust was given freely and each resident was a respected team member whose different skills were valued and utilised. I witnessed positive reinforcement: orders were never shouted, voices never aggressively raised. Opinions were asked for and listened to. As I have previously noted, it is within the interactions between staff and clients that a Trauma Informed Approach can be truly experienced and yet it is these interactions that are hard to describe and quantify.

In Norway, the skills to implement this approach were taught through KRUS and staff were carefully selected for their implicit understanding of the trauma faced by the prison population. At A Safe Haven, this understanding was often hard won, with Calvin explaining how his understanding and empathy around trauma developed through his own lived experience.
Rehabilitation Through the Arts

An organisation that does not have the ability to work in nature but demonstrates how innovative practice and determined staff can have real results when it comes to improving the lives of their client group is Rehabilitation Through Arts, a New York based organisation with a small staff team that works across a number of establishments in New York State, most notably the infamous Sing Sing Prison.

RTA uses 'the creative arts as a tool for social and cognitive transformation behind prison walls.'

RTA's ethos reflects that voiced in the Norwegian Prison estate: who do you want as your neighbour? RTA as an organisation continually reiterates that 'over 95% of people in the American Prison Estate will one day be released'.

RTA believes 'in the profoundly rehabilitative effect that engaging in the arts has on men and women behind bars. Through creative expression in theatre, dance, voice, writing and visual art, prisoners learn social and cognitive skills that act as a springboard to education, family reconciliation and ultimately, successful re-integration into community life.'

I was lucky enough to attend the premiere screening of 'Dramatic Escape' a film that follows the journey of RTA and the prisoners of Sing Sing as they attempt to stage a production of A Few Good Men behind bars.

This film shows clearly how group activities can build self-esteem, self-belief and a sense of identity, which all create the foundation from which to improve mental health and substance misuse and address offending behaviour.

The film shows how prisoners come to learn to manage their emotions by expressing themselves through drama. The prisoners talk of the sense of safety and the feeling of community that develops as the men work on the production.

The film demonstrates the equality between RTA staff and prisoners, the compassion and respect shown is obvious. Again, the sense of safety prisoners involved with RTA feel is demonstrated when emotions become heightened between two of the actors. Typically, in a custodial setting disagreements can quickly become violent. We see in the RTA group prisoners who are able to verbalise their emotions, demonstrate their vulnerability and do not feel they need to resort to physical violence to ensure maintain their feelings of safety in custody.

Katherine Vockins, founder of RTA, also took part in a panel discussion ‘The Power of Storytelling and Personal Narrative’, which followed on from the highly publicised TedX Sing Sing event. This allowed me to meet with the Governor of Sing Sing and meet with his predecessor who originally worked with RTA and allowed the organisation into the establishment.

What was obvious at this event was the forward thinking attitude of the governors that reflected the attitude of prison staff I met with in Norway: prisoners will be released, who do you want as your neighbour? The reoffending rate for prisoners released from Sing Sing, incidentally, is lower than the national average.
Young New Yorkers

The Young New Yorkers organisation works alongside the courts to divert young people from the criminal justice system into group activities taking place in the community that use innovative methods of engagement. The organisation provides ‘arts-based transformative justice programs... With the ultimate goal of empowering them to transform the criminal justice system through their own creative voices.’

The flagship 8-Week Arts Diversion Program is an alternative sentencing program for young people. Upon completion of the program, participants typically have their criminal cases sealed, leaving their young lives unburdened by an adult criminal record. The program consists of weekly, three-hour, arts-based transformative-justice classes, each framed by a relevant theme: community; choice; accountability; responsibility; contribution; leadership. Each participant explores these themes in conversations with the group, and through art exercises presented by Teaching Artists, utilizing photography, video, illustration, and design.

The program culminates in a large-scale public art exhibition that is designed by YNY participants, and that addresses a social justice issue that is important to them.

Speaking with staff at YNY I quickly realised that the organisation used art as a way of engaging these young people primarily but the art then worked as a catalyst to discuss multiple other issues in their live and their thoughts, feelings, moods and emotions.

Staff explained the importance of group rules to me. They discussed how it was vital to create a place of safety for the young people, where they felt able to open up, to display their vulnerability, and discuss honestly their feelings around their substance misuse, mental health and offending behaviour.

Pro-social modelling was discussed by staff, and the importance of demonstrating calm and appropriate behaviour throughout group activities was raised as vitally important to maintain the safe space that the group work creates.

As my meeting with the staff of Young New Yorkers came to an end, they received a phone call from one of the girls involved in the programme. She had missed a class and was hoping to meet for a one-on-one session.

Her story was depressingly similar to those I have heard throughout my research and in my work in the UK: childhood trauma, an unstable upbringing, alcohol and drug use in an effort to 'forget' or 'distract' that then leads to her getting 'mixed up with the wrong crowd', where she experiences further trauma and continues to misuse substances more in an effort to manage difficult thoughts, feelings and emotions. This cycle only halts when she comes into contact with the criminal justice system. It is rare for young people on drugs charges to be given community orders, yet this small, innovative collaboration between a couple of courts in New York and the
organisation demonstrates that opinions are shifting slightly, in NYC at least, towards a more holistic and compassionate approach to dealing with young people coming into contact with the criminal justice system.

