



GWASANAETH TROSEDDAU IEUENCTID CWM TAF
CWM TAF YOUTH OFFENDING SERVICE
GWYBODAETHYD YDRA PHŶL HRAC A'Y CYMRUDDAU
WORKING WITH YOUNG PEOPLE AND THEIR COMMUNITIES

Pathways and Planning (AssetPlus): Managing Future Behaviours and Adverse Outcomes

- YJB AssetPlus guidance outlines the requirement for an integrated plan that addresses the key areas of intervention/assessment priorities derived from the assessment. The tables below provide an example of how key areas of intervention can be addressed using a trauma informed approach and how the nature of the interventions may change depending in the child's developmental stage. The chosen examples are future behaviours and adverse outcomes often identified in YOT assessments for children who have experienced trauma and Adverse Childhood Experiences (ACEs). Reparation work has also been selected as an example as it often forms an integral part of YOT interventions. However, it is intended practitioners would apply the same approach for other key areas of intervention identified by the unique assessment of the child.
- The practitioner will also need an understanding of the child's position on the Trauma Recovery Model (TRM) (Skuse and Matthew, 2015):
 - Level 1 (Instability/Inconsistent):
 - Level 2 (Trust Relationship Building)
 - Level 3 (Working Through Trauma)
 - Level 4 (Insight Awareness)

Please refer to the model for full details of the behaviour indicators that relate to the above levels.

- The recommendations are guides and interventions that should be used with external controls (actions taken by persons other than the child to reduce likelihood of identified future behaviours or adverse outcomes) and multi-agency planning. 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 multi agency planning forums or the need to seek specialist advice regarding any presenting concerns.

NB: interventions suggested for children at Level 1 focus on creating a safe base. This is because this is the foundation on which the success of other interventions dependent. Thus, the interventions at this stage of the TRM are similar regardless of the factor or future behaviour being addressed, the interventions become specific as the child progresses against the Model.

Future Behaviour: Aggression/Violence

Level 1	Level 2	Level 3	Level 4
<p>Creating a Safe Base -Identify one safe attachment figure (adult) to deliver the primary intervention</p> <p>Keep workers involved to a minimum.</p> <ul style="list-style-type: none"> • Offering consistency, predictability and reliability (CPR) by: • Offering appointments at the same time each week • Being on time • Planning activities in advance • Keeping the structure of the appointment the same e.g. check in, do an activity, talk about the activity, arrange the next appointment <p>PACE - Dan Hughes (2005) Playfulness, Acceptance, Curiosity and Empathy strategies.</p> <p>Responding to challenging behaviour- Safety and practical considerations should be prioritised over consequential thinking. Problem solving and de briefing should happen once the child is calm. Focus on the emotion underlying the issue rather than the consequence (see resource catalogue/TRM level 1 Jen Taylor 2015)</p> <p>Traffic-light systems(school/training) -Speak to the child about safety. The child should have a physical place of safety</p>	<p>Naming and labelling of feelings - Children learn how to self sooth, recognise and manage their feelings through the people surrounding them. Therefore, professionals should deliberately and openly (where appropriate) name the feelings in the child, themselves, and in others. Everyday scenarios/conversations should be used to identify and discuss feelings. For example, “You are smiling today, you look really happy to have a day off school” or “if I was in your shoes , I might feel really nervous about going to court next week”, or “your friend looked really sad, has he argued with his mum again?”.</p> <p>Creative feelings activities-Children who enjoy creative activities could make a feelings dictionary such as A is for Angry, B is for Bored or make a feelings container (box/jar) filled with feelings cards and take it in turn to act or draw it. Blank heads with speech marks can be drawn where the child can label different thoughts. Make feelings jewellery with different beads. Answering quiz type questions like “think of a time when you were”, “I am happiest when....”, think of a feeling beginning with B” (Karen Treisman, 2003 p28).</p> <p>Co-regulation - offer activities that raise and lower emotions in a controlled environment. E.g. for a child who enjoys playing football a</p>	<p>Monitoring emotions arousal -Key workers to reduce arousal. Teaching breathing exercises or grounding exercises can help. Do an activity that raises emotions in a safe environment and then help the child restore to calm (e.g. ball game, card game). Being with a safe person who can attune to any panic and reliably self-regulate. Emotions thermometer/volcano exercises/scaling exercises.</p> <p>Feelings are accepted -Showing the child that it is normal to experience a range of feelings and that these can be tolerated. The child be supported to notice that they may have mixed feelings. This can be through verbal statements such as “I can imagine you are relieved you didn’t have to go to court but are nervous about having to work with the YOT and meet new people”, or “ I imagine you are angry you were excluded from school but relieved you don’t have to go back tomorrow”.</p> <p>Body Links -Where possible support the child making links between their feelings and their bodily sensations. This can be done via verbal statements “I notice you are clenching your fists and breathing fast”, or “sometimes when I am angry my heart beats really fast”. A body mapping exercise can also be completed.</p> <p>Empathy -The practitioner accepts</p>	<p>Victim empathy Interventions – Direct work exploring how victims of the child’s offending may have felt.</p> <p>Restorative justice- Focus on moving forward. Restorative conference with victim of the offence. Letter of apology to the victim of the offence.</p> <p>Feelings work-Encourage the child to see how anger is hurting them/hindering them, e.g. listing advantages/disadvantages of aggression.</p> <p>Creative activities - Create an aggression metaphor, e.g. what is it called? what does it look like? what does it say? (draw, paint sculpt, worksheets).</p> <p>Role Plays -Rehearsing responses to situations that may trigger the child’s emotional dysregulation in a playful way. Rehearse repeatedly with a more positive outcome. Cartoon strip drawings can be appropriate. Ask the child to pick a different day they could have responded to a situation or use third party stories (television, peers).</p>

