



Pathways and Planning (AssetPlus) Trauma and ACE (TrACE) Informed Guidance

Standards for Children in Youth Justice

The Standards for Children in the Youth Justice System (YJB 2019) define the minimum expectation for all agencies that provide statutory services to ensure good outcomes for children in the youth justice system. The standards highlight that when managing effective whole sentences YOTs must establish a meaningful trusting relationship with children they supervise and take diverse needs into account and promote equality in access and engagement. The standards now specifically identify trauma as diversity factor and a potential barrier to engagement. The standards emphasise that establishing a trusting and caring relationship can help a practitioner to understand the impact of past experiences for children, and to assess the appropriate professional support.

Assessment

This guidance is built upon the foundation that a good quality assessment has considered how adversity and trauma may have impacted upon the child's behaviour and identified the future behaviours that require intervention. This ensures that practitioners address underlying causes of offending and not presenting symptoms.

Multi Agency Planning

Public Health Wales (2015) research and advances in neurodevelopment outlines some of potential effects of Adverse Childhood Experience (ACE) exposure on neurodevelopment and behaviour (e.g. impulsiveness, hyper-vigilance, always prepared to fight or flee). This helps us to understand why children who have experienced trauma maybe more likely to come to the attention of the criminal justice system. Whilst we must recognise and identify potential future behaviours, their likelihood and impact to others, it is also important to balance and comprehend the wider context of the challenging behaviours. We must ensure we do not unnecessarily criminalise normal responses to adversity. Applying a trauma informed lens in multi-agency planning forums can be invaluable to balance the tension between addressing potential future behaviours and meeting a child's developmental needs.

Factors Against Desistance

Desistance theory (that underpins the AssetPlus framework) promotes the importance of building positive relationships to enable change, this aligns well with the underlying principles of a trauma informed approach.

Factors for and against desistance (identified via AssetPlus) are dynamic factors which may be changeable, and we can impact upon. These factors will be assessed by the case manager in terms of the strength of their influence. The trauma informed approach should seek to focus on factors associated strongly for or against desistance. The following case example illustrates the factors for and against desistance highlighted in an AssetPlus for a child who has been referred to as Eden.

Factors for desistance:

- Living Arrangements, Housing and Finance
- Features of Lifestyle
- Engagement and Participation.
- Learning and Education

Factors against desistance:

- Living Arrangements, Housing and Finance
- Parenting Care and Supervision
- Care History
- Emotional Development and Mental Health
- Self-Identity
- Thinking and Behaviour

Future Behaviours

AssetPlus guidance indicates that in the event a potential future behaviour is assessed as having a major or critical impact and taking into consideration imminence and likelihood, the child should be assessed as a medium/high or very high risk of causing serious harm to others. It would be expected that the trauma informed approach would seek to address these future behaviours via targets aimed at/recorded in the 'Not hurting others' section of the plan.

For example, the AssetPlus for Eden identifies the following future behaviours as having a major or critical impact.

- Violence Against The Person
- Criminal Damage
- Arson

Safety and Well-being/Adverse Outcomes

Practitioners are required to consider safety and wellbeing in a similar way to future behaviours e.g. what is the concern, what impact will it have, how likely is it to occur and where will it happen. The trauma informed approach will seek to address these key areas of intervention (adverse outcomes) via targets that are recorded in the keeping safe element of the AssetPlus plan.

For example, the AssetPlus for Eden identifies the following safety and wellbeing/adverse outcomes:

- Physical Harm
- Death
- Emotional Harm
- Sexual Exploitation

AssetPlus Pathways and Planning

Once the assessment has been completed, the case manager will prioritise what needs to be targeted, fitting them into the five key areas for intervention/assessment priorities:

Key Areas of Intervention

- Goals and life opportunities (Factors for Desistance)
- Not offending (Factors against Desistance)
- Not hurting others (Future Behaviours)
- Keeping Safe (Safety and Well-being Adverse Outcomes)
- Repairing harm (Restorative Justice)

Tailoring Interventions and Recording

A trauma informed approach will still seek to address each of the above areas (assessment priorities) in a developmentally sequenced manner, informed by the developmental mapping exercise (please see **Assessments: Developmental Mapping Child Development Stages** for further explanation).