She wanted to come and talk about difficulties she was having at 'home' - a temporary place where she was staying with other gang affiliated girls after being asked to leave her family home due to behaviour. This demonstrates clearly how although the young people only have to complete art work to fulfil court requirements they quickly come to feel safe enough around the staff to talk about the issues that are linked to mental health issues, substance misuse and offending behaviour. It also demonstrates a pattern I have noticed throughout my research- the majority of group activities designed to improve mental health, substance misuse and offending behaviour are not sold to participants in this way. They are art groups, running clubs, a place to get a hot meal, a drama group. They are the carpentry and car mechanics and pottery classes all witnessed throughout my research.

However, in both Norway and America I visited services that function as the final safety net for actively drug and alcohol using clients and those with active complex needs.
Meeting Service Users on their Own Terms

The Bowery Mission

In New York I met with the outreach team from The Bowery Mission. The Bowery runs structured day programmes for substance misusing New Yorkers yet the organisation has an awareness that to walk into the service in Downtown Manhattan can be an intimidating experience. The Bowery therefore goes out into local communities, serving hot meals and running food pantries from the back of a van. The Bowery Mission uses a similar technique to engage this hard to reach client group: it does not advertise itself as a substance misuse or mental health service but instead engages with clients in a relaxed manner, in their own community where clients can feel a level of safety and control. This then allows conversations between volunteers and substance misusing New Yorkers to open up around support available. Many of the clients who engage with The Bowery are still actively using and have complex needs. The relaxed approach employed allows a sense of trust and safety to develop, giving prospective clients a sense of control over their own Recovery and Rehabilitation, where instead of being pressurised into stopping using drugs and alcohol clients are able to return to the service a number of times before they feel ready to make a change. A non-judgmental, safe space was provided for clients, when they were ready, on their own terms.

Bergen Community Drug and Alcohol Service – Straxhuset Bergen Kommune

The community drug and alcohol services in Bergen have been in action for over twenty two years. Walking to the service I was reminded of drug services in the UK that are located in the seedier parts of town. There was little direct public transport to the service and I was aware of groups of, mainly men, congregating under bridges and in passages as I approached the building. As I negotiated the industrial estate and alley ways that led to the service, I noticed dozens of used, bloodied needles. It was the first time during my visit to Norway that I felt on my guard.

There was a buzzer entry system at the front door and on the street in front of the building were half a dozen service users, talking to a couple of members of staff. Once inside the building it was light and airy. On the ground floor service users ate in a clean and airy dining room, members of staff were seen engaging with clients, some people were reading newspapers. There was a sense of calm within the building.

The service serves ‘severe’ and ‘active’ drug users and functions as a drop-in centre, offering a number of additional services. Visitors can return to the service as many times as they want to. Staff are pragmatic: aware that it sometimes takes multiple attempts at engagement, many times in and out services before change occurs.

Staff describe their role as providing a ‘fresh’, ‘free’ (in both monetary and psychological terms) and ‘safe’ place for active drug and alcohol users. They believe the importance of their role centres on their interactions with the visitors. They discuss the service as a place where over
time they can support their clients to learn how to respect themselves and believe in themselves because 'we believe in them'.

The service runs an AM and PM shift and reports between 60 – 100 visitors in the morning and between 80 - 120 visitors during the afternoon and evening shift. Staff reported over 4000 separate visits to the service in January.

This is a crisis service, working with the most complex and chaotic substance misusers in Bergen. The staff at the service often witness and must deal with overdoses. Norway's drug using population typically inject substances and the country has one of the highest overdose rates in Europe- it is services like this one that attempt to mitigate these risks as best as possible and make 'daily life slightly happier' for the active drug and alcohol misusing community in Bergen.

The service also operates a night shelter, with one bed for 'emergency overdoses', which service users can choose to fill instead of going to hospital if they choose. There is an assertive outreach team who operate from the service and a team who work alongside the local hospital. If a patient arrives having overdosed on drugs or alcohol they are kept in a hospital bed for 48 hours for a period of assessment. This services aims to ensure no one is discharged from hospital without an appropriate package of support and community services pick up the care of the patient upon release.

The emphasis of the service is on providing a place of safety where visitors can get a hot meal, wash, visit the doctor and dentist and meet with social workers. The service provides a final safety net for active drug users in the city.

All staff employed have professional qualifications and are usually Social Workers or Nurses. They are registered with professional bodies and are reflective in their practice. They report having robust supervision and group debriefs daily. We discussed the importance of managing one's own mental health and receiving appropriate support particularly when they often witness traumatic and violent events.

The majority of the visitors to the service are homeless although some technically have homes that they feel are too unsafe to return to or have been taken over by other drug users. Others reject the hostel accommodation they are offered by the state, citing similar concerns I often hear from my clients in the UK: that a hostel environment is full of unstable, scary drug users who often have serious mental health issues. In other words, service users feel so unsafe in this accommodation they would rather risk being homeless. For these people, plus those with accommodation but actively using drugs and alcohol, the service provides a refuge, a safe space and a break from the chaos of their lives.

