Cwm Taf Justice Service

Relationship Based Practice Guidance: A trauma informed approach

Operational guidance

Relationship Based Practice (RBP) is a trauma informed approach adopted by Cwm Taf YJS. The Trauma Recovery Model (TRM) (Skuse and Matthew, 2015) is the theoretical model underpinning the practices outlined in this guidance. The Trauma Recovery Model (Skuse and Mathew, 2015) was derived from clinical practice in a secure children's home, Maslow's hierarchy of needs and an analysis of the literature and research on how maltreatment impacts on child development, including

- Child development and attachment.
- Neurological impairment and the impact of maltreatment and behavioural conditioning.
- The mental health of children and young people in the youth justice system.
- Children's perspectives of custody and clinical care.
- Youth justice processes and the needs of children.
- Interventions, what works and treatment attrition.
- Treatment/rehabilitation theory – the Good Lives Model and the Offender Readiness Model (Ward et al 2004).
- Desistance theory.
- Knowledge of the impact of brain injury.

Key components

The key characteristics of the practice model are:

- It offers a tiered level of service depending on the individual's child's needs
- It is underpinned by the Trauma Recovery Model
- A TrACE(trauma and averse childhood experiences) informed assessment process

- A timelining exercise
- A developmental mapping exercise
- An assessment of the child's position on the TRM
- Consultation from a lead worker or psychologist
- A TrACE informed lens to Multi agency planning
- A set of recommendations are agreed sequenced as indicated by the child's position on the TRM.
- Case progress is regularly reviewed, and recommendations re-visited

Consent and sharing personal information

'Relationship Based Practice' is an approach and not a treatment, Cwm Taf YJS will not be seeking consent for statutory cases. However, the case manager will need to gain consent from parents/carers and children where the approach is being applied to non-statutory cases, e.g. Prevention and Out of Court cases due to the need to share information with multi agency professionals. All practitioners will need to ensure that appropriate safeguards and arrangements are in place to fulfil obligations and compliance with the General Data Protection Regulations (GDPR) 2018 and Data Protection Act 2018 in terms of data sharing with other professionals.

The role of the YJS TrACE champion/Senior Practitioner

Cwm Taf YJS has identified two lead Principal social workers. The responsibilities of the role are as follows:

- Helping practitioners to embed the principles of TrACE informed practice in the delivery of assessments and interventions
- Liaising with case managers on the convening of timelining meetings where required (e.g. timings, arrangements and who to invite).

- Providing consultation to YJS case managers with regard to assessments, pathways and planning and interventions for children who have experienced ACES/Trauma.
- Chairing of multi-agency timelining meetings.
- Writing summary/recommendation reports where a psychologist is not required/involved.
- Providing consultation with recording TrACE informed practice within the AssetPlus framework.
- Ensuring guidance implemented adheres to a TrACE informed approach.
- To provide consultation at YJS Multi Agency Panel(MAP) where requested
- Working in partnership with case managers/YJS management team with regard to sifting and prioritisation of psychology referrals/ECM referral depending upon demand and resource.
- To consult with TrACE informed champions regarding individual teams needs
- Charing quarterly meetings to continually monitor and develop practice and quality assurance processes
- To assist the YJS management team identify training needs and provided training/develop guidance as requested
- To assist the YJS management team provide TrACE informed induction to all new members of staff

The consultation provided by the lead worker will be informed by social worker and psychology theory and practice, the lead social worker will not be able to complete any formal assessments or diagnostic tests. Consultation from the lead social worker is not intended to replace the need for psychology or any other specialist assessment/consultation, rather the lead worker should assist professionals identify the children that require such support.

In addition to the lead worker, TrACE informed champions have been identified in each operational team. The role of the champion is.

- Helping operational teams to embed the principles of TrACE informed practice in the delivery of interventions sequenced in according to the child's developmental need and position on the TRM.
- To complete initial consultation process for all children referred by their teams.

- To assist team members, identify appropriate' tier' of service and assist with developmental mapping and TRM assessments where a referral to lead worker is not deemed necessary.
- Sharing operational/ guidance and practice development tools with operational teams and provide feedback to the YJS management team to inform the continual development of practice.
- Attending monthly TrACE meetings to continually monitor, evaluate and develop practice.
- To assist identify training needs of team members and assist with training/practice development as requested.
- To assist with TrACE informed induction process for all new members of staff.
- To assist monitor and evaluate service user feedback/engagement and assist develop trauma informed resources for children and families.

Assessment

Attempting to address children's offending behaviour without understanding the context of trauma can result in unsuccessful and sometimes detrimental interventions. We know that adversity affects children's brain development and that experiencing trauma in a child's early years or in utero is linked to antisocial behaviour and offending, in addition the impairment of neuro-cognitive development may make it difficult for these children to understand and comply with criminal justice interventions and to comprehend the consequences of breaching them. Failure to take account of experiences of trauma and its impact upon child development and emotional well-being will limit the potential benefits of the YJS's intervention (Beyond Youth Custody,2016).