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.

Local psychological/social work models/theories being used to inform practice, e.g. Trauma recovery Model (TRM) (Skuse and Matthew, 2015) 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

For example, the YOT assessment for Eden assessed he was at Level 2 of the TRM (Trust/Building Relationships) indicating that interventions should focus on continuing to build positive relationships that can seek to promote intersubjectivity, attunement, co-regulation (please see **Pathways and Planning; Relationship Building: Level 2 TRM**) for further explanations of these interventions). An example intervention plan for Eden is given below. The nature of the tasks and activities can be informed by the identified factors for desistance (and recorded in goals and opportunities).

Keys Areas Of Intervention/ Priorities From Your Assessment	My Target(child)	Case Manager Target/Parent/Carer Targets	Resources and Proposals	External Controls
Goals and Opportunities (Typically Factors For Desistance)				
Living Arrangements			Consultation from the Local Authority psychologist All practitioners offer consistency, predictability, reliability	Local Authority applying for Care Order Care home staff will offer 24 hours support/monitoring
Lifestyle	To go out with John from the Family Support Service every Thursday at 4pm	Care home staff to provide transport for Eden	Family Support Service will continue to take Eden out on weekly activities. Care home staff take Eden out on weekly activities/intensive activity programme. School offer a sports programme.	Leisure time to be supervised by adults/care home staff.

Learning and Education			<p>School offer a trauma informed approach Identify key worker</p> <p>Avoid command-based language</p> <p>Give Eden traffic light cards</p>	<p>Pupil Referral Unit to update assessment with new offence – arson and amend plan.</p> <p>Monitor Eden’s breaktimes</p>
Engagement and Participation			<p>Continue to offer weekly 1:1 time with trusted adults from care home/Family Support Service and YOT</p> <p>Keep workers to a minimum</p>	
Not Offending (Typically Factors Against Desistance)				
Living Arrangements			<p>Stable base being provided via current placement and consistency, predictability and reliability provided by all professionals.</p> <p>Psychologist to offer consultation to staff to enable a trauma informed approach</p> <p>YOT police officer to support staff deal with challenging behaviour and avoid unnecessary criminalisation.</p> <p>YOT police officer to undertake an informal home visits to form a relationship with Eden.</p>	
Parenting Care and Supervision				<p>Local Authority are applying for Care Order Eden’s contact with his</p>

				mother to be supervised by care home staff.
Care History			<p>Trust can be developed through activities/tasks that require shared goals, and collaboration to provide Eden with an alternative to his past experiences - communicating that adults are safe and can be trusted and see his value.</p> <p>All workers to make links between experience and behaviour.</p> <p>Practitioners can seek to modify traumatic memories/his self-narratives through conversations/showing empathy.</p>	
Emotional Harm			<p>Eden to continue to attend CAMHS</p> <p>Trauma informed approach will seek to assist recovery/resilience</p>	
Self-Identity			<p>Reparative work can promote Eden's positive place in the community</p> <p>Workers will take time to notice/praise positive behaviour</p> <p>Workers to make links between adversity and behaviour.</p> <p>Work aimed at changing his narrative.</p>	

Thinking and Behaviour			Workers to offer co-regulation via reparative activities	
Not Hurting Others (Typically Future Behaviours)				
Violence			Workers to seek to offer intersubjectivity, attunement, Co-regulation – assisting Eden to raise and lower his emotions in a safe environment (see Pathways and Planning; Relationship Building Level 2 TRM for full details of these interventions)	
Arson			<p>YOT Police officer to visit the home weekly to support staff and develop a good relationship with Eden</p> <p>Case manager to explore emotions underlying fire starting- using Playfulness, Acceptance, Curiosity and Empathy (PACE) (Dan Hughes, 2021) strategies</p> <p>To explore a referral to Fire Service Programme – to be delivered when Eden reaches Level 4 TRM.</p>	<p>Care home staff to offer close supervision/ monitoring</p> <p>To ensure Eden does not have access to lighters-care home have a risk management plan in place.</p> <p>To ensure Eden does not have access to lighters/school break times supervised by staff.</p>
Criminal Damage			See target for Violence	
Keeping Safe (Typically Safety and Well Being Adverse Outcomes)				
Physical Harm				Care home provides 24 hours support/monitoring