Staff report that the majority of their clients have some mental health issues and state that although many go undiagnosed, they believe the rates of severe and enduring mental health issues within their client group is high.

Perhaps naively, I did not expect to feel unsafe in Bergen, nor did I expect to hear that staff here experience many of the same issues I do: clinical staff who continually discharge patients from services because their mental health issues are 'drug induced', a housing register that means
clients wait 3 or 4 years to be securely housed, a private-rented housing sector that usually refuses to take complex and chaotic tenants and entrenched drug use and risky techniques or use. I did not expect that in a country renowned for its welfare state, a service would be necessary for homeless men and women to get a hot meal, wash their clothes and feel safe.

Perhaps I had been over awed in the past few days of my visit to Norway to remember the service users for whom we work. I have focused on the staff and facilities and been blown away by the positive attitude, the compassion and commitment, the calmness and cleanliness of services. I had perhaps forgotten in the midst of this the very real mental health issues and serious addiction my clients, the service users I met in America and now the visitors to services in Norway experience.

I was interested to know if there were broad themes as to why Norwegians start misusing substances. Again, naively I hadn't thought such a 'safety net' would need to exist in a society that is perceived by the rest of the world to not need a safety net because the welfare state acts in that way already.

However, I was reminded again about the people, the individuals, who make up our client group. The broad themes were those I have heard over and over again in my own work: any combination of substances misusing parents, foster care, poverty, diagnosed and undiagnosed mental health issues and trauma.

Visiting this service reminded me starkly of the importance of a trauma informed approach when working with this complex client group. Ultimately, even within one of the most robust welfare state systems in the world there are traumatised people who attempt to self-medicate, block out emotions and traumatic experiences through drugs and alcohol.

The difference is, the Norwegian system provides a safety net that is robust enough to hold these traumatised individuals, believe in them, create a place of safety and allow them to develop the self-belief and sense of control that is a prerequisite for their Recovery and Rehabilitation.
Conclusions

The major findings from the Fellowship are as follows:

- The themes that consistently emerged across services in both the USA and Norway when discussing how to implement a Trauma Informed Approach to group work were around service user and staff feeling a sense of Safety and Control.

- Feeling a sense of safety and a sense of control, both physically and mentally, is usually a prerequisite for positive engagement in group activities. Positive engagement and outcomes occurred for service users when staff felt secure, safe and in control and reflected these feelings in their attitude, behaviour and interactions with service users.

- Staff selection, training and subsequent supervision is key to embedding a Trauma Informed Approach to group work in prisons. This should not be reserved for health and social care staff only. The approach is most successful when it permeates throughout the prisoners’ experience in custody, not just whilst in treatment and therapeutic interactions. Custodial staff have a greater role than merely security. They should be supported to develop and implement these additional necessary skills.

- The professionalisation of the Prison Service, with a centralised recruitment and training process, would support with the implementation of a Trauma Informed Approach throughout the prison estate. This would allow a consistency of approach and ethos across the prison system to develop.

- Additional resources are required immediately to train and support current staff within the prison estate with particular focus given to the ‘soft skills’ required to communicate with prisoners in a trauma informed manner, thus developing staff feelings of safety and control in the work place.

- A scheme to provide clinical staff supervision and support to manage their own mental health should be devised using a Trauma Informed Approach and an understanding that staff need to feel a sense of safety and control, both physically and mentally, to manage the challenges of working within a custodial setting. Again, this should not be limited to health and social care staff and is also vital for custodial staff.

- Successful group work activities do not mimic traditional one-on-one therapeutic interventions. They use gateway activities (Drama, Art, Sport, Food) to build a sense of safety and control, which then lays the foundation for a positive therapeutic interaction. Group activities outside in nature particularly produce positive outcomes.

- Combining the positive benefits of physical activity, being outside in sunlight and a trauma informed therapeutic intervention should be tested and trailed in the UK prison estate.
The physical surroundings in which we place prisoners during their incarceration are equally important to creating feelings of safety and control. The clean, bright, light and airy surroundings produced positive outcomes. The physical space in which we incarcerate people must also be Trauma Informed and this should be considered thoroughly in the building and development of new prisons and our choices around renovating old prisons.
Next Steps

More research is required into community trauma and the specific needs of different groups in society: women, ethnic minorities and the LGBT community. Unfortunately, there was not scope during my research to look into this area further but particularly when in America, the needs of specific sections of society are not adequately considered in the provision of services for complex and chaotic clients.

My work currently only takes place in male prisons in London therefore my focus has been primarily on men during this research. I am sure there are nuances when working with women and therefore further research in this area should take place and my findings should not be seen as definitive for the female prison estate.

After returning to the UK I have continued to work with my colleagues in the community most notably those in the Homelessness sector, where a Trauma Informed Approach is gaining momentum. I hope to continue to collaborate, learning and sharing best practice for their experience in the community to improve services in custody.

The findings will now be shared with my service users and colleagues in the UK, where we will begin to work together to develop our own Trauma Informed Approach in practice. I hope to share an update as we progress.