CENTRE FOR MENTAL HEALTH

Pact
Prisoners · Families · Communities
A Fresh Start Together

DEALT AN ACE

An evaluation of a project delivered by Pact at HMP / YOI Brinsford

Dr Graham Durcan

CONTENTS

ACKNOWLEDGEMENTS

We are grateful to the young men at HMP & YOI Brinsford who participated in this project and shared their experiences. We thank the staff at Pact for delivering Dealt an ACE and contributing to its evaluation and in particular Abigail Watson, Katie Jones, Malcolm Buchanon, Jennie Spanton, Tina Parker, Julie Stobart, Tina Pritchard, Jenny Medcalf and Deborah Hornbuckle. We also acknowledge the prison staff and in particular Pete Griffiths, Kieron McKeown & Iain Parker, and also partner organisations, who supported the delivery and evaluation of the intervention. I would like to thank colleagues and former colleagues at Centre for Mental Health and in particular Alethea Joshi, Zoe McHayle, Jenny Banks and David Woodhead. We are also grateful to Barrow Cadbury and other funders of the intervention.

EXECUTIVE SUMMARY

BACKGROUND TO THE EVALUATION

Pact's Dealt an ACE project supported young men in prison who have experienced trauma. The evaluation was designed to assess whether this casework-based support improves mental wellbeing, reduces psychological distress, and promotes rehabilitation. The project was carried out in two distinct phases each by a different project worker. The first phase featured a larger caseload, largely focussed on a particular unit in the prison and utilised group work and mentors. The second phase focussed on working more intensely with a smaller caseload using one to one intervention in the main.

The evaluation was carried out in two phases, aligned with the two distinct phases of project delivery. Phase one helped refine the intervention and data collection tools. Phase two involved formal research with standardised tools and interviews.

WHY TRAUMA-INFORMED SUPPORT IN CUSTODY MATTERS

Many young people in custody have experienced multiple forms of trauma before entering the criminal justice system. Research shows that adverse childhood experiences (ACEs) are common in this population and are closely linked to poor mental health outcomes.

Key findings from research:

- Up to 90% of young people who have offended have experienced at least one ACE (Baglivio *et al.*, 2014).
- Young people in custody are significantly more likely than their peers to have experienced four or more ACEs.
- High ACE exposure is associated with mental health conditions, substance misuse, and increased risk of reoffending.

These findings underline the importance of targeted, trauma-informed interventions in custodial settings.

THE DEALT AN ACE INTERVENTION

Dealt an ACE was a trauma-informed casework project delivered by Pact at HMP & YOI Brinsford. It supported young men with histories of trauma and ACEs.

HOW IT WORKED

Referrals were open to departments across the prison (for example safer custody teams, other Pact projects, mental health services, prison officers).

The project worker provided one-to-one emotional and practical support, and where appropriate, encouraged engagement with other services.

In phase one, group work and peer mentoring were also used, particularly within the vulnerable prisoner unit.

In phase two, the focus shifted to more intensive one-to-one support, delivered across the wider prison population.

WHO THE PROJECT REACHED

Over the two phases of the project, 161 young men were referred to Dealt an ACE. Caseload profiles show that participants often experienced complex and overlapping forms of disadvantage.

Key characteristics:

- High levels of childhood adversity and trauma
- High prevalence of mental health difficulties and learning needs
- A majority had no previous education, employment or training
- Nearly half were serving sentences for violent offences.

EVALUATION METHOD

We adopted a mixed-methods approach combining three main tools which are all standardised and used widely in mental health research. We also used background contextual data on the young men participating in Dealt an Ace, and semi structured qualitative interviews with participants and stakeholders.

PHASE ONE FINDINGS

The first phase involved a larger caseload of 128 and used both one-to-one support and group work. Interviews with 11 young men and seven staff showed consistently positive feedback:

- The young men felt empowered by the notion of resilience, building resilience and already being resilient
- Improved coping with trauma symptoms
- Increased self-esteem and social support

We found a statistically significant reduction in severity of need based on assessment of an individual's mental health problems by a professional or clinician.

PHASE TWO FINDINGS

Phase two focused on more intensive, individualised support. A smaller caseload of 34 was adopted to allow deeper engagement. Participants were referred from across the prison, not just the vulnerable prisoner unit. Eight young men participated in interviews.

Again, responses were overwhelmingly positive. Themes mirrored those from phase one, with additional reports of increased emotional regulation, becoming more hopeful, changes in thinking and behaviour, greater willingness to help-seek and developing skills to build resilience.

We saw significant improvements in two of the three statistical measures used which is a promising result. Taken together, the findings suggest the programme made a meaningful difference to mental health.

CONCLUSION

Pact's Dealt an ACE intervention was a novel, casework-based initiative designed to support young men in prison who have experienced significant trauma. The intervention not only sought to improve individual wellbeing but also raised awareness among prison staff about the prevalence and impact of ACEs.

Young men in prison often carry deep psychological wounds, rooted in adversity and trauma. Dealt an ACE provided them with dedicated support, helping them build resilience, improve wellbeing, and plan for the future. The project's two phases, though different in design, both indicate positive impacts for those who engaged.

As the justice system continues to explore trauma-informed practice, Dealt an ACE offers an example of what meaningful, relationship-based support can achieve in a challenging environment.

Dealt an ACE offers promising evidence that targeted, trauma-informed support can make a positive difference in the lives of young men in custody. Insights gained may inform the scaling of trauma-informed interventions in other custodial settings.

RECOMMENDATIONS

1. Prioritise trauma informed working in prisons

- HMPPS and the NHS should develop and resource a collaborative trauma pathway for those within prison affected by trauma at different levels across both youth and adult custodial settings. This pathway should extend into the community, especially for those with more marked psychological trauma. This should draw on trauma-informed casework models like Dealt an ACE
- NHS Reconnect and probation services should ensure continuity of support for individuals affected by marked psychological trauma transitioning out of custody by linking them with community-based services
- HMPPS and the NHS should enhance access to psychological therapies and peer-based interventions for people in prison with trauma histories
- HMPPS should embed trauma-informed principles across all aspects of prison life, including education, healthcare, and release planning
- Expertise from the voluntary and community sector (for example organisation such as Pact and One Small Thing should be included when developing trauma informed strategy, training and provision.

2. Embed trauma awareness in prison culture

- HMPPS in collaboration with other key agencies (including the NHS) should develop a programme of training for all those working in prison, focussed on understanding, working with and managing people with common vulnerabilities (for example poor mental wellbeing, learning disability and difficulty and those with neuro diverse needs). This should include those impacted by psychological trauma and be trauma-informed
- Understanding of trauma, its impacts and trauma-informed working should be seen as core knowledge for all prison staff
- HMPPS, in collaboration with other key agencies, should map, design and implement what a trauma-informed prison wing should look like.

3. Improve mental health screening and access to support

- The NHS should include screening for past trauma at arrival in prison (through reception screening, secondary screening and via further assessment in the induction phase)
- The NHS should routinely audit current need and service availability. This is critical to the above and should be specified in prison health needs assessments.

4. Support staff wellbeing

- HMPPS and all agencies employing staff in prison settings should support reflective practice and provide emotional support for staff working with trauma-exposed individuals. Employers should develop processes for supporting their staff and where appropriate, these can be joined-up across organisations.

5. Strengthen evaluation and evidence building

- The Ministry of Justice and HMPPS should integrate robust evaluation frameworks from the outset of future interventions, including the use of control or comparison groups where possible. This should be undertaken in collaboration with the NHS
- Research funding bodies should explore the long-term impact of trauma-informed interventions, and how positive outcomes can be sustained in the long-term.

ABOUT THE EVALUATION

PACT: SUPPORTING PRISONERS AND THEIR FAMILIES

Pact is a pioneering national charity that supports prisoners, people with convictions, and their children and families. They are the leading Catholic charity working in the criminal justice system. Pact provides caring and life-changing services at every stage of the justice process: in court, in prison, on release, and in the community.

Pact's vision is of a society that understands justice as a process of restoration and healing, that uses prisons sparingly and as places of learning and rehabilitation, and that values the innate dignity and worth of every human being. Pact work for the common good of society, taking a public health-based approach.

Its volunteers and staff support people in courts, prisons, probation services, and communities across England and Wales. Pact are a diverse, inclusive, modern, and collaborative charity. They build effective partnerships and sustainable solutions based on well-established understanding of the systems in which we work and the historic values and ethos we have developed through our 120+ years of service delivery.

Pact designed and led the intervention, Dealt an ACE, the subject of this evaluation.

