**NHS Education for Scotland**

**Talking about Bereavement Podcast Series – Transcript of ‘What does it mean to respect the dead?’ Podcast**

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**Speaker**: Imogen Jones, Associate Professor at the University of Leeds (IJ)

**LI:** Hello and welcome to the Talking About Bereavement Podcast, which is brought to you by the Bereavement Education Programme in NHS Education for Scotland. I'm Lynne Innes, one of the educators in the team, and in these podcasts I'm going to talk about bereavement with our guests who will be sharing and reflecting some of the work and learning they're involved in as they talk about bereavement.

**LI:** Hi and welcome to this episode of the podcast. I'm delighted to introduce my guest today, Imogen Jones. Imogen is an Associate Professor at the University of Leeds and her current research focuses on the autopsy stages, stage of medical legal death investigations with an emphasis on the values, attitudes and practises of professionals and the implications of these.

**LI:** Hi Imogen, and welcome to the podcast today.

**IJ:** Hello Lynne. Thank you for having me.

**LI:** Thank you for joining. And I wonder if you would like to maybe expand a bit on that introduction that I've given and tell us a bit more about yourself, if you want to, how you've got to where you are in terms of your life and your work before we kind of start to talk properly about your work.

**IJ:** Sure. So, as you said, I'm an academic so I, as part of my job carry out research and I also do teaching and administration stuff as well. So, it's, it's all a balance there. And my research, I forget quite how long it's been now, but has increasingly focused on issues around death and death investigation, in particular unexpected deaths. So, I, I started looking at the intersection of criminal law and, and dead bodies and things done to dead bodies, which then took me into forensic death investigation of more concentrated and a longer period then looking at unexpected death investigation. And in particular the autopsy stage of the, of death investigations, but thinking about the wider implications of those as well beyond the actual autopsy itself. And it's an interesting question how I got to here. It's not where I started. As, as you probably know many academics start by doing a, a PhD, which is where I did, which was my PhD was on criminal evidence law and it has to do with hearsay and bad character. So, nothing to do with this all at all, although to do with policy. But whilst I was doing my PhD, my father died very suddenly, and I was there when he died. I had a strange gut feeling that something was very wrong and got in the car and drove up to the Lake District where he lived. And the next day he died very suddenly and so, I was the person who dealt with the paramedics and ran around the small village he lived in trying to find someone to help me lift him off whilst we're on the 999 call and various stuff around that. And so, he, his death was referred to the coroner and there was a post mortem, which I now know in hindsight, various communications around that were dealt with appallingly actually as a bereaved person.

**LI:** Okay.

**IJ:** But I think in hindsight, and you know, the benefit of hindsight, it's a strange phrase that isn't it? Cause we wouldn’t need hindsight if things were good. I think probably triggered within me, part of my own grieving process as a bereaved person has been about dealing with this through understanding these processes and trying to make things better. And, and then of course, as things organically do, you actually find that there's lots of fascinating stuff that isn't directed in necessarily in that way or that you didn't expect. But I think that's how I got there. And, and now I've got a lifetime of work and sort of commitment to it. I, I feel it's really important.

**LI:** That’s quite an interesting way to, to kind of come into this area of work, isn't it? And I'm sorry that sounded like quite a traumatic experience for you as well. And having that feeling that your dad wasn't right and driving up there must have been quite difficult for you.

**IJ*:*** A, a strangely comforting thing to have felt that I followed my gut and, and…

**LI:** Yeah.

**IJ:** …went with it, was there. So yeah, the, the trauma relates actually to, you know, that that afterwards the ambulance…

**LI:** Yes.

**IJ:** … and the, and, and the dealing with the dead body actually. And that, the, the sort of the way that the legal process comes in takes over there and sequests the body and sequests your grief and, and, and intervenes with bereavement rather than I think the stuff before it.

**LI:** And did you, did you feel then like, like your, your grief was, was interrupted by that at the time or were you not consciously kind of thinking about that at the time? Is it on reflection you've considered that?