				Leisure time is supervised by an adult Care home plan to ensure Eden has no access to lighters.
Death			CAMHS and trauma informed approach	As above
Emotional Harm			CAMHS Attunement Co-regulation Body links Conversations that heal Honouring loss Reflective practice Feelings are accepted It will also be crucial for professionals to acknowledge his status as a victim of abuse/trauma.	
Sexual Exploitation			Eden's belief systems will change by addition (e.g. providing 1:1 time with trusted adults) and not by subtraction (telling the child not to associate with anti-social peers/exploiters)	All professionals to follow Missing Persons Protocol.
Repairing Harm (Past Offences Where Harm Has Been Caused)				
	To complete five hours reparative work at the allotment	Care home staff will transport Eden Care home staff will remind him of his appointment Case manager to attend	Co-regulation -The practitioner can seek to offer activities that raise and lower emotions in a controlled environment. Reparative work can also provide non-threatening opportunities for Eden to be able to raise and lower his emotions in a controlled	1:1 sessions always supervised by staff

		initial sessions until Eden gets to know the reparation workers	environment, e.g. assists him to complete a delicate, fiddly task e.g. woodwork. Lots of repeated experiences of adults helping Eden to make sense of his emotions will help him learn to manage them himself in the future. Validate his experience of abuse/trauma to promote empathy. Role modelling.	
Other Information				
<p>To keep workers to a minimum</p> <p>To keep appointments to the same day, time, and format each week</p> <p>To deliver interventions via 1:1 sessions with trusted adults</p> <p>To introduce new workers gradually via already established relationships</p> <p>Ensure all professionals are aware of challenging behaviour that can be associated with children who are working through trauma.</p> <p>To consider post intervention voluntary support.</p> <p>Check understanding</p> <p>Tailor interventions to lowest level of functioning (age 3)</p> <p>Avoid cognitive programmes/specific restorative justice interventions which require empathy and reasoning</p> <p>Use simple language/sentences</p>				

The targets for Eden are deliberately simple as this serves to reduce the demands upon him, aid understanding of the requirements and promote positive engagement. Trauma informed recommendations/interventions are provided and intended as guidance for professionals and may be contained in areas of the plan the child does not see (external controls/other information).

Children at the lower stages of the TRM may not be at the developmental stage where they have the necessary skills to recognise future behaviours/adverse outcomes identified by professionals and may not be motivated to work directly on improving future behaviours/adverse outcomes. These behaviours may have formed part of their survival strategy and they may not see the behaviours as a problem. Thus, there can be tension between the case management duty to improve future behaviours and what the child is motivated to do or has the capacity to engage with. Desistance theory outlines the importance of real collaboration and co-production in the planning process if we want to assist children desist from offending. For example,

Practice example

Eden struggles to engage in 1:1 YOT sessions at his placement. He will attend but doesn't speak or answer questions, making it difficult for his worker to spend the necessary time with him. The developmental mapping exercise completed for Eden indicated his emotional and social functioning is comparable to a three-year-old. This allowed workers to recognise that he has not yet developed the skills to navigate the dynamics of a more formal social situation and his narrative to date means he does not yet fully trust the adults around him. Eden struggles to self-regulate and aggression or violence is identified as a 'Future Behaviour' in his assessment'. Eden's plan must seek to address this potential harmful behaviour, but Eden is unlikely to identify an 'anger management programme' as an individual target that he is genuinely motivated to work on. Eden does not see his temper as an issue. A trauma informed approach empowers Eden to work towards a goal in line with his interests, abilities, and aspirations (the nature of the task does not matter) as the behaviour is being managed via the approach and other external controls.