ABOUT CENTRE FOR MENTAL HEALTH'S WORK ON PSYCHOLOGICAL TRAUMA

Centre for Mental Health has an interest in supporting best practice for people who have experienced adverse childhood experiences (ACEs) and psychological trauma both within the criminal justice system and without, and trauma features prominently in its two recent criminal justice reports (Durcan, 2021 & 2023). More general publications on trauma include:

- *Recovering at Work* (Sept 2020) (Co-authored with City Mental Health Alliance)
- *Briefing 56: Trauma, Mental Health and Coronavirus* (May 2020)
- *Engaging with Complexity: Providing Effective Trauma Informed Care for Women* (Apr 2019)
- *A Sense of Safety* (Nov 2019)

Through report blogs and briefings, the Centre continues to champion trauma-informed perspectives across a range of contexts.

ABOUT HMP/YOI BRINSFORD

Brinsford is a prison and young offender institution (YOI) in Featherstone, near Wolverhampton, for men aged 18 to 29 years (60% being under 20 as of December 2024). In December 2024 it had a population of 422 young men and an operational capacity of 544. Brinsford holds young men remanded by the courts, those on short sentences (usually up to two years) and those from the Midlands towards the end of a longer sentence. The area it serves is the Midlands, with most of its population from East and West Midlands, although there is a minority of prisoners from other areas in England.

BACKGROUND TO THE EVALUATION

As an evaluation of the Dealt an ACE project, the primary aim is to establish whether there is evidence that Pact is achieving its aims with the project, namely that supporting young men who have experienced trauma has a positive impact on them. While the project was small-scale, its evaluation aims to determine whether such support improves mental wellbeing, enhances coping strategies, and reduces barriers to rehabilitation.

ACES, TRAUMA AND PRISONS

INTRODUCTION

Adverse childhood experiences (ACEs) refer to various forms of maltreatment and household dysfunction experienced before the age of 18, including physical, emotional, and sexual abuse, neglect, exposure to domestic violence, substance misuse, or a parent being in prison (Felitti *et al*., 1998). A robust body of evidence has demonstrated that ACEs are associated with long-term mental and physical health consequences, particularly in vulnerable populations. Among these, people in prison, and especially young people in prison, represent a group with disproportionately high exposure to trauma and correspondingly poor mental health outcomes.

ACES AND MENTAL HEALTH

A growing body of international and UK-based research has consistently shown that ACEs are powerful predictors of later psychological distress. The original ACE study by Felitti *et al*. (1998) identified a dose–response relationship: the more ACEs a person experiences, the greater their risk for outcomes such as depression, anxiety, post-traumatic stress disorder (PTSD), substance misuse, and suicidality. This finding has been substantiated by subsequent studies (Anda *et al*., 2006; Hughes *et al*., 2017).

Exposure to trauma during at critical points in an individual's developmental can impact on emotional regulation and cognitive control (Teicher and Samson, 2016). This can make some people more susceptible to stress and mental illness across their lifespan. These impacts are often compounded by socioeconomic disadvantage and limited access to supportive services (for example mental health services).

ACES IN PRISON POPULATIONS

UK-based studies reinforce these patterns. Ford *et al*. (2020) surveyed 468 adult male prisoners in Wales and found that 84.2% had experienced at least one ACE, and 45.5% had experienced four or more. Those with four or more ACEs were significantly more likely to have attempted suicide, self-harmed, and reported poor current mental wellbeing. Ford *et al.* (2019) similarly reported that prisoners had much higher rates of ACE exposure compared to the general population (46% vs. 12% reporting four ACEs or more), with clear associations to violent and repeat offending.

ACES AND YOUNG PEOPLE IN PRISON

Baglivio *et al*. (2014) found that over 90% young people under 18 who have offended reported at least one ACE, and nearly half reported four or more. Children and especially children from poor families, experiencing such early adversities are at increased risk of socio-emotional, behavioural and cognitive problems and early drug experimentation amongst other problems (Adjei *et al*., 2022).

Young people in prison are among the most trauma-exposed individuals in society. Research indicates that they are significantly more likely to have experienced ACEs than their non-offending peers. Martin *et al.* (2022) highlighted that children entering the UK secure estate are over 13 times more likely to have four or more ACEs. The impact of cumulative trauma on mental health is profound, with higher rates of conduct disorder, ADHD, depression, and PTSD reported in youth custodial settings (Ford and Blaustein, 2013).

A systematic review by Hughes *et al*. (2017) supports these findings, identifying links between ACEs, allostatic load (the 'wear and tear' on a person's mental and physical health caused by stress and poor mental wellbeing), and serious antisocial behaviour. Childhood maltreatment, which includes physical, sexual and emotional ill-treatment, and exploitation are key predictors of youth reoffending (Vitopoulos *et al.,* 2018). UK research has also found that young male prisoners often go under-assessed for mental health needs; a study in HMP Polmont found that over 85% had a current mental health condition, but fewer than 3% received comprehensive clinical assessments (Moran *et al*., 2024).

INTERGENERATIONAL TRAUMA AND SUBSTANCE USE

Trauma not only affects individuals but often transcends generations. Ford *et al.* (2024) reported that children of fathers in prison with high ACE counts were up to six times more likely to experience four or more ACEs themselves, perpetuating cycles of trauma and disadvantage. Hodgkinson (2023) also found consistent associations between ACEs and subsequent substance misuse in prisoners, with trauma exposure closely linked to both alcohol and drug dependency.

TRAUMA DURING INCARCERATION

Liu *et al*. (2021) noted that trauma among people in prison is associated with poor coping, self-harm, and suicidal ideation, further underscoring the need for trauma-informed environments. Favril *et al*. (2020) noted that Post Traumatic Stress Disorder was one of a small number of disorders that were associated with attempting self-harm amongst those with suicidal ideation in prison (the other disorders were drug and alcohol dependence.

EMERGING INTERVENTIONS AND THE ROLE OF CASEWORK

Intervening effectively with traumatised individuals in prison settings has the potential to significantly improve mental wellbeing, reduce maladaptive behaviours, and support rehabilitation. Trauma-informed care, mental health screening, and staff training are crucial, as evidenced by initiatives such as those led by One Small Thing charity, which has implemented trauma-informed programmes across the women's estate and within high-security male prisons.

THE INTERVENTION: DEALT AN ACE

Dealt an ACE drew from previous work developed by Pact in its work with prisoners and their families but had been developing and adapting since its launch.

Referrals were open to a variety of services within the prison, such as Safer Custody, offender managers, other Pact services, wing-based staff and the mental health team. Those accepted for the project had a history of adverse childhood experiences and sometimes subsequent traumatic experiences and were struggling with these.

TWO DISTINCT PHASES

Dealt an ACE had two distinct phases of operation. The first took place from the summer of 2022 and ended with the departure of the first project worker in Spring 2024, when the caseload was closed down. The project opened to referrals again in summer of 2024 when a new project worker commenced in role. This second phase ended when Dealt an ACE closed at the end of May 2025 and was operational with an active caseload for a little less than a year. The evaluation likewise had two phases; the first intended to develop an understanding of the evaluation and adapt its methods accordingly in a second, more formal research phase. For the latter, we made an application to HMPPS's National Research Committee and were granted approval to proceed. The two phases of the project and the evaluation broadly coincided, and when using 'first phase' or 'second phase' henceforth we are referring to both, unless otherwise specified.

THE FIRST PHASE OF THE PROJECT

The Pact project worker initially offered one to one intervention and casework, engaging with the young men and, where appropriate, encouraging them to engage with other services.

However, gradually the project worker found that they had a cluster of referrals from a single unit within HMP/YOI Brinsford, this being one for vulnerable prisoners. Though never exclusively operating on this unit, much of its activity was ultimately focused there. This focus created an opportunity for group work, and this became a major part of the intervention in this phase. Additionally, a small number of young men (perhaps three at most), who had successfully engaged with Dealt an ACE for a period and benefited from it, volunteered and were trained by the project worker as mentors. These mentors provided support for other young people on the unit, both those on and off the caseload, which resulted in some self-referrals to the project.

Many of the young men on the caseload reported they had very low self-esteem and the project worker has had a particular focus on working with this as well as building resilience.

The first project worker worked with a larger caseload (ranging from 28 to 34 at any point in time once established) and the evaluation had data on 128 young men who worked with the project in total between 2022 and 2024.

There were different views amongst both the wider stakeholders (interviewed during both phases) on the operation of Dealt an ACE during the first phase. Most felt it had been successful and impactful, but some viewed the caseload to have been too large to allow for any intensity of delivery and too focussed on one unit; whilst others felt Dealt an ACE was better integrated with Inclusion (the mental health team), Safer Custody and other services/departments within the prison during this first phase.