<p>and/or an imaginary place of safety. Explore ways the child can communicate they need their safe place, e.g. red cards/traffic light cards</p> <p>Create an imaginary safe space – e.g. assist the child to draw or make a poster/model of a safe space.</p>	<p>practitioner may build sessions around shooting goals at the local park or other children may prefer board games/card games or creative activities.</p> <p>Reparative work -can also provide non-threatening opportunities for the child to be able to raise and lower their emotions in a safe environment, e.g. assisting the child to complete a delicate, fiddly task e.g. through a woodwork activity.</p> <p>Conversations that heal - Research shows that just listening brings down stress level</p>	<p>how the child is feeling about the event/experience. They do not try and persuade the child out of having this feeling. Rather they acknowledge, validate and accept that is what the child is feeling. When a child's distress is met with empathy, it develops the child's ability to empathise which may also prove conducive to 'reducing harm to the community'.</p> <p>Containment - Often when bad things happen children will think it is their fault, their inner thoughts may be more horrific than the reality of the situation. The child needs to know that the trusted adult can hear the information and doesn't confirm their skewed perception that they are mad/bad/naughty and that what happened is their fault. The practitioner can also seek to modify the traumatic memory.</p>	
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Adverse Outcome: Emotional Harm

Level 1	Level 2	Level 3	Level 4
<p>Creating a safe base - One safe attachment figure (adult) to deliver the primary intervention. Offer consistency, predictability and reliability (CPR) by:</p> <ul style="list-style-type: none"> • Offering appointments same time each week • Being on time • Planning activities in advance • Keeping the structure of the appointment the same e.g. check in, do an activity, talk about activity, arrange next appointment (beginning, middle, end). <p>Normalise mistakes- Children who have experienced trauma may catastrophise mistakes. Professionals to acknowledge, own, highlight and apologise for their own mistakes.</p> <p>Interactive repair - It may be helpful for all those supporting the child to be mindful of the need to repair the relationship at times when he/she has behaved inappropriately (interactive repair). The consequences for actions may remain, however the relationship with the child should be deliberately re-established shortly after the incident and when the child is feeling calm.</p> <p>PACE - Dan Hughes (2005)</p>	<p>1:1 time with trusted adults -The child needs continued, consistent support from trusted attachment figures to begin to make sense of their own experience, and that they are valued and worthy. Beliefs change by addition (e.g. providing 1:1 time with trusted adults in a safe environment) and not by subtraction (telling the child they are not...) Healthy core beliefs form, and then it is possible to let go of trauma-based thinking.</p> <p>Responding to fantasy -If the child tells 'lies' try to understand the purpose this is serving for the child/focus on the emotion underlying the information. Travel alongside the child rather than correcting misinformation.</p> <p>Keeping the child in mind- An important relationship building tool can be showing the child they are important and you have actively kept them in mind (e.g. noticing if they didn't attend, remembering things they have said to you, text messages out of hours to ask about a specific event they told you about, buying the biscuits/food they like, sending a birthday card/postcard with a relevant message/picture).</p> <p>Reparative work – That seeks to</p>	<p>Link behaviour to trauma - Enable the child to understand how trauma impacts upon people, e.g. making the links between stories they provide about peers, parents, television programmes, art, music. Making sure the link between trauma and behaviour is explicit for the child so they can grasp for themselves the relevance to their own experience.</p> <p>Honouring loss- The child may prefer to complete bereavement work with those with whom the child has already established a relationship. It's recommended that practitioners find out key information such as the name of the bereaved individual, the date of death/how/why they died and offer to help the child to honour the anniversary of the loss or other key dates. Offering to assist or enable the child to mark any significant dates or visit graves/memorials/special places may also be valuable.</p> <p>Containment - Often when bad things happen children will think it their fault, their inner thoughts may be more horrific than the reality of the situation. The child needs to know that the trusted adult can hear the information and doesn't confirm their skewed perception that they are mad/bad/naughty and that what happened is their fault. The</p>	<p>Self-esteem work -Narrative therapy/desistance theory – Identify the time the child overcame a problem or when the problem was not present, less noticeable. E.g. "Tell me about an incident that made you cross this week but where you didn't lose your temper".</p> <p>Sharing positives - This can be providing feedback in core groups, to carers after YOT sessions, breach reports/PSRs/ court.</p> <p>Positive comments jar or letter for them to look at a time of their choice</p> <p>Confidence building activities - Identifying and doing activities you know the child will be good at, e.g. referring a child who is good at football to Cardiff City Football Foundation, a child who is creative to make bird boxes for reparation or an item of their choice?.</p> <p>Opportunities for mastery – Finding ways the child can feel valued and listen to, e.g. highlight an area where you have made a mistake or could improve on and allow them to teach you something.</p> <p>Self Esteem creative activities -E.g. Positive quality list (use the letters of the child's name) or positive</p>

