

# **Bereavement and offending behaviours:**

**A role for Early and Effective  
Intervention (EEI)?**

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## Bereavement and EEI

### Background

Research has identified a higher prevalence of loss and bereavement among people who are in contact with the justice system, including: children involved in a pattern of offending (Vaswani, 2008); young people in custody (Finlay & Jones, 2000; Vaswani, 2014), and adults in prison (Vaswani, 2019). Bereavements experienced by people in custody have also been found to involve more unambiguously traumatic circumstances, such as murder or suicide (Leach, Burgess, & Holmwood, 2008; Vaswani, 2014). Furthermore, grieving within the constraints of the justice system, in particular while in custody, poses additional challenges (Hendry, 2009; Schetky, 1998; Vaswani, 2014).

However, the vast majority of people who get involved in offending do not persist with this behaviour, nor do they find themselves in custody. Little is known about the bereavement experiences and support needs of the broader population of people involved with the justice system, and if they differ from population-level samples (where bereavement is a normative and common experience). Furthermore, while the research is clear about the existence of an association between loss, childhood bereavement and offending, there is less understanding about the nature, direction or mechanisms of this association. For example, the association may be one of correlation rather than causation as many childhood experiences that are related in some way to vulnerability and offending (poverty, inequality, familial substance misuse or mental health issues, community violence etc.) also increase the risk of premature death and bereavement. Or there may be something about the bereavement experience, or the response to that experience, that leaves some children vulnerable to poor outcomes.

Exploring bereavement experiences at the point that offending begins to emerge therefore provides an opportunity to explore and unpick the complexities of this relationship: from whether bereavement was linked to pre-existing vulnerabilities, whether bereavement occurred prior to the first involvement in offending, and what support or system response was in place for bereaved children. In Scotland, Early and Effective Intervention (EEI) often provides the first contact that children have with the justice 'system', although it is intended to sit underneath more formal elements of that system, such as the Children's Hearings System and the courts. Although the model of EEI varies across Scotland, the predominant approach is that of a multi-agency decision-making forum designed to respond holistically and promptly to low-level offending and other wellbeing concerns without unnecessary recourse to the formal system. The Centre for Youth & Criminal Justice (CYCJ) had started to have

exploratory conversations with partners about EEI as a potential site for research when it was approached for advice and information by one local authority who had observed what was felt to be a high level of bereavement in the children referred to their EEI group. As a result it was agreed to conduct a small scale scoping study with the local authority to explore the prevalence of bereavement in their previously recorded data, and also to explore with practitioners involved in EEI in that area their views on the needs of young people and the role of EEI (as well as the knowledge, skills, confidence and resources required) in responding to childhood bereavement.

## Method

Ethical approval for the study was obtained from the School of Social Work & Social Policy Ethics Committee, and from the Local Authority. Data was taken from existing EEI records, representing a basic summary of the information available in referrals and at multi-disciplinary EEI meetings. Bereavement experiences were not specifically sought in these meetings, and were only recorded when raised unprompted and deemed relevant to the referral behaviours. Anonymised data for two periods of time for which data was available, totalling a period of 20 months (eight months between March and October 2016; 12 months between April 2018 and March 2019) was included in the research.

One focus group was held with five participants, three who were directly involved with EEI in the local area, and two who no longer attended EEI meetings due to a process change, but still accepted direct referrals from EEI and fed information back into meetings. Participants were mainly drawn from the statutory sectors (social work, education and police) but also included third sector provision. The focus group was audio recorded and transcribed verbatim.

Across the two samples, 233 children had been referred to EEI, with the majority being young males (186, 80%). The age of the children was not available to the research.

## Bereavement in the sample

Fourteen children (6%) had a known bereavement which had been recorded, potentially lower than in other child and adolescent studies (Harrison & Harrington, 2001; Paul & Vaswani, forthcoming). However, out of the 14 bereavements recorded, the majority (10, 71%) were the deaths of either parents (eight) or siblings (two). This falls within the range of parental death seen in population-level samples, which consistently falls between 3 and 5% (Harrison & Harrington, 2001; Highet & Jamieson, 2007). Yet the high proportion of parental deaths among the bereavements documented in the sample (57%), as opposed to the more customary deaths of grandparents or other older relatives, suggests that the numbers reported

here are more of an indicator of what was recorded (either because of what was *known*, what was deemed a *significant* bereavement or what was deemed *relevant* to the case), rather than a true reflection of bereavement among children in the sample.