THE SECOND PHASE OF THE PROJECT

The second phase commenced in the summer of 2024 (and ended in May 2025) with a new project worker and this provided an opportunity to test out a new way of delivering Dealt an ACE. The project worker in the second phase worked more intensely and with caseloads of approximately 15 young men at any given time (seeing a total of 34 young men, though not all of these fully engaged with the project), and – with the exception of some group projects supported by external organisations – provided one to one support, focused in the main on building resilience. The caseload was intentionally drawn more widely from across the prison.

CASELOADS COMPARISON FOR THE TWO PHASES

There are some differences in the two caseload populations mentioned above, though the differences in overall caseload sizes limit us from drawing any firm conclusions. In the first phase, the caseload was younger with lower mean and median ages, and with 52% under 21 years of age. The percentage under the age of 21 years for the second phase was 29%. Another difference was that a higher proportion of the caseload for the first phase were identified with mental health problems (53% compared to 41%). The proportion in the first phase with a history of substance use seems very low, especially when compared to the second phase. However, the caseloads were broadly similar and critically represented populations who had experienced multiple adverse experiences during their childhoods and/or had experienced subsequent psychological traumas. The profile of the caseloads is given in the table below.

Caseload comparison	First Phase (128)	Second Phase (34)
White UK ethnicity%	69%	62%
Mean age (median)	21 years (20 years)	22 years (21 years)
20 years old or younger %	52%	29%
Look after backgrounds%	41%	50%
Not in education, employment or training%	Missing data (100%)	73%
Remand %*	24%	23%
Sentenced %*	71%	77%
Violent offence conviction / charge %	48%	53%
Previous convictions %	38%	38%
Mental health diagnosis	53%	41%
Autistic spectrum	22%	27%
History of substance misuse	15%	62%

* some missing data.

ENGAGEMENT WITH DEALT AN ACE ACROSS BOTH PHASES

Not all of the 161 young men who were referred to Dealt an ACE across its two phases (one was referred in both phases) engaged or were able to engage with the project. Engagement or lack of engagement was not always about a choice made by the young person: those on remand during both phases of the project had somewhat unpredictable stays at HMP/YOI Brinsford. They could be released unexpectedly from court following an appearance or if sentenced, moved to another prison. Also 'lockdowns,' where the young men remained in their cells and prison does not run a full regime (this can occur if there are staff shortages or more regularly to allow for staff training) occasionally impacted the delivery of the project. During the second phase, some early releases (following national concerns over prison capacity) meant young men leaving the prison before or whilst the Dealt an ACE intervention was being offered.

REFERRALS TO DEALT AN ACE

At the outset, it had been predicted that Dealt an ACE would receive somewhere between 220 and 250 referrals for young men over its life course (summer 2022 to summer 2025). Had the original project worker remained in post and the project not been redesigned, then it is possible that the numbers referred might have reached 200, given that 128+ (some additional young men may have been referred but are missing from the evaluation data) referrals had been received in just under two years. A decision to opt for a more intense approach in the second phase of the project meant that in the region of 161 individual young men were referred to the project in total.

METHODOLOGY

This section details the methodology for both phases of the evaluation. The methods adopted were identical in each phase but a third validated measure was added to the second phase and the interviews questions were revised.

AIMS OF THE EVALUATION

We aimed to understand how the Dealt an ACE intervention is making a difference in the lives of young men participating in Dealt an ACE at HMP & YOI Brinsford. We wanted to explore how well it has worked.

MAIN GOALS

- To see if the intervention has reduced signs of trauma
- To assess whether it has helped young men with high levels of need
- To evaluate improvements in their overall mental wellbeing.

ADDITIONAL AREAS OF INTEREST

- How the project may be affecting offending behaviour
- Whether there are changes in general behaviour
- How it impacts relationships (with staff, peers, or others)
- What kind of long-term effect the project might have on the wider prison environment.

RESEARCH DESIGN

To evaluate Dealt an ACE, we used a "before and after" approach. This means we gathered information from each participant at the start of the intervention, and again during and after their involvement. This helped gauge any change.

HOW WE COLLECTED THE DATA

We used three main psychometric tools, which are all standardised and used widely in mental health research:

PTSD Checklist (PCL -5)

This tool checks for signs of trauma or post-traumatic stress. It can be filled out by the young person themselves or as part of a conversation with a worker. This is a 20-item check list of common trauma symptoms, especially those linked to Post Traumatic Stress Disorder. This self-report measure was not used during the first phase.

TAG (Threshold Assessment Grid)

The Threshold of Assessment Grid (TAG) is a global assessment of severity of need, associated with mental health that is completed at regular intervals by a professional or clinician. It has seven items covering:

- Intentional self-harm
- Unintentional self-harm
- Risk from others
- Risk to others
- Survival needs/disabilities
- Psychological needs
- Social needs.

In this evaluation, the TAG was rated by the Dealt an ACE project worker.

Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS)

The Short Warwick Edinburgh Mental Welling-Being Scale (SWEMWBS) is a self-report measure of wellbeing that has been widely used in the UK and globally. It has seven items covering:

- Optimism about the future
- Feeling useful
- Feeling relaxed
- Dealing with problems
- Thinking clearly
- Feeling close to other people
- Being able to make up one's own mind about things.

This short questionnaire was filled out by the young men participating in the project. These were completed at the start and the aim then was to complete again, ideally, at once a month during the intervention. The data was anonymised - meaning names and all other identifiers are removed - and a random code was used for each participant protecting their privacy. The project worker from Pact sent this information to the evaluation team.

Additional background information

When a young man joined Dealt an ACE, the project worker collected basic background information. This included:

- Age, ethnicity, gender identity, and religion
- Whether they are a parent or in a relationship
- Education and work history before prison
- Any time spent in care
- Health issues (mental, physical, learning difficulties, substance misuse)
- Offending history and sentence details
- Trauma history (including adverse childhood experiences – ACEs).

All of this was anonymised and sent to the evaluation team (the young men signed consent for the sharing of this data).

INTERVIEWS WITH YOUNG MEN

Some young men were invited to take part in interviews to talk about their experiences with the project. The interviews aimed to be friendly and informal, guided by a list of suggested topics. This had been informed by the evaluation work in the first phase. The project worker gave the young men an information leaflet beforehand and explained their rights, including the right to say no. This was repeated by the researcher at the point of seeking consent to participate in the evaluation. It is important to note that we sought consent, not just for the interviews, but also for the sharing of anonymised data and anonymised standardised measures ratings.

In the second phase we aimed to speak to around 20% of all young men who took part in the project. We had hoped to randomly select pre-visit using participant codes; however, whilst partially successful, some young people were unavailable on the day of the researcher visit and a more opportunistic approach was adopted in these cases.

We had also hoped to conduct some follow-up interviews, but this did not prove possible in practice, largely due to natural caseload turn over, but in some cases unpredicted releases or transfers to other prisons were responsible.

INTERVIEWS WITH STAFF AND OTHER STAKEHOLDERS

We also wanted to speak to people who worked in prison and knew about the project. These were intended to include the following:

- Prison managers and officers
- Mental health and healthcare staffed
- Probation officers and offender managers
- Education, chaplaincy, and voluntary sector workers
- Pact staff.

In the event we were only able to speak to three wider stakeholders. Several requests for interviews by candidates identified by the project worker were not responded to.