The completion of a TrACE informed assessment is an effective process to identify vulnerable children and make intervention and effective risk management decisions. The case manager should undertake a trauma informed assessment as part of the initial assessment process for all children referred to the YJS.

Additional information gathering

In addition to the evidence that is gathered via the YJS's AssetPlus assessment, the case manager will need to ascertain additional background. In addition to the ten adverse childhood experiences (ACEs) identified in the Public Health Wales research (2015) there are many other negative circumstances that are associated with poor adult outcomes (Early Intervention Foundation,

2020). Consequently, whilst it may be useful to identify Adverse Childhood Experiences (ACES), a more comprehensive assessment may take into consideration any childhood circumstances which may have caused a child traumatic stress.

Children who suffer from child traumatic stress are those who have been exposed to traumas over the course of their lives and develop reactions that persist and affect their daily lives after the events have ended. (National child traumatic stress network)

The TrACE informed AssetPlus prompt sheet will assist the case manager determine the information that is additionally required and act as a prompt during the assessment with the child and family **(see Assessments; AssetPlus Prompt Sheet).**

As the AssetPlus assessment gathers information from various sources, it is felt that an additional information gathering with regard to potentially traumatic events is not necessary where the relevant information is already documented. Where there is information missing, an individual judgement should be made about whether it is appropriate to obtain this information directly from parents, carers and/or the child.

It's important to highlight that there is no automatic cause and effect and not all ACEs will cause trauma (the resulting emotional/lasting damage impact of ACE's). Sometimes there will be lasting damage but no visible signs. A trauma informed assessment should also consider what opportunity the child has to recover from the trauma they have experienced. It is well documented that individuals can become more resilient at any stage of life and the presence of supportive relationships and opportunities for growth can act as a buffer and off-set the negative impact of childhood adversity (Hughes et al 2018).

Preparing for Assessment

The case manager should ensure the assessment appointment is arranged by letter, in line with good practice. The following paragraph should be modified according to the recipient (parent, carers or children).

> *'The areas that we would like to talk about include your family history/experiences, health during pregnancies, your child's early years (0-5yrs), living arrangements, family relationships, education/training, you and your child's health (physical and mental), substance misuse, any difficult childhood experiences/significant events relating to you (parents/carers) or your child.*
>
> *We would also like to discuss your strengths and what's gone well for you and your family. We would also like to complete a family tree. I have included a timeline (attach timeline from AssetPlus/Parent Carer Self-Assessment) and it may be useful for you to think about this before we meet. Some of the information may be a little sensitive so if you would like a separate appointment from your son or daughter, that's fine. You are also welcome to invite another adult to support you, if you wish'*

The letter is then followed up with a phone call which enables the case manager to introduce themselves, alleviate any anxieties the family may have and answer questions.

Parents/carers should be given the opportunity to have a meeting separately from their child to allow them to discuss any sensitive information. The family should also be offered the opportunity to bring another person to support them should they wish.

Where a decision is made to directly ask about past traumatic events which could trigger an emotional response from the parents or child, the following should be considered to ensure the child and their family are supported effectively:

- Focus on what to say rather than process; hearing the child rather than gathering information in the first instance.
- Let them know that it was a positive thing for them to disclose the information and thank them for it.
- Ask them how it was for them/how do they feel? If they say it was difficult, ask them what their plans are that night/what they can do to help them cope with negative emotions.
- Let the child/parent know who they could speak to at a later date.
- Provide a follow up telephone call/letter thanking the child/parent information and reiterating how helpful it was, recognising how difficult sharing it would be for the child and family and acknowledge it being a difficult process.

The assessment process may not be a neutral event for a child, particularly for those who have experienced adverse childhood experiences and trauma. The telling (and re-telling) of their stories to individuals they do not know may be difficult and painful. The YJS may also be one of a range of agencies which is assessing their needs.

The assessment should not be conducted as an interview schedule. The way information is gathered is likely to be determined by the length of time you have known the child; any previous involvement with the criminal justice system; their emotional well-being; problems with speech, language and communication; and learning difficulties and disabilities. A TrACE informed assessment should only be undertaken by a fully trained practitioner who is able to provide the necessary aftercare.

Assessment of Trauma Informed Practice level

Children may present with complex and varying needs and an assessment will need to be made on a case by case basis about the most appropriate interventions.

The following table is intended to provide a guide and is not meant to be prescriptive or exhaustive. Making a careful and considered assessment of the correct tier of service at the assessment stage will avoid unnecessary duplication of the multi-agency timeline exercise, should the case require psychology consultation. TrACE informed practice should neither prevent, delay or supersede any specialist assessments that may be required. Consultation provided by the lead social worker does not replace the need for psychology consultation for the cases where this is deemed necessary.

The Educational psychology department may be able to facilitate and Enhanced Case Management approach (ECM) for Children Looked After (CLA). Therefore, where children looked after require a trauma informed approach, ECM should be considered (in a multi-agency forum) as a first option. Where this is deemed as not required/appropriate/suitable alternative inhouse TrACE informed provision may be considered.