<p>Playfulness, Acceptance, Curiosity and Empathy strategies</p>	<p>promote the child's valuable place in the community.</p> <p>Reflective practice - Professionals should consider how to share the child's identified positive attributes with them. This can be achieved by finding ways to notice, celebrate and praise the child's positive skills, qualities, talents and attributes.</p>	<p>practitioner can also seek to modify the traumatic memory (see below).</p> <p>Changing the narratives Children have learned negative stories about themselves that they believe about themselves. This usually forms around them being bad/naughty and it being their fault. Hear the child's story and modify the narrative.</p>	<p>affirmations worksheets.</p>
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Repairing Harm: Reparative Work

Level 1	Level 2	Level 3	Level 4
<p>Creating a safe base -Offer consistency, predictability and reliability (CPR) by:</p> <ul style="list-style-type: none"> • Offering appointments at the same time each week • Being on time • Planning activities in advance • Keeping the structure of the appointment the same e.g. check in, do an activity, talk about activity, arrange next appointment (beginning, middle, end). <p>1:1 time with trusted adults - Reparative work should be delivered on a 1:1 or 2:1 staff: child ratio. Where introducing a new reparation worker it's recommended the worker is introduced a phased gradual manner via a worker with whom the child has already established trusted relationship. For example;</p> <p>Week one – the reparation worker calls into the child's home during the case managers visit to introduce themselves.</p> <p>Week two – the case manager takes the child to see the reparation site and they stay 10 minutes.</p> <p>Week three – the case manager takes the child to the reparation session and they stay 30 mins.</p> <p>Week four – the reparation worker collects the child and takes them to the</p>	<p>Intersubjectivity- Focusing on the same activity and are working towards the same goal, e.g. painting the school classroom. The emphasis should be on doing something together to communicate to the child they are worthy of spending time with, e.g. "I was hoping you would come to today we had such a nice chat last week".</p> <p>Attunement- Practitioners to (where appropriate) name the feelings in the child, themselves, and in others in a non-threatening manner. Everyday scenarios/conversations can be used to identify and discuss feelings. For example, "You are smiling today, you look really happy to be here" or "it can be a bit frustrating painting the wall as it take a long time and often needs several coats".</p> <p>Co-regulation of affect -The reparative practitioner can help the child identify emotions, by naming them for them when they can't, make guesses with them about how they might be feeling. Reparative work can also provide opportunities for the child to be able to raise and lower their emotions in a controlled environment, e.g. assisting the child to complete a delicate, fiddly task.</p> <p>Opportunities for mastery – Choosing reparative work the child</p>	<p>Make explicit links between trauma and impacts upon the body/behaviour -Reparation work can also be used to make the link between trauma and behaviour explicit for the child so that they can grasp for themselves the relevance to their own experience, e.g. when completing gardening work a reparation worker can explain how important it is to pay attention to the vegetables daily, giving them water and shelter from the frost and ask the child to consider what would happen if we forgot to water the vegetables or didn't attend to them for weeks on end. When working in an animal shelter discussing how the animal's mistreatment may have impacted upon them, making them more prone to barking and mistrusting/scared of humans. Practitioners can emphasis that the vegetables/animals were not responsible for their own care/what happened to them but with the right care any damages caused can be repaired.</p> <p>Validating emotions- Where the child talks about their personal circumstances it will be important for the practitioner to validate their feelings/experience. Children must have experienced empathy to be able to have empathy. Children having had their own experiences of being a victim</p>	<p>Consequential thinking/Victim empathy-As the child progresses the focus can shift towards the positive contribution the reparative activity has and the impact in terms of feelings of others, e.g. "the children will be so happy to see their newly painted classroom"</p> <p>Confidence building –Finding ways the child can feel valued and listened to, e.g. trusting them to do an activity; such as recording their own reparation hours, pay for the shopping. Highlight an area where you have made a mistake or could improve on and allow them to teach you something.</p> <p>Victim empathy Interventions – Direct work exploring how victims of the child's offending may have felt.</p> <p>Restorative justice- Focus on moving forward. Restorative conference with the victim of the offence. Letter of apology to the victim of the offence.</p>

reparation site and the case manager calls into see the child PACE -Dan Hughes (2005) Playfulness, Acceptance, Curiosity and Empathy strategies.	might be good at/interested in. Sharing positives about someone whilst they are in earshot. This can also be provided by providing feedback to the case manager/parents or carers.	validated by a trusted adult will be a pre-requisite to them being able to empathise with others	
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References

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