THE FIRST PHASE OF THE PROJECT

THE CASELOAD

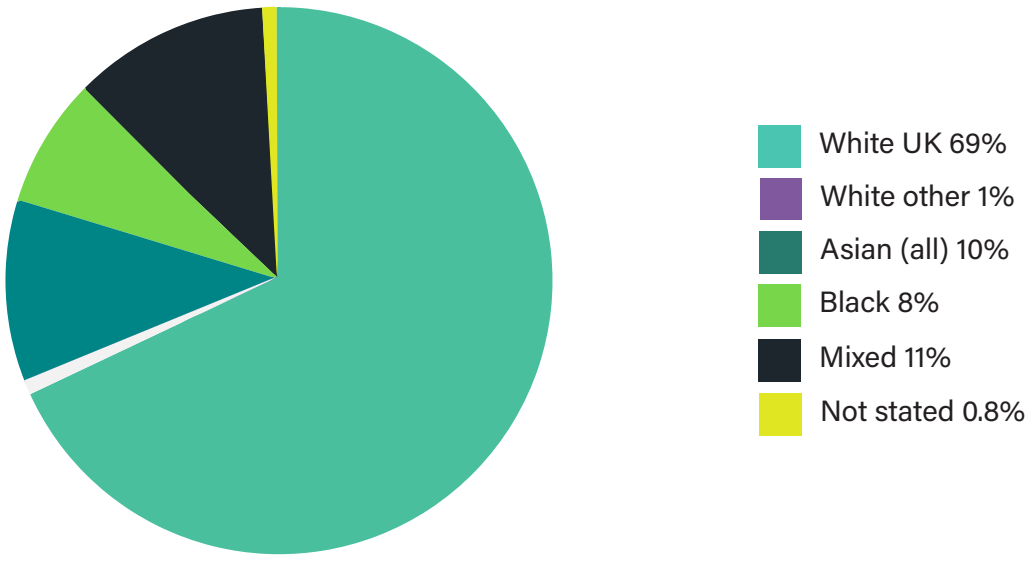
The evaluation has data on 128 young men referred to Dealt an ACE in the first phase of the project, although it is possible that a few more may have been referred to the project in the latter stages of the first phase. For most of this phase the active caseload was between 28 and 34 individuals (e.g. December 2023=32). In terms of fuller engagement with the project, the best proxy we have is the numbers who received at least two TAG ratings (the standardised measure completed by the project worker). These would be individuals who had sufficient contact with the project to be assessed and rated twice (perhaps a period of at least six to eight weeks). Whilst a minority received multiple ratings, 55 young men received at least two such ratings (96 received one rating).

In some cases, the young men at HMP/YOI Brinsford had decided not to take up the project's offer or had dropped out of the project within the first few weeks. However, transfers and release accounted for a significant number of those who finished the project prematurely (source: interview data with the project worker). For 57 of the young men who participated in the project, data on why they left the project was provided, and in 65% of these 'releases' (including unpredicted releases following a court appearance and earlier than expected release) the reason was given. Assuming the caseload at the point of the project worker leaving had been in the region of 30, this means data on reason leaving the project is missing for around 40 young men.

CASELOAD OVERVIEW

Ethnicity of caseload

Figure 1: Pie chart representing the ethnicity breakdown of caseload



Caseload summary	First Phase
White UK ethnicity %	69%
Mean age (median)	21 years (20 years)
20 years old or younger %	52%
Looked after backgrounds%	41%
Not in education, employment or training%	Missing data (100%)
Remand %*	24%
Sentenced %*	71%
Violent offence conviction / charge %	48%
Previous convictions %	38%
Mental health diagnosis	53%
Autistic spectrum	22%
History of substance misuse	15%
Total sample	128

* = missing data

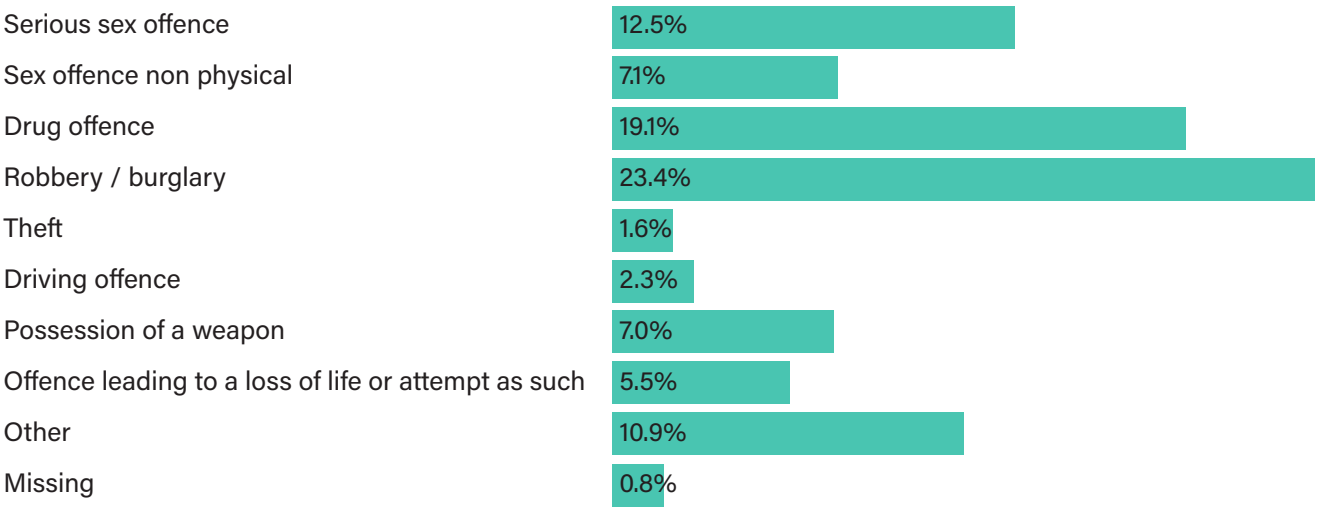
As the table above shows, 41% had a history of being 'looked after', and 27% had been living in some form of residential care setting prior to coming into prison.

The vast majority of referred young men originated from somewhere in the English Midlands, a fairly sizeable area, and with a minority coming from North West England.

Those who were serving a sentence accounted for 71% of the sample and all of these were on determinate sentences. 52% were serving between one and four years (of which 38% were serving a sentence of two to four- years).

Offence type

Figure 2: Bar chart representing the caseload breakdown by type of offence



Just over 40% had been charged with or convicted of a violent crime (including sexual offences, those attempting to or leading to loss of life, as well as less serious violent offences). Over a third (38%) were recorded to have previous convictions.

Over half the caseload had recorded mental health problems and just over 20% had autistic spectrum disorders. Around 15% were reported to have prior histories of substance misuse, which seems low, especially when compared to the caseload in the second phase of the project.

The TAG, whilst used as a 'before and after' measure, at baseline also helps provide a measure of the overall severity of need of the caseload. The TAG was originally conceived as a measure of when to refer someone from primary to secondary care for a mental health problem. A score of five or more would indicate the need to refer to secondary mental healthcare. The mean caseload score during this phase of the evaluation was 8.1, comparable with other prison caseloads Centre for Mental Health has encountered, and with 30% of the caseload scoring 10 or more. In addition, 79% of the caseload had at least one problem rated at a moderate (or higher) level of severity.

Unsurprisingly, all were recorded to have experienced adverse incidents during their childhood and or subsequent psychological traumas, though not all chose to be specific about the nature of those incidents and traumas. Perhaps the most significant experiences involved disruptions in their upbringing due to parental divorce/separation or through the death of a significant other. Another prominent set of incidents reported the direct experience of or witnessing of violence, particularly within the family; some had witnessed the murder or a family member or friend. A small group reported experiencing sexual abuse.

FINDINGS

QUALITATIVE INTERVIEWS WITH THE YOUNG MEN AND WIDER STAKEHOLDERS

We spoke with 11 young men who have engaged with the project and with seven wider stakeholders. In addition, we had regular meetings and conversations with the project worker and other people in Pact and the prison that were linked to the delivery of Dealt an ACE.

All of the young men we spoke to, who were participating in Dealt an ACE, were very positive about the project and felt that their engagement with the project had benefitted them.

Wider stakeholders were also largely positive about the impact of the project, although most were only able to comment on the young men using the project they knew and had direct contact with, rather than the whole caseload.

"X [a young person participating in Dealt an ACE] has really calmed down [...] wing staff have commented on this and it's happened since he got involved [with Dealt an ACE] ..."
- Wider stakeholder

"both mental health and education have said he has been more engaged and even I have been able to have conversations with him [...] he is very positive about the project..."
- Wider stakeholder

A small number of wider stakeholders commented and questioned the size of the caseload and also its focus on the vulnerable prisoner's unit with HMP/YOI Brinsford.

"I think it needs more staff to cope with the numbers..." - Prison based wider stakeholder

"I understand why it works there [vulnerable prisoners unit] [...] but there are other very needy young guys located in other parts of the prisons..." - Prison based wider stakeholder

Several themes emerged from our analysis of the interviews:

Understanding resilience

For virtually all of these young men, 'resilience' was a new concept, and an empowering one. It was a revelation to several participants that they could do things to make themselves more resilient.

I'm already resilient

Equally empowering was the notion that they were already resilient and that given the level of adversity each had faced in their lives, though they were not unmarked by this, they had withstood and survived.

My past and my present

"I have never really had anyone to talk about this before [trauma symptoms and memories] [...] there is probably one or two staff [prison officers] who are alright, but they are too busy [...] it's only Katie has time and listens..."

"when I've had flashbacks at night [...] it can bring me down for a couple of days...it's good to know I'm not the only one [...] most the lads are similar...talking about it lifts me up..."