In each of the 14 bereavements, the notes suggested that the bereavement either predated, or was relevant to, the offending behaviour, for example: “1<sup>st</sup> offence, recent death of mother”; “struggling with recent bereavement of father”. Several of the deaths had the potential to be traumatic, including witnessing the death/seeing a dead body (three) and suicide (two). For others, while there had not been a bereavement, the threat of death was present i.e. terminally ill parents, or frequent suicide attempts of parents. Other wider losses were also recorded in 47 cases, although again it is believed that these are an underestimate of the true rate of loss in the sample. Eleven children were noted to be in care (in adoptive, foster, kinship or residential placements) and thus were living away from their birth families. Two children had experienced the imprisonment of a close family member. Parental separation was specifically recorded for 33 children (14%), although a number of records mentioned only one parent without mention of the other, suggesting that this figure is likely to be much higher. Previous research has also identified the use of substances as a coping strategy for loss and bereavement among young people in contact with the justice system, and a strategy that was often implicated in their offending behaviour (Vaswani, 2014). Substance misuse was recorded as an issue for 33 (15%) of children in the sample, or 14% of non-bereaved and 29% of bereaved children. While it appears that the use of substances is higher among bereaved children, the sample of bereaved children is too small to be able to test this difference accurately for significance.

## Key themes from EEI practitioners

### Prevalence and need

Loss and bereavement was recognised as a present and relevant need for children referred to EEI. Losses recorded were often recent, but even deaths that occurred much earlier in childhood were recognised as having a continuing effect on the child as they grow and develop.

*“I think there’s a few cases where there’s a death at an early stage of a parent, and they’re in their teens now and there’s things that haven’t been discussed or things that haven’t been dealt with...and there’s all the developmental stages and kind of changing in to the teenage life where they are questioning and asking things”*

Losses were also often linked to pre-existing vulnerabilities, such as parental and family stressors including: mental health issues; substance misuse; domestic violence; and health inequalities. Losses were also felt to be connected to offending behaviour.

*“I think it’s absolutely connected most of the time...offending’s a symptom of your lifestyle, of traumas...it might not be directly related but if there’s been a bereavement and if it has been a grandparent or main carer.”*

At the same time, the not uncommon experience of bereavement, and the resilience of children to such adversity was noted:

*“...sometimes we’re surprised when we see an offence that’s come in, we look at the background and think ‘this is the first offence?’, we’re just surprised it hasn’t happened sooner, they’ve coped incredibly well, some seem to be very resilient...”*

### Recording and information

Recording and information was a key theme to emerge from the focus group and was also evident from the data, as described above. The group acknowledged that the prevalence of loss and bereavement was likely to be considerably higher, and that a systematic approach to recording bereavement was not in place, although where this was known and deemed relevant then it was always documented. The available information to police at the time of an incident was often quite limited, and such experiences were not necessarily recorded on each individual agency’s systems and thus the information was not always able to be brought to meetings.

*“I mean you could have parental bereavements that don’t necessarily show up, that wouldn’t be on [Social Work system], that might not be mentioned by the school or on any of their systems...it maybe happened 10 years ago...but it’s not been mentioned so it’s not on the system.”*

*“...if a cop is at an incident and they are dealing with a child that has been offending it might be mentioned that the child has lost someone but at that point the cop might not put it in the report, that kind of information is lost because they’re just concentrating on the offending and not thinking about everything else in the background.”*

Furthermore, it was acknowledged that the fact that bereavement was a common experience made it unfeasible for all bereavements to be recorded, but at the same time it was a challenge to know when it was a relevant factor and when it was not.