Tiers of service	Assessment Indicators	Nature of intervention	Staff training and supervision requirement
Standard	No presence of ACEs or trauma or evidence of recovery from previous trauma	Cognitive interventions Restorative Justice	ACEs awareness and or trauma informed practice YJS supervision
TrACE informed	Presence of ACEs/trauma and low risk of harm offending and low risk vulnerabilities. No current or minimal professional (other than YJS) involvement	Case manager led timeline TRM assessment informs planning AssetPlus plan should be TrACE aware	ACEs awareness and or trauma informed practice YJS supervision Consultation with lead worker or team champions where required
Single Agency TrACE informed Consultation	Presence of ACEs/trauma in early years and medium or high risk of harm/offending and medium or high risk vulnerabilities. No current or minimal Children Service involvement No evidence of recovery from trauma.	Case manager led timeline Referral to tea champion to complete initial consultation Developmental mapping and TRM assessment level informs planning AssetPlus plan should be trauma informed	ACEs awareness and or trauma informed practice YJS supervision Consultation with lead worker or team champions

RBP/Multi Agency TrACE informed consultation	Presence of ACEs/trauma in early years and high risk of harm/ offending and high -risk vulnerabilities. Multi agency involvement No evidence of recovery from trauma. *children who are overrepresented/children who present with sexually harmful behaviour/ transition cases can be considered priority referrals	Referral to Team champion to complete initial referral Referral to RBP via Lead worker Multi agency timelining meeting Developmental mapping and TRM assessment informs planning	ACEs awareness Trauma informed practice and ECM YJS supervision Consultation with lead worker and psychology service where available Clinical supervision from psychologist where required
Multi Agency psychology consultation via HRP or ECM	Presence of ACEs/trauma in early years and high risk of harm/ offending and high -risk vulnerabilities. Multi agency involvement Complex overlapping needs Concerns regarding mental health Children Looked After Non engagement Concerns identified via multi agency timelining exercise No evidence of recovery from trauma *children who are overrepresented/children who present with sexually harmful behaviour/ transition cases can be considered priority referrals	Referral to Team Champion for initial consultation Referral to RBP lead worker who wil assist case manager make ECM referral Referral to FACTS Psychology service Referral to ECM	ACEs awareness Trauma informed practice and ECM YJS supervision Consultation with lead worker and psychology service where available Clinical supervision from psychologist where required

The case manager should use the information gathered from the TrACE informed assessment process to complete a detailed timeline, of the child's journey starting from pre-birth to the present time. This information should be recorded on the timeline in AssetPlus/Explanations and Conclusions. Where the assessment indicates the child has experienced adversity in his/her early years (and has not recovered) the case can be referred to the Team Champion who can complete the initial consultation process.

Priority Referrals

Children who are overrepresented; Cwm Taf YJS is committed to proactively identifying any groups that are overrepresented within the service or receiving harsher sentencers and ensuring we challenge and respond in way appropriate to meet the unique needs of these children. Therefore, any children who are over-represented in the criminal justice system (BAME, CLA) should be considered as a priority referral to RBP or ECM. Due to the unique experiences of children who are over-represented referrals can be accepted even where referral criteria is not fully met (i.e. adversity/trauma is not established in the child's early years), where it is felt that a multi-agency timeline may be useful to ensure that information from all agencies contributes towards the assessment and that the child's background, life experiences and any structural barriers are fully understood.

Transition cases; Y2A guidance outlines the requirement for a multi- agency meeting to take place prior to a young person's transition to adult services and the expectation that the transition plan considers the child's maturity and the impact of ACE's. Therefore, all children and young people being transitioned to Probation should be considered for an RBP or ECM referral. The YJS/Probation link worker should attend the multi agency meeting and the recommendation report can provide consultation to practitioners on how to manage the transition to adult services in a developmentally sensitive manner and assist co-ordinate the approach being used.

Education Transition cases; Recent research by Hambrick (cited in Lyons et al, 2020) and her team has indicated that for children who have experienced early trauma, the gap in learning and wellbeing between them and their peers widens over time. In other words, a child may seem 'fine' in early childhood but as they reach key developmental milestones (such as transitioning school), they struggle in a number of profound ways. This is because the skills needed to master the developmental milestone are built on fragile and missing neurological foundations. Bruce Perry's 2003 research indicates that the resting heartbeat of adolescent children who have experienced trauma will be significantly higher or significantly lower than the average child. The transition from junior to comprehensive school can be more difficult for children who have experienced trauma and this can mean challenging behaviours are more likely to manifest during this stage of his childhood (adolescence) than they have been previously. For this reason, children are due to transition to comprehensive school (who present with future harmful behaviours and have been assessed as experienced adversity in their early years) should be considered for a priority referral to RBP or ECM. The multi-agency timelining meeting will assist establish the context to the child's behaviour, level of developmental functioning and position on the trauma recovery model. This information can inform the child's enhanced transition plan. Educational professionals from the child's current junior school and the school the child will transition to be invited to the multi-agency timelining meeting.