Connecting traumatic experiences in their past with their present thought, emotions and behaviours was something entirely new for most of these young men. Not all of the young men had felt able to tell the project worker the specifics of their past, it was often "triggering" for them, causing unwanted thoughts and disturbing their sleep for example.

Knowing I can change and changing – optimism

"I have contact with the project nearly on a daily basis, I find it's given me a focus..."

"Yeah, I've done the training now [as a peer mentor] and have worked with two lads[...] I think it's helped them and it has really helped me [...] I'm a lot more confident..."

"maybe for the first time in a long time I am focussed on the future and that's thanks to Katie and the lads [...] I want to continue this in the community..."

All of these young men stated they felt more optimistic about their futures, and all had felt empowered by their participation. The young men were able to list differences in themselves that they attributed to participation and these included:

- More positive thinking
- Fewer intrusive thoughts and being able to employ tactics to help combat these (for example, relaxation exercises)
- Less aggression and being more able delay any reaction to things they found provocative
- Accepting help (for example two young men had allowed the project worker to refer them to the mental health team)
- Giving help, such as becoming involved in mentoring as part of the project but also intervening where they saw another young person being bullied
- Managing anxiety better - quite a few of those we spoke to reported marked anxiety symptoms in their recent pasts; for all of these, this had reduced.

"unless you have a mental health diagnosis there is very little on offer here [HMP/YOI Brinsford] and so I think Pact and Dealt an ACE are filling in quite a big gap as there is a lot of need. I think they are making a big difference [...] we just need more ..."
- Wider stakeholder

QUANTITATIVE DATA

We looked at how people's needs changed over time by using scores from the Therapeutic Assessment Grid (TAG), which measures the level of support someone needs. We collected scores at five different points during the intervention: the start (called "Baseline"), then second, third, fourth and final phases.

The TAG was completed by the following numbers of project workers:

Baseline rating	96
2nd phase rating	55
3rd phase rating	39
4th phase rating	21
Baseline and at least one follow-up	56

To understand the overall trend, we used a statistical test (called the Friedman Test – a test used when the data doesn't follow a typical bell-curve pattern), which showed that TAG scores dropped significantly as time went on. This means that the level of need became less severe over time.

Here are the average ranks of need at each phase (a lower number means less need):

- Baseline: 3.36
- Second phase: 2.71
- Third phase: 2.57
- Fourth phase: 1.36

This pattern shows a steady and meaningful reduction in need.

To look more closely at where the biggest improvements happened, we used another test called the Wilcoxon Signed-Rank Test. This compared each later time point directly with the baseline. In every case, there was a clear and statistically significant improvement.

Comparison	What it means
Second phase vs baseline	Significant improvement
Third phase vs baseline	Significant improvement
Fourth phase vs baseline	Significant improvement
Final phase vs baseline	Significant improvement

IN SUMMARY

People's TAG scores dropped steadily over time, meaning their needs reduced. This suggests that the support they received during the programme helped them make real, positive progress.

Unfortunately, too few Dealt an ACE participants completed follow-up ratings for the self-reported SWEMWBS in the first phase of the project, and so analysis of self-reported improvement or otherwise in mental wellbeing was not possible.

THE SECOND PHASE OF THE PROJECT

THE CASELOAD

What follows is a snapshot of the young men involved in the second phase of the Dealt an ACE intervention at HMP & YOI Brinsford. The data covers 34 participants and highlights key information about their backgrounds, including age, ethnicity, education, health, family life, and experiences of trauma.

Age Breakdown

Most young men were aged between 19 and 27, with the largest group being 21 years old.

Age	No. of participants	%
18	1	2.9%
19	5	14.7%
20	4	11.8%
21	11	32.4%
22	1	2.9%
23	2	5.9%
24	3	8.8%
25	1	2.9%
26	2	5.9%
27	4	11.8%

Ethnicity

Most participants identified as White British (62%), but the group was diverse, including individuals from Black, Asian, Mixed, and Traveller backgrounds.

Religion

Religious affiliation was mixed. Around 29% were Protestant Christians, followed by Muslims (24%) and Catholic Christians (21%). A similar number reported no religious belief.

Parental status

About one-third (35%) of the young men were parents.

Living situation before prison

44% were living with their family of origin, 38% were living alone. A small number lived in care, with foster families, or with a partner.

Local authority care history

Half (50%) had previously been in care or looked after by local authorities.

Education, employment, and training before prison

Nearly three-quarters were not in education, employment, or training before entering custody

Status	%
Not in education, employment or training	73.5%
In Employment	14.7%
In Education/Training	5.9%
Unknown	5.9%

Educational achievement

Qualification level	%
GCSEs A*-C or equivalent	38.2%
Qualifications below Level 2	38.2%
Other or unknown	14.7%
A Levels or equivalent	5.9%
No qualifications	2.9%

Legal status and sentencing

- 76.5% were sentenced
- 23.5% were on remand.

The most common sentence length was 2–4 years.

Type of offences

Offence type	%
Violence (including robbery)	35.3%
Drug offences	23.5%
Serious violent/sexual crimes (including murder)	17.6%
Possession of weapons	11.8%
Other	11.8%

Previous convictions

- 61.8% had no previous convictions
- 38.2% had previous convictions.

Vulnerabilities

Reported below are only those statistics where a significant proportion of the caseload were known to experience these vulnerabilities:

- 41.2% had known mental health issues
- Over half (52.9%) were identified as having a learning difficulty
- 26.5% were on the autistic spectrum
- 61.8% had issues with substance misuse (pre or post entering HMP / YOI Brinsford).

Experiences of trauma and adverse childhood experiences (ACEs)

Type of trauma	%
Domestic violence exposure	14.7%
Living with someone who misused drugs or alcohol	17.6%
Emotional abuse	11.8%
Losing a parent (death, divorce, or abandonment)	14.7%
Physical abuse	5.9%
Sexual abuse	11.8%
Other types of trauma	11.8%

Most participants experienced multiple types of trauma, not just one and some young men chose not to disclose the specific ACE(s) or traumas they had experienced.

The TAG score at baseline were different to that of the caseload during the first phase as the mean score was 3.9 (compared to 8.1) and with 40% (compared to 79%) having at least one problem at the moderate (or higher) level of severity. It is not clear why there was this difference given the high rates of trauma in these young men, where one might have expected higher severity of mean need as measured by the TAG.

This data shows that the young men in this project face multiple and complex challenges, including:

- High rates of trauma and abuse
- Poor engagement with education or work
- Significant mental health and learning needs
- Difficult family and care backgrounds.

THE INTERVIEWS

We interviewed eight young men during the second phase of the project. Our aim had been to interview 20% of participants and we were successful in this. We also interviewed three wider stakeholders. Because there were so few of the latter (fewer than we had hoped for), to protect the anonymity of these stakeholders we have chosen not to use their quotes and to disperse the findings from these three interviews across the report. Some of the findings of these are represented in this section, where there are similar themes with those of the Dealt an ACE participants and also in other sections such as the description of the project and in the discussion section.

All the interviews were semi-structured and informal in nature. Each interview lasted between 30 and 50 minutes. The main constraints on time of the interviews with project participants was often the prison regime and the need for the young men to return to their cells.

Where possible the interviews were recorded, both by digital audio recording and hand notation. There was some difficulty on occasion with the former, as any form of recording device is a 'prohibited item' in UK prisons and the required prohibited items letter, which authorised the recorder entry to HMP/YOI Brinsford, was not always available on entry to the prison (though sometimes arriving later).

The transcripts of the interview were subjected to thematic analysis. The results of the first set of interviews conducted during the first phase informed the development of an initial coding structure for this analysis.

The themes that emerged in these interviews were similar to those that emerged in the first phase interviews.

As interviews in the second phase of the project were subject to a more intense thematic analysis, more detail on the themes and a greater volume of themes emerged. The analysis for the first phase of the project interviews was primarily for an interim report.

What follows is a description of the themes that emerged during these interviews.

Understanding resilience, being resilient and "I'm already resilient"

All of the young people used the word 'resilience' during their interviews. At its most trivial level most of those interviewed stated they would not have been able to define 'resilience' prior to their participation in Dealt an ACE. These participants and others had learnt a new word and a new concept. But they also reported that through their sessions with the project worker they had learnt what it meant to them

> **"X [the project worker] helped me think about what could make me stronger, you know more resilient [...] the ways in which I think about things can be unhelpful and how to think about things more helpfully ... "**

> **"I had no idea just how much the abuse and shit in my past controlled how I felt and behaved [...] it makes such sense now [...] but I have never thought of it before ... "**

> **"I have used drugs and booze as far back as I remember, since I was a little kid, I still use drugs but it (his drug use) has changed. I would use anything and I didn't care [...] I'd have told you I do it because I enjoy it [...] I now think I was blotting shit out [...] I have other things I do now that help other than drugs [...] I smoke a bit of weed still bit that is just to chill me, it's not the same as before ... "**

One participant felt he had considerable resilience already but still found participation in the project useful; but for others, the idea of resilience and that you can build it within oneself was a new revelation.