**IJ:** I think it's fascinating. At the time I went into that sort of organisational mode. I just sort of took over being the, the responsible person and my mum sort of needed a lot of care and, and we had such dramatically different reactions to his death. She came in a little bit late but was still there when the paramedics were there and things. And I sort of went into, yeah, that organisation mode where whereas my mum just, just fell apart became…

**LI:** Okay.

**IJ:** …the…so, so I think I, I almost felt that I had to have my grief interrupted because I had to sort of manage it for someone else who was so overwhelmed by it that they weren't able to, to control it in that way. Yeah. So, but I think in hindsight as well, knowing what I do now, and I'm sure we can talk about this if you want, about how communication could have been much better around the autopsy, around the coroner's process, around that taking away of the body when, when there's an unexpected death and things. So, I think the, the trauma that came with the bereavement and that uncertainty caused there could have been alleviated much more had there been more humane processes from the outset in place.

**LI:** And has part of your work helped to support the kind of, a change in those processes, do you think?

**IJ:** I think that's certainly part of my goal is understanding where those processes come from and how they impact on different people differently. And, and part of that is a complexity actually of the emotional work that's been done by the people who are also in, you know, carrying out the autopsies or are short of resources in, in carrying out investigations and so forth and, and the way that they both have to preserve their sort of veneer of professionalism if you like but also their own emotional wellbeing. And they have to go home and, and be the father or the partner that they need to be at the same time as the little acts of care making all the difference. And, and just making time for those little tweaks that make such a difference to the bereaved, I think.

**LI:** Thank you for kind of sharing, you know, that experience that you've had. It's kind of like one of these things where it's difficult to, for me to, I don't want to say the wrong thing. So, I'm being really cautious, but also thinking about, you know, I can't help but think about the learning that has come from that. And I suppose I wonder and you, you, you'll never know this, you may not be able to answer this, but I suppose I wonder what your dad would have thought of how your career has developed and where, and where you find yourself now. But you don't have to answer that if that's, if that's…

**IJ:** No, no…

**LI:** …feels a bit…

**IJ:** …that's absolutely fine I mean, I think the first thing I would say is, look, I'm, I'm Northern and blunt, you'll have to try much harder than that to offend me, so, so don't worry about that. So, I think there's, there's two dimensions that I found really interesting about my dad. My dad was fascinated by my work. Obviously, he, you know, when he died, I was doing my PhD. So, he wouldn't have known any about it, but I think he would have absolutely loved it. So actually, my dad had taken early retirement and had gone to do an LLM at the University of Nottingham because he was so fascinated by my work. So, I think he would have…

**LI:** Ah okay.

**IJ: …**loved it. And actually, I think I, I initially did a law degree because my, my dad and I used to sit and watch God forgive us, you know, things like Silent Witness and Cracker together and things. So that, that joint fascination with…

**LI:** Yeah, yeah.

**IJ: …**with the, the, the public side of, of death was, was something we shared. So, I'm not saying that, that his death is the only thing that, that, you know, perhaps, you know, always fascinated me about these things. I think he also would have been really interested my dad in that difference between me and my mum. And I think he would have, he would have trod an interesting line there because I was very like my dad and my dad, I think would have also done the organisational thing. But I think he would have then perhaps…perhaps because of gendered norms and the way he was brought up, I think he would have struggled a little bit more than I do with the real advocacy for empathy and care as something that we ought to explicitly value even though…

**LI:**  Yeah.

**IJ:** …I think in his heart that's something he would have approved of.

**LI:** Yeah. Really kind of interesting how that, how that's developed for you and yeah. I'm just thinking about we, we, we kind of often talk about Silent Witness with my colleagues at NES and, you know, have you seen the recent one? Are you watching the current one? And that sort of obviously, obviously on just now. But then you mentioned the Cracker and I loved Cracker. I'd kind of forgotten about it, but I absolutely loved it. Loved Robbie Coltrane…

**IJ:** Oh, you can't beat…

**LI:** He was amazing.

**IJ:** …Robbie Coltrane.

**LI:** Yeah, yeah, I've forgotten about that. That was a very good programme. So, yeah, it's nice to think about that. So, I met you, Imogen, at a, a learning event for the Association of Anatomical Pathology Technologists in Glasgow last year. And you were talking, you were presenting at that, that event with John Pitchers on a I think, a recent paper or blog that you had written about respecting the dead. And my colleague and I, we were both there together, and my colleague and I were thinking, you know, this, this was such an interesting topic. And, and we've since read your blog, and we wondered about, well we invited you to be part of the podcast because we wanted to hear more about the paper and how you, or the concept maybe more than the paper and how you how you came to, to decide, how you came to write about this, what stimulated that. And I wonder if you want to just talk a little bit about, about that, that starting process.