Children who present with sexually harmful behaviour; Multi agency timelining meetings will be facilitated for all children who present with sexually harmful behaviour as part of the AIM3 assessment process. A multi-agency timelining meeting will be

facilitated to explore any experience of adversity and trauma and to ensure the child's sexually harmful behaviour is fully understood in the context of the child's life experiences (pattern mapping) and to inform the AIM3 assessment report.

The Initial Consultation Process

The initial consultation seeks to establish whether the child has experienced trauma in the crucial period of neurodevelopment, whether the child has had opportunity to recover and which trauma informed pathway best meets the child's and practitioners needs(as outlined below).

Children who have recovered (level 3 plus) from trauma do not need to be referred for timelining or ECM.

Children who have experienced trauma in later years and not in their early years do not fit criteria for timelining or ECM(with the above exemptions). However, a trauma informed intervention may be appropriate, support can be offered by team champions.

Where referrals have already been made to other specialists (e.g. SALT, Educational psychologists, NDT, CAMHS, MAPSS) champions may need to give consideration whether these assessments need to be completed before a referral to RBP is processed. RBP cannot take referrals for children that have questions surrounding mental health needs or where there has been indication that they require a FACTS referral.

The Team Champion will establish if the early years trauma is established. If it's suspected only and there is also evidence of other needs, these need to be ruled out before timelining meeting is completed or it must be made clear that the timelining meeting will be used to assist determine whether the child has experienced trauma during the relevant period. If there is no evidence of early years trauma the case manager can request further checks are completed via police or health and rerefer if trauma is established. The child's and families accounts can be accepted as evidence.

Children Looked After (who have complex trauma histories behavioural and emotional needs and harmful behaviours) can access trauma informed therapeutic support via the MAPSS team. The MAPSS team can also provide consultation to practitioners(contactus@mapsscmt.co.uk). Adopted children and their families can direct support via the adoption support team. ECM can also be provided via the CLA Educational psychology team. Thus referrals for Children Looked After will only be accepted in exceptional circumstances, e.g. where the above referrals have been declined.

Children who are being supported by the Family Therapeutic Team can access ECM via this service.

Where children have additional needs or other diagnoses' consultation will only be provided where there is clear evidence of early years trauma in addition to other needs (overlapping needs).

TrACE informed Practice/Single Agency Consultation

Where the initial consultation indicates there are medium/high risks in any of the three risk domains but no other agency involvement the team champion can provide an initial consultation to the case manager, with regard to the assessment (developmental mapping and TRM), pathways and planning, report writing and recording. The case manager should ensure the child's plan is TrACE informed and appropriate to the child's developmental needs. An example of a trauma informed can plan be provided by the team champion to guide the pathway and planning process where requested.

RBP/Multi Agency Involvement

Where the initial consultation indicates there are a number of different agencies involved and high level of risk identified in any of the three risk domains, the Team Champion will refer the case to the lead worker to facilitate a multi-agency timelining meeting. This will assist practitioners involved gather more comprehensive information pertaining to the child's journey/early years and assist develop a collective understanding of how the child's experience of trauma may have contributed to their current behaviour and may assist determine whether FACTS psychology consultation via MAP is required. A multi-agency developmental mapping exercise and Trauma Recovery Model assessment will also be completed. The lead worker will provide a consultation report following the meeting which can be distributed to multi agency professionals involved with the child's care plan.

Psychology Consultation or ECM

Where the initial consultation indicates there are a number of different agencies involved and high level of risk identified in any of the three risk domains and the child has complex overlapping needs, is stuck in the system or where the are questions about the child's mental health the Team Champion and case manager will agree the most appropriate pathway to access psychology support. The case should then be referred onto the lead worker so an assessment can be made of priority need. The lead worker can support the case manager make a referral to ECM via the agreed pathways.

Please note ECM is a limited resource and there may be a waiting list.

Multi-agency timelining meeting

Where the assessment indicates the need for a multi-agency timelining meeting and the child does not fit the criteria for ECM, the case manager should make a referral to the lead worker and agree a suitable date for the meeting to take place. The case manager will need to book a suitable room for a minimum of two.

All professionals who have current or previous knowledge of the child should be invited to a timelining meeting **(see Assessments: Multi Agency Meeting Example Invites).** Where there are complex overlapping mental health needs the case manager may also consider inviting the YJS/CAMHS consultant. The role and purpose of the meeting should be fully explained to professionals in advance and that the information gathered is used to assist professionals to work with children in a manner which is consistent with their physical, emotional, social and cognitive ability. The timelining meeting preparation guidance should be forwarded to professionals at the time off invitation **(see Assessments: Multi Agency Meeting Preparation Guidance and Agenda).** For further guidance on the timelining meeting format **(see Assessments: Timelining Format).** If key individuals are unable to attend, they should be invited to provide advance information about their knowledge of the child and their family.