> **"I think I have learnt from X [the project worker] that I am not powerless [...] that's how I felt before [...] I thought I had no control [...] there are things you can do, thinking exercises and stuff [...] changing the way you think is important [...] that's what I have done I have changed the way I think ... "**

> **"loads of people have tried relaxation exercises with me, I must have ADHD or something, but I have never really given it a chance [...] X [the project worker] talked me though all this and got me to realise in order to work on being more resilient, you have to feel more relaxed. I can do it [relaxation exercises] now and it does help ... "**

"what made me understand 'resilience' was having pointed out to me [by the project worker] [...] just how fucking resilient I already am. I have been through so much shit, really loads and loads of shit and I am still here. Sometimes I want to take lumps out of people, you get provoked all the time in here and how I control myself, I just don't know [...] but I now realise that is a type of resilience (not reacting to provocation) [...] it makes it easier the next time [to not get provoked] [...] and that's better for you in the end ... "

Participants' recognition that they had pre-existing resilience was sensed as empowering for all of the participants.

"you hear people saying 'I can't take anymore' but I realised I can take a lot more [...] I can also put things more into (perspective) [...] what happened to me at home was rough, really rough; stuff here [in Brinsford or on the wing] is not rough [by comparison] ... "

All of the participants were able to give accounts, such as those above, where they had shown resilience. This notion 'of already being resilient' was felt to be empowering by the young men.

Being meaningful when not meaningfully occupied

A challenge for all of the young men was the time they had which was not occupied meaningfully; this was most often when they were locked behind their cell doors. Being "locked up" was a common occurrence for many participants during a routine day and could involve whole days when the prison was locked down (this occurred at least monthly to allow for staff training) but time out of cells and being escorted off wing to participate in activities was dependent on staffing levels. For those with particular jobs such 'cleaner' there was less time behind cells doors, but being unoccupied had been a problem for all. This meant for most of those we spoke to more time potentially spent thinking unhelpful thoughts and thinking about the past. However, all of these found the exercises that the project worker had given them helped combat this "unhelpful thinking." This included some basic cognitive behavioural thinking exercises, very often relaxation exercises, but also simple activities such as puzzles and using colouring in equipment.

"Just realising having nothing to do doesn't help me actually helped me, now I ask X [the project worker] for stuff to do and it really helps ... "

Awareness of trauma's impact

"I have really shit sleep and really bad dreams at times [...] and I have really horrible feelings during the day, like becoming really anxious and wanting to get out of there and that [...] like I know I have had some bad things happen. But I hadn't really connected how I feel, think, sleep and all that to the past ... "

"I thought most my problems were due to [a major injury incurred in an accident] [...] but talking to X [the project worker] made me realise I had things going in my life right back to when I was a kid [...] there was stuff going on in the family and I had a lot put on me back then [...] this is some of the reason I am the way I am ... "

"I have felt really really anxious lots of my life and never knew why [...] I do now and that's helped loads, I have always resisted going to mental health and never found it helpful when I did [pre-prison] [...] but now I think I know why I am the way I am and I think, well I hope I can get more out of it [speaking to a mental health professional] ... "

There were several similar accounts of apparent anxiety, depression and also anger that participants felt were explained by adverse experiences in their past, but had not realised or even thought about this connection until their engagement in Dealt an ACE.

Managing feelings

A key area of change for the young men was what they saw as a growing ability to understand, articulate, and control their feelings, especially anger, anxiety, and low mood. Many described a shift from reactive, often aggressive, emotional responses to more reflective and controlled approaches.

> **"you know that thing [...] 'the best form of defence is attack' well that was me [...] if I thought you were getting at me I wouldn't wait, I'd go for it [react violently] [...] I am doing that less now [...] I haven't had a fight in weeks and that a big thing for me ... "**

The support from the project worker was pivotal in helping them name emotions, understand their origins (often rooted in past trauma), and develop strategies to manage them.

Several participants highlighted that they had never previously been encouraged to explore their emotions in a safe way, and some of those we spoke to still had difficulty in speaking about the past but were more able to with the project worker.

> **"I sleep really badly and I don't like nights, if I think about the things that happened I can have really really bad nights, shit dreams and stuff [...] I don't think that has changed too much [...] it has a bit [...] but I do find it helpful to talk about how I became this way if you know what I mean ... "**

> **"I have felt anxiety for as long as I can remember [...] when I first came in I would cut myself [...] you know self-harm [...] I get really worried about who will be my pad mate [young man he shares a cell with] and in the past I would start cutting if there was going to be a change [in pad mate], but I am much less likely to do that now and more likely to talk to staff about it ..."**

For some, the intensity of prison life with its routine triggers and their perception of feeling threatened, had led them to suppress feelings or respond with avoidance and or aggression. Dealt an ACE appeared to encourage emotional literacy, and techniques like grounding, reframing negative thoughts, and relaxation exercises proved particularly impactful.

This growing sense of emotional self-awareness and control appeared to be linked to greater resilience and a reduction in challenging behaviours in the prison setting.

Being positive and feeling positive

Many young men spoke of a notable shift in mindset through their engagement with Dealt an ACE. This theme did not imply an unrealistic optimism, but rather that they were now feeling more hope and less hopelessness. Prior to their involvement, several participants described feeling stuck, or indifferent to their futures.

Following their sessions with the project worker, they expressed being more open to change and more optimistic about their potential to influence their own lives.

This positive shift seemed closely linked to their new understanding of resilience.

Doors opened

The evaluation did not take any formal measure of help-seeking behaviour but the accounts given in interviews by several of the young men revealed the potential of Dealt an ACE to influence help-seeking behaviour in a positive way. The young men by and large reported avoiding seeking help (they didn't always realise that they needed help) and/or of having poor experiences of seeking help (for example being referred to mental health services when younger and "nothing happening"). However, contact and conversations with the project worker had changed this for some participants, with several participants who were now willing to be referred.

In one case a young man was very positive about contact he had with the NHS Reconnect team (a through the gate support service for people with health vulnerabilities) and hoped this might lead to accessing a service on leaving the prison. This was echoed by some of the wider stakeholders interviewed in both phases of the evaluation.

Involvement in Dealt an ACE led some participants to new opportunities within the prison, such as being referred to additional support services or being considered for roles that were otherwise limited to those demonstrating good behaviour. A young man who acknowledged to having presented with very challenging behaviour in prison and therefore limited privileges, was now being considered for 'enhanced status' (entitling him to additional privileges) for the first time ever and after several years in prison. This 'opening of doors' was also metaphorical and allowed for more positive thinking and a greater sense of empowerment.

Being listened to and not being judged

> **"I have not really felt listened to by anyone else and definitely not here [...] don't get me wrong some of the staff have tried to be helpful and have given advice but X [project worker] listens to me, does that make sense?"**

> **"people have told me 'take a deep breath', 'don't jump straight in', 'take and moment' and all that, I know they are right but I don't think I ever have [...] if someone winds me up I just go straight at 'em [...] X [project worker] has listened to me and then like asked questions to learn more [...] I'm not perfect but I have got in a lot less trouble recently [...] I am not sort jumping straight in, well not as much ... "**

All of the interview participants stated they felt it was important to feel listened to. There were few opportunities in prison where they could talk about what they wanted to talk about with another person, wing staff were perceived as being uninterested and/or too busy and most didn't feel they could talk to other young men in the prison. Dealt an ACE provided a unique opportunity for most of the participants to talk about things that mattered to them and to feel listened to.

> **"I have to lie a lot about my past and my offence, telling the truth could get me into lots of trouble here [referring to his fear of violence from other young men on the wing were they to know the nature of his offence] [...] with staff, who know all about it, you feel they are giving you this look [judging him] [...] I don't want to talk about it but I think I do need to and X [project worker] listens and doesn't give me the look [judge me] ... "**

A key element to 'feeling being listened to' appeared to be the project worker being non-judgemental while listening. Only one participant used the phrase "not being judged" but this appeared to be what other participants (including the one above) were referring to, and saw it as a key component of "really being listened to."

RESULTS OF THE STATISTICAL ANALYSIS OF THE PCL-5, SWEMWBS AND TAG RATINGS

INTRODUCTION

This section presents the statistical analysis of participant outcomes from the second phase of the Dealt an ACE intervention. This section details the pre- and post-intervention comparisons, effect sizes, and the significance of the observed changes.