**IJ:** Be delighted, be absolutely delighted. So, if we go back to about where I said I, I sort of made that transition from looking at forensic work. So, working with forensic pathologists who only deal with suspicious, have a slightly different system in England and Wales to in, in Scotland in that we have these Home Office registered forensic pathologists and then coronial pathologists, whereas you have the procurator fiscal, but you still have that division of forensic and non-forensic work largely. So, so there's a similar mapping there. And so, I, one of the things that came up with my work with forensic pathologists was they were very critical about the quality of care and the treatment of the deceased, but also the quality of things like autopsy, the technical processes in coronial autopsy processes. And so, I got some funding to do, if you like a mirroring project, but there’s much bigger mirroring projects. There's a lot more coronial pathologists to look at those criticisms and more broadly then the, the role of the autopsy and the role of the pathologist within that. But one of the things I also became aware of, which comes to how I met John was when I was speaking to friends and pathologists who had talked about reconstruction a lot and the role of APTs in reconstruction. So, in forensic autopsies, APTs have a relatively limited role. They're just involved in the reconstruction.

**LI:** Oh right.

**IJ:** Thepathologists do all the evisceration and all the [inaudible] themselves, where in coronial autopsies they do a lot more. They do the evisceration, they normally take the organs out and, and, and they do the reconstruction as well. And so, I included in that work also interviewing and, and shadowing APTs as well. So, I spent a reasonable amount of time in, in mortuaries speaking to them and doing stuff with them. So that's how I came to meet John, who was and still is the Chair of the AAPT. And one of the things that, so, so what I did was I carried out qualitative interviews, which are thematic interviews, speaking to people, I say around these semi structured interviews, speaking to both pathologists and APTs around their work, the way that they understood their role in death investigations and more broadly the way that they understood their duties and interests in the deceased body and of course to the bereaved as well. So, so going across that and one of the joys of semi structured stuff is everything is different and it all goes in different directions.

And one of the things that really fascinated me, which led to this paper which, which we're still writing up actually, we've just sent out another bit of data collection to get into more detail; building on the presentation you saw, getting people to give more examples of, of their practices, was the way that APTs in particular talked about the dignity and respect of the deceased in what they did and how deeply multifaceted that was. But also, the way that that was embedded within their sense of their self and their, their sense of purpose, their sense of who they were and why it was important that they, what they did. So, if you compare that to say pathologists who through no fault of their own and partly to do, I think with that sort of protection of their self emotionally, pathologists talk much more about those medical procedures. They see it as much more of a scientific finding, but APTs are involved in the care of the deceased from the moment they come into the mortuary for to, to when they, the coroner releases the body to the deceased and that involves that they quite often have a bereavement function. They're caring for the deceased for what could be days, it could be months. They often facilitate viewings. They may be dealing with deeply fractured bodies where they're doing a lot of work to try and make someone what they call ‘viewable’. And that might just be side of a face or a hand or it might be a whole, but you know, it could be someone who's deeply decomposed. They're dealing with deeply distressed people, so their understanding then of why these things matters and what they were willing to do and what resources they were put towards that was absolutely fascinating for me. And so, I thought it was really important for two reasons. One, because I thought, my goodness, these people are doing all this work and it's essentially hidden. When we think about death investigation, we think about, you know, the work, of course we might think about pathologists, you know we might think about the autopsy, but we're not actually thinking about the people who are doing the day-to-day care of the dead and the bereaved quite often as well. And I don't see those as a zero-sum game there because, and I'm sorry I'll, I’ll truncate what I'm saying, but I, I do believe that caring for the dead is often an act of care for the living. So, showing respect for the dead is, is respectful for the living as well in a whole range of ways. So, it's hidden. But I also then thought these are legal processes like we were discussed earlier with my dad, which massively interfere or intervene with what are culturally assumed grieving and for want of a better term, bodily disposal processes. So, we assume when someone dies that they'll die. They might die at home, they might die in hospital, they might die in hospice, you know, but in some usually some kind of, you know, expected setting, we have this lovely idea of a good death, which very rarely actually occurs. And then, you know, we, we assume we'll arrange a funeral. There might be a slight delay in the winter or whatever, but you know, that'll all happen in a particular way…

**LI:** Yeah.

**IJ:** …the funeral director will come and you know, we'll do all these things. And then actually what happens is in these cases, a legal process comes in and says no, stop, I'm taking control of this. You don't have that control that you thought you had over this person you loved or this process you thought, I'm going to tell you that something pretty horrible might happen to someone you loves body. You know, there's very few people that want that to happen.