*"[Person 3]...most teenagers are going to have had a bereavement by the age of 13, 14, so if the police are asking if they've had a bereavement in their lives...[Person 5] ...everyone would be flagged up."*

Recent bereavements were more likely to be identified and to be recorded, but the role of bereavement in the offending behaviour was sometimes missed when there were historical bereavements, or a multitude of needs and risks. Relevant information often emerged over time, typically during the course of service provision, but at a time that was too late to inform the initial decision-making process:

*"...I often don't know there's been a death until I start to build a relationship with the young person, and because there's not mention from school, or because it might not have happened in the last couple of years, all the different workers and different teachers, people don't keep track of that."*

A recent change in the EEI process in the local authority area also meant that meetings had been streamlined, and were reduced to a core of three agencies represented, supplemented by additional information (but not attendance) from partners in the statutory and third sectors. The group acknowledged that this change was necessary for strategic and operational reasons, but also that this had an impact on the information available for decision-making, and likewise, this was evident in the richness of the data recorded in the database.

*"I guess there was always that chance with more workers that the experience was there, that there was perhaps extended knowledge of families and people's circumstances or situations and that's one of the unfortunate things that's perhaps been lost from the wider network of the EEI meetings."*

Certainly an examination of the database suggested that proportionately more bereavements were recorded in the earlier eight-month sample, than the later 12-month sample, and it was observed that less information was available overall in this latter sample. This may have been due to the attention paid by the EEI coordinator to bereavement in the earlier sample, but may also reflect the volume and quality of information that is available as attendance at EEI meetings is reduced to core personnel.

## Gender

Gender was also identified as a pertinent issue in the loss and bereavement experiences of children referred to EEI. The group reflected that it was "*generally males*" that were referred

with challenging or traumatic losses (although this was not necessarily borne out in the data, but may be due in part to recording).

*“It’s a higher number in my view, not research, I would like to do more on this...about the impact of loss...I mean there’s so many young men that don’t have positive role models, that are struggling...an awful lot of loss for young men leading them into negative choices, not always criminality, but certainly poor life choices.”*

A complex, and often perpetuating, interplay between biology and gender socialisation was believed to be behind this difference between boys and girls, and one that emerged early in childhood:

*“gender stereotypes are huge....we’ve done a lot of work with the schools...and they’ve asked, you know, seven year old boys and seven year old girls to name as many emotions as they can and almost every boy, the first emotion they name is anger \*murmurs of agreement\* and they can maybe only name different variations of the word anger, whereas girls will give you 20, 25 different emotions and then, as they grow up, they become young men who can’t emotionally regulate, and I think that’s a big impact on the way they deal with bereavements.”*

### The role of EEI in supporting bereaved children

The group had not had any formal bereavement training, although had encountered some ad hoc training during their professional careers. Their experience and expertise left them confident in identifying, exploring and dealing with a range of issues that might affect children, but were conscious that they might be less confident with bereavement than some other areas:

*“as part of the EEI process? Personally I would say no”*

*“I would say yes if it is current and real and immediate. Because I think we are going to know, but probably not as confident if it was many years ago and still impacting [the young person]”.*

Establishing if bereavement was a contributing factor to the presenting behaviours was also felt to be tricky:

*“...do we have the training to say that these are the warning signs of bereavement, these are the vulnerabilities that come out of a bereavement? So that’s maybe something that’s worth considering as well, whether that’s on a local authority basis, or as a national EEI practice.”*

Constraints on services including the time and resources available (for example the pressure to deliver time-limited provision), also affected the ability of services to identify and intervene as appropriately as they would wish:

*“...even with the training I do have, I’d be reluctant to start that because it’s a short-term intervention and you can’t open that can of worms and then walk away after 12 or 16 weeks or hand the caseload to someone else you’ve got to have a relationship to deal with a sensitive subject like that.”*

This acknowledgement that relationships were key to the establishment of trust, and were the context in which more sensitive information was likely to emerge, limited what role EEI could play that also aligned with the EEI aim of prompt processing. At the same time, complexities were acknowledged in that important decisions were often made prior to service provision and disclosure, that may have been different had that information been available.

*“...the need to have that trusted person who can give somebody quality time to be listened to, spending time in that, would be vitally important I think to try and help this group of young people.”*

*“...it could be weeks down the line, and say if you’re dealing with them, and then they actually start opening up, you and then it becomes relevant that actually their offending was linked to that bereavement because they didn’t have a way or didn’t know how to deal with it...And then all of a sudden we’ve dealt with it in some other way, but it actually comes back to well, they were actually looking for something, not attention but some sort of support .”*

In reflecting on this, the group agreed that EEI had an important role in identifying that support was needed, even if the exact nature of the support requirements did not emerge until later. However, this relied on the availability of high quality generic supports for children and families within the community, as well as quick access to specialist supports when required. While the group felt that generic services in their area were good, there was an acknowledgement that specialist services had been lost due to budgets and resourcing issues.