The suggested process for the meeting is as follows:

- All relevant professionals who know the child attend, or provide advance information if attendance is not possible.
- Where the child meets criteria for psychology or mental health consultation, psychologists and/or consultants should also be invited to the meeting.
- The lead worker chairs the discussion and draws up a visual timeline of the child's life starting from birth (and sometimes pre-birth) to the present time.
- Information provided by other professionals is plotted onto the timeline.
- The lead worker coordinates discussion, summarises information and highlights patterns in behaviour.
- Any periods of desistance/strengths or interests the child has are also recorded.
- A developmental map is drawn up to indicate the child's current functioning: socially, emotionally and cognitively.
- Once all the information has been shared and the developmental map compiled, the case will be reviewed with reference to the Trauma Recovery Model and where the child's need's sits within its framework.

- At the end of the meeting consideration should be give to whether the child meets the criteria for psychology or CAMHS consultation (where it is not already in place). Where it is agreed that psychology consultation is required the case manager should invite the FACTS psychology link worker to HRP.

Developmental mapping

During childhood the brain develops, grows and organises at an intensive rate. Therefore, when adversity, abuse or traumatic experiences occur during this crucial period, it will likely have an impact on the child's cognitive, emotional and social development, meaning the child's developmental age may differ to the child's chronological age. When intervening, it is vital that professionals connect with the child's development age.

Where it has been established that a child has experienced trauma and has medium/high levels in any of the three risk domains, with limited opportunity for subsequent recovery (Tier 2 & 3). A referral should be made to the lead worker. The case manager should complete developmental mapping exercise that estimates where the child is functioning physically, cognitively, emotionally and socially. The lead worker will provide consultation to complete this exercise where requested/required. This is not a formal evidence-based assessment but a subjective assessment that assists determine the age range to tailor interventions at. This is a useful tool to assist all professionals involved adapt interventions to suit the child's lowest level of functioning.

Where a decision to hold a multi-agency timelining or ECM meeting has been made the developmental mapping exercise (Tier 3) should be completed at the end of the timelining meeting, chaired by the lead worker or psychologist.

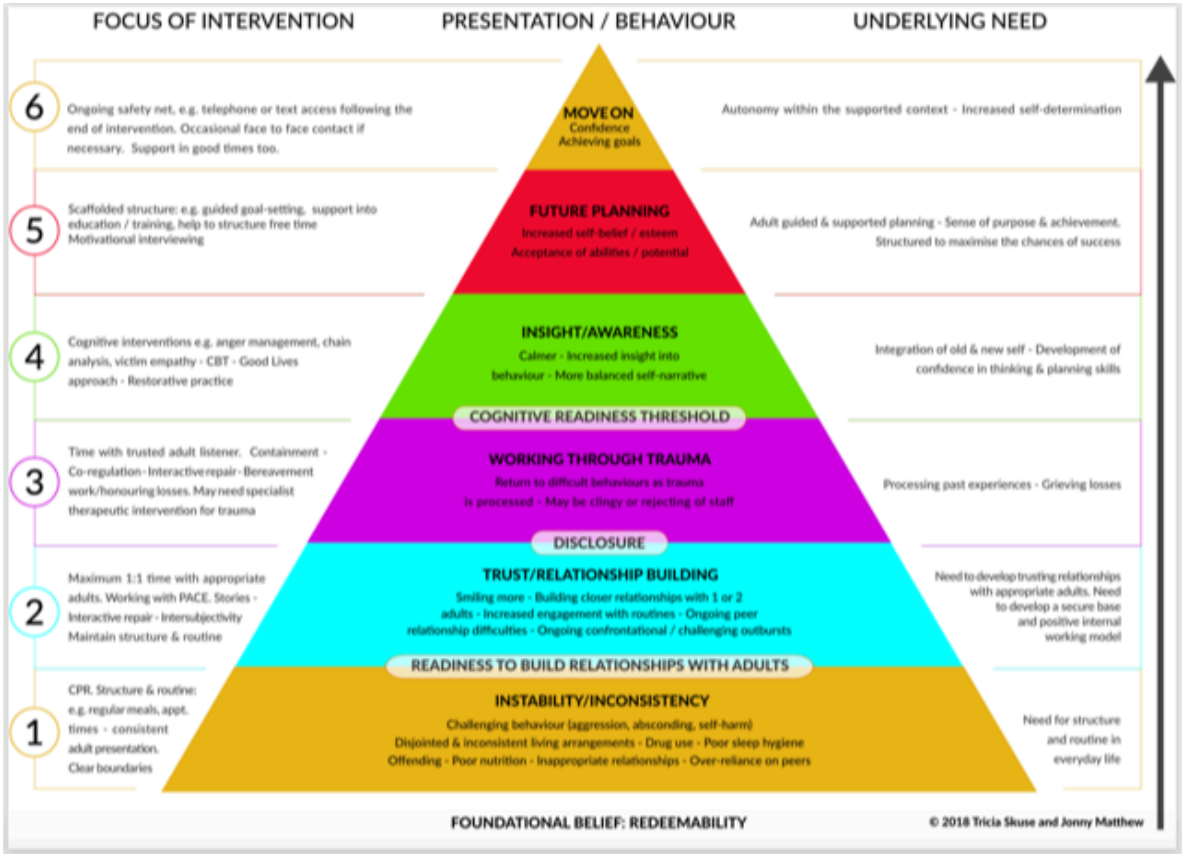
The child development grid **(see Assessments: Developmental Mapping; Child Development Stages**) will assist the case manager and other professionals involved determine the child's levels of functioning.