**LI:** Yeah.

**IJ:** And it could take ages. We could be retaining bits and bobs and actually then if the APTs weren't extending the care they do, weren't behaving the way they do, didn't have the value they do in terms of how they deal with the bereaved, how they deal with the actual deceased body, the role they play in mediating those things, I think the legal process will become [inaudible]. So…

**LI:** Right.

**IJ:** …this hidden work to me…

**LI:**  Yeah, yeah, yeah.

**IJ:** …it's entirely central, but it's central because it's based upon the way that we actually understand care and bereavement and the social life of the deceased, I guess.

**LI:** As you're talking, I'm reflecting on what you're saying about the APTs being very caring and kind and compassionate people. That's, that's how I'm imagining as you're talking about them. And certainly, you know, just that a very once off experience of coming to the APT event was we were, you know, we were quite overwhelmed by how kind everybody was, how friendly everybody was, how interested everybody was in us. And that was, that was really pleasant. And I've since met a few APTs since that event. Some of them have done podcasts for us, but I've also met APTs here in the hospital that I currently work in. And the treatment of the dead really matters. It really matters to them. And I noticed that was in your paper as well as one of the starting paragraph is…

**IJ:** Yeah.

**LI:** …you know, your starting point must be there is a widespread sentiment that treatment of the dead matters. And that's, that's kind of what you've just described. It's what I witnessed as I've listened to APTs.

**IJ:** It's, it's a changing profession. I mean, I think and you know, there's always a methodological danger with any kind of anecdotal evidence which you know, you know, so attendees at the annual educational conference are self-selecting. Those who will respond to my calls are self-selecting. And I have to be honest, I have witnessed some mortuaries which are not like that, but what and I have, I have non generalisable, but, but increasingly generalisable data that this is a profession which is changing in terms of gender dynamic and in terms of qualification level. So, there's a drive towards professionalisation and professional standards of which things like respect and dignity and no doubt things like whilst they may have their gripes with them, the being, being subject to the postmortem standards that you know, the Human Tissue Authority required them and things do, do encourage that as well because it, it requires reflection on the way that you're treating the deceased…

**LI:** Right.

**IJ:** …and things like, you know, not dropping them or…

**IJ:** Yes.

**IJ:** …the way you've handled the deceased…

**LI:**  Yeah, yeah.

**IJ:** …and things like that. But I, I think it is a profession where death work is becoming recognised as something which is valuable in of itself. And with that, and you're seeing a lot more females entering the profession and you're seeing a lot more sense that care is, is something which is professionally valuable and that really matters. So, people are going in because of that.

**LI:** Yeah, because that is, that matters to them as part of their values and kind of attitudes that they come with it, which is, yeah, yeah. It’s really kind of interesting. I suppose what other aspects of particularly of, you know, respecting the dead would you want to pull out of what, you know, if you were kind of summarising the paper and giving some highlights? Sorry I sprung this on you, I didn't prepare you for this bit…

**IJ:** No that’s…

**LI:** …what would your highlights of the paper be, do you think?

**IJ:** I think there’s, there's a number of things I would say about respect. One is, I mean, my belief is on a theoretical level that respect is, is an action. It's something that we do. So, I would distinguish dignity and respect. And I think that dignity is something which we assign to sort of humans. It's something which is intrinsic to us, which is, is separate, if you like. Whereas respect might be a way that we, we then enact our respect for someone's dignity. But respect to me is, is more than that. It's about the way that we act and it's about the way that we behave. And it's attitudinal. And that requires an individualist approach which is different to dignity which might be inherent. So, to me, respect is about recognising that each person is different and had individual characteristics and individual needs. And that also is to do with the still living has individualist individual needs.