Thus, the interventions for Eden were delivered via activities he enjoyed (walking and sanding down picnic benches at a local reparation project). Whilst reparative activities had a community benefit, the purpose for Eden was that it provided vital experiences that he had missed in his early years(1;1 time with trusted adults offering intersubjectivity, attunement and co-regulation) that would seek to develop his ability to self-regulate.

Whilst this met Eden's developmental need/functioning it was also sensitive to his chronological age i.e. perceived and accepted by Eden as age appropriate and in line with interventions that other children at his placement did with the YOT. The same type of intervention is then repeated by care home staff and his worker from the Family Support Service and his school.

External controls

Safety and practical considerations (keeping the child, the community other and staff safe) should continue to be prioritised. Whilst the practitioner focus is on creating stability for the child there may need to be an increase in external controls built into the interventions (multi agency plan).

For example,

Arson was identified as a 'Future Behaviour' that could have a 'critical impact' for Eden and others. Eden was not at the cognitive stage where he would engage with the 'Fire Safe' programme (a cognitive programme based on consequence (saying if (this) then (that))). Therefore, external controls were increased to ensure he did not have access to fire starting material, similarly to how we would manage such behaviours for a young child. The YOT practitioner worked in partnership with his care provider and education placement via multi agency forums to ensure these controls (e.g. room searches, supervised leisure time/school breaks) and increased support, supervision and monitoring from trusted adults were put in place.

Sometimes harm related behaviours require multi agency support to reduce the likelihood of them occurring, e.g. when a child dysregulates in a residential home and other children are present. Trauma informed multi agency planning can be important in these circumstances to predict behaviours and co-ordinate a multi-agency response and increase external controls, e.g. the police may intervene but it's agreed that a (trauma informed) intervention will be undertaken by the YOT or social worker rather than criminalising the child. Where the child is subject to a statutory order, multi-agency forums with management oversight can be used to consider the context of the child's behaviour and use discretion (in the YJB's 2019 Standards for Children in Youth Justice) to consider whether enforcement action is appropriate. The developmental mapping exercise and TRM (Skuse and Matthew, 2015) assessment can assist inform this decision-making process and what external controls are developmentally appropriate.

Reviews

Regular reviews should be facilitated to monitor the child's progression against the TRM and provide advice and support to professionals regarding the approach. This can be incorporated into the AssetPlus reviewing process. Where the child has a multi-agency plan monitored via a multi-agency forum, the review can be conducted in this forum. The lead worker (where available) should be invited to the multi-agency forum/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 review (trauma Informed practice recommendations) with a child and or family present.

Progression is unlikely to be linear and the child may move between levels several times throughout the recovery phase. The focus and purpose of the interventions alters as the child starts to recover from trauma and/or desist from offending. An example of this is outlined in the practice example below;

The worker delivering the reparative work with Eden may progress from labelling Eden's emotions during conversations; to naming others people's emotions/feelings during conversation; to making explicit links between past experience and behaviour, e.g. the importance of looking after the plants and vegetables well in order for them to grow and thrive) ;to discussing the Eden's own experience of adversity and how this links to his behaviour and he can/is overcoming this. Eden may also be able to move from completing reparative work on a 1:1 basis, to a small group setting and ultimately to engaging in a direct restorative justice conference with the victims of his offence (where requested and appropriate).

The time that it takes for the child to progress through the developmental stages will be unique to the individual child and most importantly the child's circumstances. Where all professional are consistent with the recommended approach, outcomes maybe improved. However, there are many factors that can hinder the speed of progress made, e.g. where a child has the advantage of a stable placement progress is likely to be quicker than for a child who moves several times during a YOT intervention. It is important to highlight the progression will not necessarily coincide with the length of

the statutory order or intervention and thus it is recommended that the YOT considers offering a voluntary programme post the end of any formal intervention.

NOTE: Practice examples have been anonymised and the nature of the significant events have been amended to protect the identity of the children.

References

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