Trauma Recovery Model assessment.

The trauma recovery model is a six-stage model based on Maslow's hierarchy of needs which suggests that healthy psychological growth can only occur where basic physiological and safety needs have been met. The Trauma Recovery Model triangulates presenting behaviours, and underlying need with the type of intervention required to meet that need **(please see Assessments: Trauma Recovery Model (Skuse and Matthew, 2015)).**

Having gathered the significant information and completed a timeline, an assessment should be made regarding where the child presents on the trauma recovery model, this will assist the case manager and other professionals involved identify the underlying need and the appropriate interventions.

This can be completed individually by the case manager as part of the initial assessment process with consultation from the lead worker. Where a decision to hold a multi-agency has been made (Tier 3) the TRM assessment should be completed at the end of the timelining meeting, chaired by the lead worker.



Reports

Where consultation has been provided by the lead worker to the YJS case manager(Tier 1 &2) the lead worker can provide a report(single agency consultation report)which summarises the discussions, the developmental mapping exercise, Trauma Recovery Model assessment and makes recommendations relevant to the child's position on the Trauma Recovery Model**.** Where the lead worker has facilitated a multi-agency timelining meeting a repots will be completed following the meeting by the lead worker. The case manager can distribute the rprt to all professional who attended the meeting or who will be involved in the child's

care plan**.** For those cases where psychology consultation has been identified as necessary the report will be prepared by the psychologist that attended the multi-agency timelining meeting. In addition to the above information, that psychologist will be able to make recommendations with regard to more formal assessments and diagnostic tests which may be required.

Pathways and Planning

The Trauma Recovery Model (TRM)(Skuse and Matthew, 2015) underpinning the proposed approach assists practitioners to deliver interventions in a sequenced manner determined by their position on the Trauma Recovery Model, where possible via one established relationship. Interventions that seek to develop cognitive, emotional and social functioning are needed at each stage of recovery. Following the completion of a developmental mapping exercise, the planning and Intervention tool included can be used to assist the case manager determine interventions appropriate to the child's developmental stage **(see Pathways and Planning: TRM Intervention Tool).** The lead worker can provide consultation and an example plan targeted to the child's desistance factors, identified future behaviours and adverse outcomes where required. Where a multi-agency timelining meeting had been facilitated, the lead worker or psychologist (where available) may make some initial recommendations at the end of the meeting that are followed up by a written report. Examples of a TrACE recommendation report and or plan can be referenced in **Example Reports and Plans.**

The child may cycle between phases (TRM levels) many times during recovery. The recommendations are guides and suggestions that should be used with other tools and external controls. Their appropriateness needs to be carefully considered whilst tailoring them for the child's developmental age, interests, context and nature of agency provider. They may be adjusted, changed and overlapped depending on the response of the child. These interventions are not meant to replace the usual risk and vulnerability strategies or the need to seek specialist advice with regard to any presenting concerns.

Examples of how different risk factors (future behaviours/Factors against Desistance) can be managed at each stage are provided in **(Pathways and Planning Managing Future Risks and Adverse Outcomes)** also see **(Pathways and Planning TrACE informed AssetPlus Guidance).**

For children assessed at level one of the trauma recovery model the associated recommendations for that level may be the main or only focus of the intervention. Other interventions may be added as the child progresses or begins to recover from traumatic

experiences. It may also be appropriate to do interventions listed in higher levels at earlier stages, depending on the unique child on how they are engaging with the overall process.

For further details on trauma informed interventions please see **Pathways and Planning** documents.

Reviewing

Regular reviews should be facilitated to monitor the child's progression against the Trauma Recovery Model and provide advice and support to professionals regarding the approach. This can be incorporated into the AssetPlus reviewing process. Where the child has a high-risk plan monitored via the high-risk panel. The review will be conducted at the high-risk panel. The lead worker should be invited to the high-risk panel. Many of the recommendations will be approaches for practitioners rather than tasks for children and families and therefore it would not be appropriate to complete the RBP review with a child and or family present.

The TRM intervention tools and guidance can assist practitioners to recognise the targets associated with progression and determine the appropriate interventions as the child moves between levels of the Trauma Recovery Model **(see Pathways and Planning TRM Intervention Tool).** Progression is unlikely to be linear and the child may cycle between levels several times throughout the recovery phase.

Case Recording

The case manager should record all the relevant information using existing systems information systems.

For example:

For AssetPlus cases Information from the timeline and be recorded in: -

- AssetPlus/Explanation And Conclusions/Understanding Offending Behaviour/Significant Life Events.