TRAUMA OR PTSD SYMPTOMS (PCL 5 QUESTIONNAIRES)

What we measured: Trauma symptoms, such as nightmares or feeling on edge.

Who took part: 14 young men filled it in at the start and again after the programme.

	Start of programme	End of programme	What that means
Average score	42 out of 80	32 out of 80	Down by approximately 10 points - a noticeable drop in distress

Because almost everyone only had two scores (start and finish), we used a "before and after" statistical test. The drop was statistically significant, meaning it is very unlikely to be a fluke.

How big was the change? Medium sized in scientific terms.

What this means: On average, the young men reported fewer trauma related problems after the programme, and the improvement is large enough to matter in real life.

OVERALL MENTAL WELLBEING (SWEMWBS SCALE)

What we measured: A short survey about feeling optimistic, useful, relaxed, etc. Higher scores mean better wellbeing.

Who took part: The same 14 young men.

	Start of programme	End of programme	What that means
Average score	19 out of 35	23 out of 35	Up by approximately 4½ points – a clear boost

Again, the rise was statistically significant and, this time, counted as a large effect.

What this means: Most of the young men felt noticeably better about themselves and their lives by the end.

SEVERITY OF PRACTICAL AND EMOTIONAL NEEDS (TAG RATING)

What we measured: Workers rated each young man's need for support in areas like housing, mental health, and daily living.

Who had complete data: 12 participants.

Because the scores didn't follow a typical bell curve pattern, we used a different test that handles "messier" data.

Result	No. of young men	What it shows
Needs went down	6	They needed less intensive help
Needs went up	4	They needed a bit more help
No change	2	Stayed the same

Overall, the group level change was not statistically significant – meaning, as a whole, their need ratings did not shift enough to rule out chance. However, the pattern above suggests some individuals improved while others faced new or ongoing challenges.

IN SUMMARY

- Trauma symptoms fell, and wellbeing rose – both changes were big enough to matter and are very unlikely to be due to chance
- Practical/emotional need scores were more mixed: some young men improved, some did not, so the average change was not decisive.

Taken together, the findings suggest the programme made a meaningful difference to mental health, even if day to day support needs varied from person to person.

DISCUSSION

We were not able to employ any 'controls', i.e., a comparison group of young men who received service as normal; however, the results of the evaluation of the Dealt an ACE project do appear to demonstrate the feasibility and benefits of this particular form of trauma-informed casework for young men in prison. At the very least, participation in the project is correlated with positive change – a reduction in the severity of need in the first phase, a reduction in self-rated trauma symptoms, and an increase in self-rated mental wellbeing in the second phase. Whilst the sample sizes were small, especially during the second phase, and that should temper any conclusion we draw, all the young men we spoke to in both phases were very positive about their participation and echoed what the quantitative findings appear to be showing us. Therefore, we believe Dealt an ACE has shown its potential for having a positive impact on a cohort that has been exposed to exceptional difficulty in their lives and during their developing years.

Across both phases, participants reported strong engagement with the intervention and described tangible improvements in emotional wellbeing, understanding of trauma, and development of resilience. A consistent theme emerging from interviews was the importance of having a trusted professional who listened without judgement, provided practical strategies, and offered emotional support. This relationship-based approach was repeatedly described as empowering and transformative. As stated, quantitative findings appear to support these qualitative insights.

The different models of Dealt an ACE offered in its two phases of the project each have their strengths and weaknesses. In the first phase, group work and peer mentoring were part of the offer, but the intervention was arguably not widely available across the prison. In the second phase, the intervention was open to referrals from across the prison and was more intense, however, the intensity restricted the number of young men seen. Dealt an ACE was delivered by a single professional across both its phases, and it is arguable that a larger resource might have been able to deliver intensity and accessibility and combined one-to-one, group and peer mentoring aspects of the intervention.

The evaluation was successful in exploring all but two of its aims; these two (secondary) aims concerned the gauging of impact on offending behaviour and the longer-term effect on each of the young people. Both required longer-term follow-up after their release from prison which was not possible – and in the case of offending behaviour, both longer-term follow-up and a larger sample size, and much more detailed data on offending that was not accessible by Pact. We therefore cannot know if Dealt an ACE delivers any long-term benefits. That will require more research.

Despite its promising results, the project was not without limitations. The absence of a control group means causality cannot be definitively established. Challenges such as participant turnover, remand status, early release, and prison lockdowns affected engagement and data collection. As stated above longer-term follow-up was not possible.

Nonetheless, the alignment between statistical outcomes and participant narratives reinforces the project's credibility and value. Dealt an ACE illustrates how targeted, trauma-informed support can be delivered effectively within the prison system, even under challenging conditions.

CONCLUSIONS

It is a challenge to deliver any intervention in a prison and especially so when it is difficult to run a normal regime. In the more formal research phase (the second phase) the small sample size means that we must be cautious about generalising what we found. However, it echoes findings from the first phase and this and the data from the interviews allow us to conclude that Dealt an ACE is a promising intervention and that both phases had successes.

Dealt an ACE has ceased to operate at HMP / YOI Brinsford. It was designed to pilot a new way of working with young people in a custodial setting who have faced severe adversity in their lives. There are other examples of successful trauma-informed working, such as the example mentioned previously provided by the charity One Small Thing, and the combined lessons from such successful projects should point out a direction for future working.

We feel Dealt an ACE had a positive impact on those who engaged with it and are therefore keen to see more trauma-informed intervention in our prisons. Our recommendations reflect this.

RECOMMENDATIONS

1. PRIORITISE TRAUMA INFORMED WORKING IN PRISONS

- HMPPS and the NHS should develop and resource a collaborative trauma pathway for those within prison affected by trauma at different levels across both youth and adult custodial settings. This pathway should extend into the community, especially for those with more marked psychological trauma. This should draw on trauma-informed casework models like Dealt an ACE
- NHS Reconnect and probation services should ensure continuity of support for individuals affected by marked psychological trauma transitioning out of custody by linking them with community-based services
- HMPPS and the NHS should enhance access to psychological therapies and peer-based interventions for people in prison with trauma histories
- HMPPS should embed trauma-informed principles across all aspects of prison life, including education, healthcare, and release planning
- Expertise from the voluntary and community sector (for example organisation such as Pact and One Small Thing should be included developing trauma informed strategy, training and provision.

2. EMBED TRAUMA AWARENESS IN PRISON CULTURE

HMPPS in collaboration with other key agencies (including the NHS) should develop a programme of training for all those working in prison, focussed on understanding, working with and managing people with common vulnerabilities (for example poor mental wellbeing, learning disability and difficulty and those with neuro diverse needs). This should include those impacted by psychological trauma and be trauma-informed

- Understanding of trauma, its impacts and trauma-informed working should be seen as core knowledge for all prison staff
- HMPPS, in collaboration with other key agencies, should map, design and implement what a trauma-informed prison wing should look like.

3. IMPROVE MENTAL HEALTH SCREENING AND ACCESS TO SUPPORT

- The NHS should include screening for past trauma at arrival in prison (through reception screening, secondary screening and via further assessment in the induction phase).
- The NHS should routinely audit current need and service availability. This is critical to the above and should be specified in prison health needs assessments.

4. SUPPORT STAFF WELLBEING

- HMPPS and all agencies employing staff in prison settings should support reflective practice and provide emotional support for staff working with trauma-exposed individuals. Employers should develop processes for supporting their staff and where appropriate, these should be joined-up across organisations.

5. STRENGTHEN EVALUATION AND EVIDENCE-BUILDING

- The Ministry of Justice and HMPPS should integrate robust evaluation frameworks from the outset of future interventions, including the use of control or comparison groups where possible. This should be undertaken in collaboration with the NHS
- Research funding bodies should explore the long-term impact of trauma-informed interventions, and how positive outcomes can be sustained in the long-term.