**LI:** Yeah.

**IJ:** And sometimes it's about reconciling those. So, what might be respectful to the still dead might be something that the still living don't like. And how do we reconcile those two things? But I think it's about just, yeah, it's, it's about recognising that humanity and thinking, okay, so what is it that I would do differently in the way that I behave, the way that I act, if I recognise that this is a, the body of a person who had or perhaps depending on your belief system, still has interest, but also whom there are has a still continuing social life and the way that their body is treated, the way that it's presented effects the still living as well. And so that's things like just not carrying out unnecessary dissections, for example.

**LI:** Yeah, yeah.

**IJ:** It's about the way that perhaps you refer to someone. So, putting someone's name on a fridge instead of a number.

**LI:** Yes.

**IJ:** It's about the way that you wash them. It's about the little acts that one of the things that has, I don't think will ever leave me, it was, I was in a mortuary and I, I'm fairly sure this was subconscious on their behalf. So, this was in the summer. There was a lovely old lady in who had died at home, hadn't been found for a couple of weeks. And as a consequence of that, she was in a stage of decomposition and bloating, if you like. So, you know, whilst there was, she wasn't massively progressed. She was not, not as you would want to be anyway, but she had a crucifix around her neck and whilst so this APT had eviscerated the body, was waiting for the pathologist to come and was just looking at her and turned over the crucifix because it was the wrong way around. And it was just that that little…

**LI:** Yeah.

**IJ:** bit of…

**LI:** Yeah.

**IJ:** …you're a person…

**LI:** Yeah, yeah.

**IJ:** … and this is something that mattered to you.

**LI:** Yeah.

**IJ:** Other examples can be more profound things like a grieving person saying, my husband was scared of the dark. Could you put a torch in there?

**LI:** Yeah, yeah, yeah.

**IJ:** And they did that…

**LI:** Right okay.

**IJ:** …right. And they could pretend that they're doing that. They could say to the bereaved, yeah, yeah, of course we'll do it and not…

**LI:** Yeah, yeah.

**IJ:** …but they did it because that was recognising the individual nature, both of the deceased. But then that, that act of respect for deceased brought comfort to the still living, to the bereaved. It's little things like reconstructing the body neatly. So rather than doing, you know, big Frankensteinish stitches, which you could do in order to put…

**LI:** Oh okay.

**IJ:** …everything back in…

**LI:** Right okay.

**IJ:** ...you just do it in a nice, neat way that conceals things…

**LI:** Yeah, yeah.

**IJ:** …and enables a bereaved person to come and hold someone's hand, kiss their cheeks, see their eyes without undergoing that trauma if they don't want to. So, it's, it’s those little acts of care.

**LI:** Yeah, yeah.

**IJ:** It's, it’s going back to where I start saying it's the little things that don't actually cost a lot but make a big difference. Because what we're doing is recognising that we're all different, but all humans and we all have different needs and actually just recognising that tinkering our behaviour is all it takes actually to, to make that difference.

**LI:** Yeah and, and keeping care person centred for the entire…

**IJ:** Yeah.

**LI:** …time, not once the, when people die, then we stop being person centred after that because they're now dead…

**IJ:** And indeed…

**LI:** …so it doesn't matter, yeah.

**IJ:** And indeed, one of the things that a lot of APTs insist on is the idea that, that a dead of their patients.

**LI:** Yes.

**IJ:** So, a phrase I would hear quite often is I'm a nurse from the dead.

**LI:** Yeah.

**IJ:** Just because someone's dead, doesn't mean you stop caring for them. It doesn't mean they can suddenly be soiled, does it? You know, you wouldn't leave them on a ward like that. So why would I do that? So even though they don't have the professional recognition of nurses, they consider the dead to be no less worthwhile or no less needing of care of the same essential equivalent, just adapted to the needs of a dead body and, and the way that a dead body behaves.

**LI:** Yeah, I feel kind of really pleased to hear you talking like that. It feels person centred. It feels like that's still maintained. I noticed at the end of the paper you say you want to think about how you can be positive about respecting the dead and to drive forward policy to achieve that. You've then added that's no small task, but we’re game we think. And I, and I wondered I suppose how that was going or how that's working out.