For AssetPlus cases the developmental exercise outcomes can also be referenced in: -

- AssetPlus/Core Record/Young Persons Details/Details
- AssetPlus/Parenting, Family and Relationships/How The Young Person Relates To Others
- AssetPlus/Young Persons Development/Thinking And Behaviour

- AssetPlus/Foundations For Change/Engagement And Participation/Preferred Activity/Learning Styles/Barriers to Learning
- AssetPlus/Pathways And Planning/Tailoring Interventions/Specific Needs/Preferred Learning Style/Barriers to engagement and how these will be addressed.

For AssetPlus cases the Trauma Recovery Model assessment can be referenced and associated recommendations can be referenced in: -

- AssetPlus/Foundations For Change/Engagement And Participation/Preferred Activity/Learning styles/Barriers to Learning
- AssetPlus/Pathways And Planning/Tailoring Interventions/Specific Needs/Preferred Learning Style/Barriers to engagement and how these will be addressed

The Asset/Plus can be shared with partnership agencies in line with obligations and compliance with the General Data Protection Regulations (GDPR) 2018 and Data Protection Act 2018 in terms of data sharing with other professionals.

For Early Intervention Assessment cases a timeline will not be completed unless the case is referred to RBP, the developmental exercise outcomes can also be referenced in: -

- *Prevention and Early Intervention Assessment/ Attitude, Motivation And Child Presentation*
- *Prevention and Early Intervention Assessment/Other e.g. Early Childhood Issues*
- *Prevention and Early Intervention assessment/ Offending And Reoffending checklist/Child Has Identified ACEs Without Evidence Of Mitigating Circumstances*
- *Prevention and Early Intervention Assessment/Risk of Harm to Others/Context for Behaviour*

For Early Intervention Assessments cases the Trauma Recovery Model assessment can be referenced and associated recommendations can be referenced in: -

- *Prevention and Early Intervention Assessment/ Personal And Family Relationships*
- *Prevention and Early Intervention Assessment/ Accommodation*
- *Prevention and Early Intervention Assessment/ ETE*
- *Prevention and Early Intervention Assessment/ Attitude, Motivation And Child Presentation*
- *Prevention and Early Intervention Assessment/Other e.g Early Childhood Issues*

- *Prevention and Early Intervention Assessment/ Offending And Reoffending Checklist/Child Has Identified ACEs WIthout Evidence of Mitigating Circumstances*

The lead worker or psychologist will write a brief report that summarises the findings of the consultation or multi agency meeting, the developmental mapping exercise, Trauma Recovery Model assessment and recommendations relevant to the child's position on the Trauma Recovery Model. The report should be distributed to practitioners from other agencies who attended the meeting to assist guide their interventions. Outcomes for children are likely to be improved where all agencies involved in the child's care use a consistent and joined up approach. The recommendations should be transferred to the AssetPlus; Pathways and Planning.

Practitioners should consider what information needs to be shared with the child and family. Most of the recommendation are strategies for practitioners rather than actions for young people and can be contained in the parts of the plan the child does not see. Where recommendations are shared with children and families, they should be supported by a skilled practitioner who can provide ongoing aftercare and support.

Quality Assurance

The Trauma-informed practice quality assurance tool can be used as a checklist to assist practitioners and managers to develop trauma informed practice in assessment and planning**.**

Restorative Justice

Restorative justice is a core component of a referral order and may be attached as a condition of a youth rehabilitation order or out of court disposal. This means that restorative activity may need to be undertaken to fulfil the condition of the order, unless the there is an explicit reason for not doing so.

Reparative work within the community may be an appropriate way for the YJS to offer intersubjectivity, attunement and co-regulation to develop a relationship with the child. This may assist the child progress against the trauma recovery model and enable them to reach a stage where they are able to complete direct reparation in a meaningful manner. A new practitioner should only be introduced via an already stablished relationship and in a carefully considered gradual manner. For example the restorative

justice worker could complete a joint home visit with the key worker and subsequently the key worker could attend initial reparation sessions with the child and reparation worker.

Direct restorative justice (conferences/letters of apology) requires cognitive skills and the ability to think things through, to reflect on personal behaviour, and understand the consequences of any actions and the impact of the offence on the victim. Children who have experienced developmental trauma may be unable to do this until they have developed positive relationships, have processed some of their own trauma and have the perception to process the requirements of restorative justice. Where a relationship-based approach is being adopted the case manager should inform the victim liaison officer/restorative justice team so that they can advise victims appropriately with regard to timescales for any direct reparative requests. In terms of location on the Trauma Recovery Model, this would be at level four or above, when a degree of cognitive maturity is evident, and the child is able to acknowledge their offending behaviour and its impact.

The review meetings should consider any requirements the court has imposed, victim requests and how they are factored into the intervention plan, taking into account the child's developmental needs and stage of trauma recovery.

Where the use of restorative justice is not felt to be timely or appropriate, the decision for the sequencing decision should be recorded in:

- AssetPlus/Foundations For Change/Engagement And Participation and
- AssetPlus/Restorative Justice module

See also 'varying the order' on the next page.