REFERENCES

Adjei N K *et al.* (2022) Impact of poverty and family adversity on adolescent health: a multi-trajectory analysis using the UK Millennium Cohort Study, *The Lancet Regional Health – Europe*, 30: (3), 100279. doi: 10.1016/j.lanepe.2021.100279

Anda, R.F. *et al*. (2006) The enduring effects of abuse and related adverse experiences in childhood. A convergence of evidence from neurobiology and epidemiology, *European Archives of Psychiatry and Clinical Neuroscience*, 256(3), 174–186. doi: 10.1007/s00406-005-0624-4

Baglivio, M.T. *et al*. (2014) The prevalence of adverse childhood experiences (ACE) in the lives of juvenile offenders, *Journal of Juvenile Justice*, 3(2), 1–17. Available from: https://www.researchgate.net/publication/284889607_The_prevalence_of_Adverse_Childhood_Experiences_ACE_in_the_lives_of_juvenile_offenders [Accessed 1 September 2025]

Durcan, G (2021) *The future of prison mental health care in England: A national consultation and review*. London: Centre for Mental Health. Available from: https://www.centreformentalhealth.org.uk/publications/future-prison-mental-health-care-england/ [Accessed 1 September 2025]

Durcan, G (2023) *Prison mental health services in England 2023: Prison & Young Offender Institution Mental Health Needs Analysis*. London: Centre for Mental Health. Available from: https://www.centreformentalhealth.org.uk/publications/prison-mental-health-services-england-2023/ [Accessed 1 September 2025]

Favril, L. *et al*. (2020) Mental disorders and suicide attempt in prisoners, *Social Psychiatry and Psychiatric Epidemiology*, 55, 1145-1155. doi: 10.1007/s00127-020-01851-7

Felitti, V.J. *et al*. (1998) Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study, *American Journal of Preventive Medicine*, 14(4), 245–258. doi: 10.1016/S0749-3797(98)00017-8

Ford, J.D. and Blaustein, M.E. (2013) Systemic self-regulation: A framework for trauma-informed services in residential juvenile justice programs, *Journal of Family Violence*, 28(7), pp.665–677. doi: 10.1007/s10896-013-9538-5

Ford, K *et al.* (2019) *Understanding the prevalence of adverse childhood experiences in a male offender population in Wales: The Prisoner ACE Survey.* Cardiff: Public Health Wales NHS Trust. Available from https://phw.nhs.wales/files/aces/the-prisoner-ace-survey/ [Accessed 1 September 2025]

Ford, K *et al.* (2024) Exploring the intergenerational continuity of ACEs amongst a sample of male Welsh prisoners: A retrospective cross-sectional study. *Child Protection and Practice*, 3, 100053. doi: 10.1016/j.chipro.2024.100053

Ford, K. *et al*. (2020) Adverse childhood experiences: a retrospective study to understand their associations with lifetime mental health diagnosis, self-harm or suicide attempt, and current low mental wellbeing in a male Welsh prison population, *Health and Justice*, 8 (13). doi: 10.1186/s40352-020-00115-5

Hodgkinson, J. (2023) Systematic review of Adverse Childhood Experiences (ACEs) and their association with later life substance use in prisoners in high-income countries. *Public Health Institute Journal*, (4). Available from: https://openjournals.ljmu.ac.uk/PHIJ/article/view/956 [Accessed 1 September 2025]

Hughes, K. *et al*. (2017) The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis, *The Lancet Public Health*, 2(8), e356–e366. doi: 10.1016/S2468-2667(17)30118-4

Liu H. *et al.* (2021) Trauma exposure and mental health of prisoners and ex-prisoners: A systematic review and meta-analysis. *Clinical Psychology Review*, 89, 102069. doi: 10.1016/j.cpr.2021.102069

Martin A. *et al*. (2022) Exploring the Prevalence of Adverse Childhood Experiences in Secure Children's Home Admissions. *Child Youth Care Forum* 51, 921–935 doi: 10.1007/s10566-021-09660-y

Moran K. *et al*. (2024). Reactive Attachment Disorder, Disinhibited Social Engagement Disorder, adverse childhood experiences, and mental health in an imprisoned young offender population. *Psychiatry Research*, 332, 115697 doi: 10.1016/j.psychres.2023.115597

Teicher, M.H. and Samson, J.A. (2016) Annual research review: enduring neurobiological effects of childhood abuse and neglect, *Journal of Child Psychology and Psychiatry*, 57(3), pp.241–266. doi: 10.1111/jcpp.12507

Vitopoulos N.A. *et al.* (2018) The relationship between trauma, recidivism risk, and reoffending in male and female juvenile offenders. *Journal of Adolescent Trauma*, 12(3) pp 351-364. doi: 10.1007/s40653-018-0238-4

Wolff, N. *et al*. (2014) Patterns of victimization and feelings of safety inside prison: The experience of male and female inmates, *Crime & Delinquency*, 60(5), 732–749. doi: 10.1177/0011128708321370

APPENDIX

FIRST PHASE STATISTICAL REPORT

A repeated-measures analysis was conducted to evaluate changes in TAG (Therapeutic Assessment Grid) scores across multiple phases (Baseline, Second, Third, Fourth, and Final) using the Friedman Test and subsequent Wilcoxon Signed-Rank Tests for post-hoc comparisons.

Friedman test results

The Friedman Test revealed a statistically significant difference in TAG scores across the four primary phases (Baseline, Second, Third, and Fourth):

- X^2 (3) = 28.979, p < .001, N = 21

Mean ranks:

- Baseline: 3.36
- Second: 2.71
- Third: 2.57
- Fourth: 1.36

These results indicate a **significant downward trend** in TAG scores over time, i.e., a **reduction in the severity of need**.

Wilcoxon signed-rank tests

We conducted some follow-up tests to explore more about where the positive change had occurred using the Wilcoxon Signed-Rank Test. This examined differences between each follow-up phase and baseline TAG scores.

Comparison	Z-value	p-value	Interpretation
Second vs baseline	-3.628	< .001	Significant decrease
Third vs baseline	-4.355	< .001	Significant decrease
Fourth vs baseline	-3.595	< .001	Significant decrease
Final vs baseline	-4.365	< .001	Significant decrease

Conclusions

The analyses show a statistically significant reduction in TAG scores (i.e., there was a significant reduction in the severity of need) from baseline to all subsequent time points, including the final assessment. The consistent pattern of improvement across phases suggests that participants made meaningful progress throughout the intervention period.

SECOND PHASE STATISTICAL REPORT

TRAUMA/PTSD SYMPTOM SEVERITY (PCL-5)

Descriptive statistics

Fourteen participants completed both baseline and post-intervention PCL-5 assessments. The mean baseline score was 42.07 (SD = 18.89), which reduced to 32.21 (SD = 16.79) post-intervention. This reflects a mean reduction of 9.86 points, suggesting a clinically relevant improvement.

The data was found to be normally distributed and therefore met the criteria for t-tests/ ANOVA. The original intention had been to use the latter test, which is appropriate for multiple ratings. However, most participants had only two ratings, a baseline and an end of intervention rating, therefore a paired/related sample t-test was used.

Correlation and statistical significance

A significant correlation between pre- and post-scores was observed ($r = 0.640$, $p = .014$, two-tailed). The t-test showed a statistically significant reduction in trauma symptoms ($t(13) = 2.418$, $p = .031$, two-tailed).

Effect Size

The analysis yielded a Cohen's d of 0.646 and Hedges' g of 0.608, indicating a medium effect size. This provides evidence that the intervention had a meaningful impact on reducing symptoms associated with trauma as self-reported by the young men.

MENTAL WELLBEING (SWEMWBS)

Descriptive statistics

Wellbeing scores increased from a baseline mean of 18.71 (SD = 7.69) to a final mean of 23.29 (SD = 5.85). The average improvement was 4.57 points, suggesting a notable enhancement in wellbeing as perceived by the young men.

Correlation and statistical significance

The correlation between the baseline and final scores was strong and statistically significant ($r = 0.725$, $p = .003$, two-tailed). A paired-samples t-test revealed a statistically significant improvement in wellbeing ($t(13) = -3.226$, $p = .007$, two-tailed).

Effect size

The effect size analysis indicated a Cohen's d of -0.862 and a Hedges' g of -0.811, denoting a large effect. This suggests that participation in Dealt an ACE was associated with a significant impact on the young men's psychological wellbeing.

SEVERITY OF NEED (TAG)

Non-parametric analysis

TAG data was not distributed normally. Therefore, a Wilcoxon Signed Rank Test was used instead of a t-test. Among the 12 participants with complete data:

6 showed decreased severity of need scores (negative ranks),

4 showed increased scores (positive ranks),

2 had no change (ties).

Statistical significance

The Wilcoxon test statistic was non-significant ($Z = -0.669$, $p = .504$, two-tailed), suggesting no statistically significant change in severity of need assessment scores over the intervention period. However, the distribution of ranks suggests potential individual improvements that may not be captured by group-level statistics alone.

CENTRE FOR MENTAL HEALTH

DEALT AN ACE

AN INTERVENTION DELIVERED BY PACT AT HMP / YOI BRINSFORD

Published December 2025

Image: istockphoto.com/portfolio/SolStock

Centre for Mental Health is an independent charity and relies on donations to carry out further life-changing research.

Support our work here:
www.centreformentalhealth.org.uk/donate