**IJ:** So actually, as it happens, I held a, a workshop in Leeds last week…

**LI:** Okay.

**IJ:** …with various people from a range of medical that, the HTA were there, the [inaudible] commission were there, various people work with their on this topic of respecting the dead and, and how we might do that. So, there's a real difficulty in reconciling I think a number of things. So, the first is that, that like the NHS, the legal process and of course the NHS is part of this, our resource is struggling for…

**LI:** Yeah.

**IJ:** …one of a…

**LI:** Yeah.

**IJ:** …better word.

**LI:** Yeah.

**IJ:** Things are finite. And so, there's only so much will to, to put it on and there's no ministerial oversight to this. So, something's either NHS or it's Ministry of Justice and actually no one is taking responsibility for this, which means no one’s held to account, which means…

**LI:** Okay.

**IJ:** …it's struggling to make things happen. But I think the, the other dimension then here is, well I say three. The second is how we reconcile that need to protect yourself from the emotional work with the need to be humanising. And I think it's really important to say it's not disrespectful to carry out an objective scientific process. What would be disrespectful would be to do more than was necessary or to not around that process; do all you can to rehumanise or to recognise the individual humanity that person centred care. So, so that you have to sort of be able to shift but never go below if you like baselines. And then I think the third one is one I found in my research, and we find this a lot in human tissue authority inspections, it's far easier to be negative. So, to say this act was disrespectful, this act was undignified. But there's a lack of willingness to articulate positive examples. And that's something that I'm working actively with the APT and with the Human Tissue Authority and people like that I’m thinking. So, one of the things that we discussed last week was, well, could we come up with across sectors, even across the funeral sector, across medical education, you know all these sectors that are dealing with the dead baselines of what respectful behaviour is. So, you know, and it is stuff like just taking care when you handle the body, using someone's name where appropriate to address them, you know, making an effort to recognise their particular needs or not generalising about what their preferences might have been. It's little acts like that which I think, and then you can give examples. So, I think it's very difficult, but I think it's really important because if all we're ever doing is being negative, what we're actually saying is, you know, we're, we're only going to beat you down when you do something wrong.

**LI:** Yeah, yeah, yeah.

**IJ:** But actually, what we need to do is encourage people to do things right from the outset. And I think starting with basic minimum is a good way to do that. Carrots…

**LI:** Yeah, yeah.

**IJ:** …not sticks.

**LI:** Yeah, yeah, absolutely. I think that could be, that could be across quite a lot of things, a lot of areas where we're, we're kind of, you know, we're, we're, yeah. Punishing or it's punitive to people around getting things wrong, but actually we need to be raising people up.

**IJ:** And the problem with that, of course, is people then become defensive and frightened because, you know, law and regulation frightens people because they feel afraid that they're going to have things taken…

**LI:** Yeah.

**IJ:** …away from, they're going to be sanctioned or that their professionalism is going to be challenged. And actually, often when things go wrong, people are still doing them with the best of intentions, just something has gone wrong. And, and actually, if we can, like you say, lift people up and really reward good practice and put in place support to help people, you know, put provision in place to do that, then I think that's, you know, I'm not saying we can't always sanction, but you know, ever sanction but, but it's much better to start with that positive reinforcement, I think, as a way of actually getting to that goal…

**LI:** Yeah, yeah.

**IJ:** …and motivating…

**LI:** Yeah.

**IJ:** …people.

**LI:** Yeah. Well, it's been so interesting speaking to you and hearing and hearing what you said. And yeah, really, really inspiring in terms of thinking about how we respect the dead. And, and if we're not already thinking it, how do we embed that and how do we enable that or encourage it or whatever the word is to, to, for us all to kind of do that even more…

**IJ:** Thank you.

**LI:** …than we, than we currently are. So, thank you so much for taking the time to, to do this podcast. I'm really grateful. It's been great, actually really interesting to speak to you. So, thank you so much.

**IJ:** Been, been a genuine pleasure Lynne. Thank you for having me.

**LI:** Thank you.

The podcast was recorded in January 2025 and can be found at <https://www.sad.scot.nhs.uk/podcast/> or <https://open.spotify.com/show/11AORpjHqbsYwgg1DJUtLk?si=687dba351d1f45d4>

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