Non-engagement

One of the areas which may require attention in the management of orders is how to address lack of engagement and non-compliance and to balance the need to enforce a court order, whilst keeping the child's needs central to any decision-making. This initially requires consideration of what aspects of engagement is and is not working and why.

Research indicates that the most challenging and difficult to engage children are often the children who have experienced trauma and are most in need our support (Youth Justice Board/Ministry of Justice, 2020). Children should not be prevented a voluntary

service because they are finding it difficult to engage with a direct intervention. Children may find face to face contacts intensive/intimidating and may not have reached the developmental stage that enables them to engage with this process. Consider less intensive ways to initiate contact where necessary, e.g. texts, notes, Whatsapp messages or offering to transport the child. Other multi agency support/advocation can still be valuable to the child where they are struggling to engage with face to face contacts. For example, a child may consent to you liaising with the school on their behalf or advocating to the police that they are not criminalised. A child may be more likely to accept support from a professional who they perceive to be supporting/advocating for them.

Any decisions around non-compliance and engagement and breach action in relations to statutory orders should be taken should be made after investigating the reasons for any failures to comply, exploring any problems the child might be experiencing and identifying how they can be resolved to promote engagement. Where the child has received a second formal warning the lead worker should be consulted prior to a compliance panel being facilitated.

Areas to consider

- The stage of the order
- The child's relationship with the case manager
- The assessed stage of the Trauma Recovery Model
- The child’s developmental profile
- The level of harm to the community
- Frequency and nature of offending
- Do the enforcement procedures help or hinder the management of risk?
- Response to previous breach
- Likely outcome of the breach

Varying the conditions of an order

Where aspects of the order are not working, consideration should be given to whether they should be varied. This could involve asking the Referral Order Panel to review the Referral Order Contract or the court to reconsider the necessity for particular requirements attached to a youth rehabilitation order. This could be relevant where the timelining meeting (or subsequent reviews) identify that a requirement or condition is not appropriate to the child's developmental need or within their capacity to achieve and a different approach is required.

Endings

Relationship-building is a key component of trauma informed practice. The relationship which is established between the child and practitioners crucial to the change process. For this reason, endings are a key transition and need consideration in the management of the case.

The review process should focus on how to bring the order to an end. Key thinking in trauma informed practice, is that the end of the order period may not mark the ending of the YJS' involvement with the child.

The ending of the intervention should be managed carefully with a long ending or transition period. Ideally the ending should involve:

I. Graded withdrawal of YJS or partnership agency services (i.e. decrease YJS appointments/spread them out slowly ideally over several months) in a planned way which is openly communicated to the child.

II. An invitation to keep in touch, sending a clear message (where possible) that they are welcome to contact the service for further appointments and advice. The contact should phase out on the child's terms rather than end abruptly on a specific date.

Where a decision has been made to keep the case open past the end date of the statutory intervention, a voluntary intervention page should be opened, where all contacts should continue to be recorded. The assessment should continue to be reviewed at six monthly periods or where there is a significant change in circumstances.

Bibliography

Beyond Youth Custody (2016) *Young offenders and trauma, experience and impact; a practitioner's guide*. London: Beyond Youth Custody.

Cordis Bright (2017) *Evaluation of the Enhanced Case Management Approach* Cardiff: Welsh Government

Covington S (2016) *Becoming Trauma-informed Toolkit for Women's Community Service Providers* https://www.mappingthemaze.org.uk/wp/wp-content/uploads/2017/08/Covington-Trauma-toolkit.pdf

Her Majesty's Inspectorate of Probation (2017) *The Work of YJSs to Protect the Public* Manchester: HMIP

Hughes, D *DDP network Creating relations for developing relationships*, retrieved 23/3/20, https://ddpnetwork.org/about-the-network/

Hughes, K; Ford, K; Davies, A.R; Homolova, L. and Bellis, M.A. (2018) *Sources of resilience and their moderating relationships with harms from adverse childhood experiences.* Welsh Adverse Childhood Experiences (ACE) and Resilience Study. Public Health Wales

Ministry of Justice and YJB (2018) *Referral Order Guidance* https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/746365/referral-order-guidance-9-october-2018.pdf

Public Health Wales (2015) *ACEs and their impact on health harming behaviours in the Welsh population* Cardiff: Public Health Wales.

Skuse, T. and Matthew, J. (2015) The Trauma Recovery Model: Sequencing Youth Justice Interventions for Young People with Complex Need. *Prison Service Journal* 220, p.216-225

The National Child Traumatic Stress Network. (n.d.). *What is childhood trauma*. Retrieved 9th March, 2020, from www.nctsn.org/what is childhood trauma

YJB, Enhanced Case Management Guidance (2020) *Implementing the approach*

Ward T, Day A, Howells K and Birdgen A (2004) The multifactor offender readiness model *Aggression and Violent Behaviour* Vol 9 Issue 6 September to October 2004 pp 645-673 https://www.sciencedirect.com/science/article/pii/S135917890300051X