### Supporting families

The group recognised that a child did not necessarily need specialist support for their bereavements if the supports were available in their family and wider social networks.

*“Not everybody needs counselling actually, do they? Because if they’ve got a gran, or a teacher, that they’re close to sometimes that’s enough, and it’s about us not interfering too much sometimes, but recognising it, and making other people aware that this is what is going on.”*

*“A lot of families, we’ve overlooked that, a lot of the families do provide that support already, regardless of them being dysfunctional, and sometimes that’s enough.”*

However, knowing when the support being provided was sufficient, or when specialist bereavement supports were required was not always clear. In addition, finding the resources, or even basis, available for working with families to enable them to better support the child was challenging in the current financial climate, although services did assist families where they could.

*“...the two young people are struggling, one of them has had to drop out of work, one of them’s been out drinking all week because they’ve lost their sister...where do you even start? I [no longer] work with them...there are no workers involved in that family...the boy’s off his order, the older girl, they don’t have any supports and mum’s on the phone saying ‘where do I get the support?’...what’s the long term impact because the siblings have a history of offending however have been stable...so where does that leave them for the coming months?”*

### The role of schools

Schools were recognised as having an important role to play, as they were often an important site of trusted relationships outside of the family home:

*“I’ve found the schools to be really good. Normally by the time I’ve met the young person they’ve already got a relationship with someone in the school, and you don’t want to come in and take over, you want to touch on the main issues and you leave them to it.”*

*“I will go in and speak to kids in schools and ask them, you know, if you were worried about something...who would you go and speak to? And quite often they don’t say the guidance, or the pupil support base, they’ll say ‘aw, my English teacher, I would go to them, I know I can sit down and talk to them.”*

However, training for school staff, or the presence of supports within school was not consistently available across all schools, and the support offered to schools had diminished with the loss of the specialist bereavement service in the area.

*“When we had [the specialist service] staff could go to a training session...to give them skills to use in school, so you have staff in schools who will have that training still and can use it, they’re not a formal counsellor but they can still provide support...”*

Some schools in the area had used Pupil Equity Fund (PEF) money to fund counsellors, but this had not been sustainable in the long term, and schools were restricted in which pupils were eligible for PEF-funded services, and by the need to demonstrate how the use of the funds specifically improved attainment.

*“[Person1]...they had made a specific bereavement counselling service, but I think it was only one of the schools...[Person 3] it’s certainly not something we’ve got in place at the moment. It’s maybe they’ve tried to do it with the Pupil Equity Fund but they’ve not had any funding from government.”*

### Resources, tools and interventions

The loss of a dedicated bereavement service in the area was a common theme throughout the focus group. Although the group acknowledged that bereavement did not always require specialist provision, and that they themselves brought with them a wealth of experience, the availability of such a service to help support the development of skills and confidence and increase capacity within the child’s wider support network (by training teachers as described above, or by providing resources to families for example) was felt to be invaluable.

*“So there’s been lots of different multi-agency training...the mental health first aid with teachers, but there’s a lot of us who’ve been in the third sector and in the statutory sector who’ve done that, living life to the full, various sorts of training courses that we can utilise those things and focus on the area if it is a bereavement so yes it’s just using all the resources that we’ve got to be honest.”*

*“I think that we are missing that specific bereavement service, 100%, and that was a huge advantage, but I think we’ve all got to recognise that funding is difficult, so it’s looking at the resources we have to share...and also the materials we’ve had from you know the educational psychologist...the domestic abuse team...the school nurses, so I think we are all sharing the resources to make sure that these young people are getting the supports that they require.”*

Bereavement provision was therefore provided within generic children’s services, which had the benefit of being able to respond to the child holistically, but lacked specialist knowledge and was affected by long waiting lists in both the statutory and third sectors.

*“I think realistically we are a little bit short on services, obviously we lost the bereavement counselling specifically, but we’ve all got to recognise that there is a difficulty for counselling and for adolescent mental health, you know for CAMHS, there’s long waiting lists. I have a befriending service and it’s always full, always, we’ve got waiting lists...”*

*“In some ways it’s almost kind of better that they are going to some wider support, because you can focus on bereavement and various other types of support.”*

For EEI specifically the group were keen to be able to access training about bereavement to keep skills and knowledge up-to-date, but this was with the aim of cementing current practice, rather than developing new skills or practices.

*“Making sure if we are sitting here having a discussion, do we have the knowledge and skills to identify the impact of bereavement?”*

*“If we went on a training course that was all about the impact of bereavement, it maybe would make us slightly more likely to identify, picking through, but I don’t know if it would change our outcomes or decisions all that much.”*

Information or resources that could help unpick the impact of bereavement from other factors was identified as being both needed and helpful, although the group also identified the similarities in the antecedents and symptoms of a number of vulnerabilities among children referred to EEI as a complicating issue.

*“[Person1] I still think it would be very useful to have a checklist of things to look out for, but I also wonder if that would be very different from a checklist that could be used for something else. [Person 3] Aye, I find that when I’m doing training with teachers the warning signs for them to look out for physical abuse at home, or emotional abuse, or domestic abuse...the warning signs and vulnerabilities are very much the same across the board.”*

*“So if something comes out of this that is closer to linking the bereavement and the offending behaviour and identifies the sort of warning signs to look out for and trends, and things like that, that would be really useful.”*

## Conclusions

This was a small-scale and localised study to begin an exploration of the prevalence of bereavement among young people at the fringes of the youth justice system, and of the needs, skills and confidence of practitioners involved with EEI in decision-making and supporting bereaved children at this stage. While the overall rate of bereavement was low, the rate of parental bereavement was high, although this is more likely to reflect recording rather than be an exact reflection of bereavement experiences. The study found that EEI practitioners worked hard to gather information to make the best possible decisions, and were cognisant of the impact that bereavement and other adversities could have on young people's general development, behaviour and outcomes. The practitioners were also confident in their decision-making, however, they felt that the private and sensitive nature of bereavement made it potentially more difficult to initially identify, as well as more difficult to discern if it was a contributing factor in the specific presenting needs and offending behaviours.

A crucial element of decision-making is the availability of relevant and accurate information. Firstly societal and culture change to reduce the reluctance or fear about talking about death, dying and bereavement, especially with young children is needed. All agencies, professionals, and families have a role to play in this, especially schools who can incorporate death education to all pupils within the curriculum. Even among professionals, it was clear that childhood bereavement is not being systematically recorded or shared to inform decision-making across a range of agencies, not just EEI. Schools are the most likely source of information in this particular EEI set-up, and multi-agency processes and mechanisms to share wellbeing concerns such as bereavement should be created or strengthened. Involvement of young people and families in the information-sharing process, either directly or indirectly, would also add to the richness of data gathered about bereavement at EEI, and ensure that all bereavements important to the young person are identified, that reflect the often wide and complex family and social networks of children involved in the justice system.

It was clear that the local authority provided considerable support to vulnerable or bereaved young people in the area, although felt keenly the loss of specialist bereavement provision. This loss included both direct support to young people and families, but also a reduced ability for capacity-building in the young person's wider support network, such as parents, carers and teachers. Excellent examples of good practice were identified in schools (as well as in other agencies), although provision was not consistently resourced or delivered, despite schools being identified as an important source of support to many children. The patchiness of

bereavement services, knowledge and skills is not unique to this specific local authority area, but is found across Scotland.

Practitioners involved in EEI were keen to build on their professional knowledge and training in order to develop practice in relation to bereavement, and would welcome any further resources (such as checklists), research, information, training and services available. The issue of gender was raised and discussed at length, and more information to ensure decision-making and services are gender-responsive (to all genders) was considered necessary.

These findings are small-scale, may be specific to this time and setting, and may not be replicable elsewhere. Further research is essential to develop a broader picture of childhood bereavement, and to explore in more depth the link between bereavement, loss and offending, as well as the needs of professionals in decision-making and the provision of support at this stage.

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