



## Pathways and Planning:

### Trust/relationship building: Level 2 Trauma Recovery Model

Once a practitioner has created a safe base and the child is keeping most appointments, interventions can seek to build upon this foundation by focusing on developing trusting relationships. Children who have experienced abusive, ambivalent or inconsistent care giving may have missed vital early years experiences that are crucial to their development. These are children who may have living arrangements and family and personal relationships identified as factors against desistance in their YOT assessments. YOT practitioners will understand that often these factors are very difficult to influence as not always in our immediate sphere of control.

Parents/carers of the children we work with have often had their own experience of adversity and trauma that often they have not had the opportunity to recover from or can be experiencing high levels of stress. A multi-agency timelining exercise can help ascertain this information. In these circumstances (and where possible) a family-based trauma informed approach should be the aim with practitioners providing a secure base to family members to support them to change. For many children and families, relationships are both part of the problem and potentially part of the solution (Triesman, K. 2009). Through support and time with trusted adults' children and families can begin to believe the world around them is safe enough, to make sense of their own experiences and that they are valued and worthy. Beliefs change by addition (e.g. providing 1:1 time with trusted supportive adults) not subtraction (e.g. telling the child not to associate with certain peers or the parent not to shout at the child). The following practice example outlines how a trauma informed approach with the child's parents (as well as the child) improved the child's outcomes,

*Rory was 14 years of age when he was referred to the YOT following a conviction for rape of his sister. He had been excluded from mainstream school due to his challenging behaviour and was on the child protection register due to concerns surrounding the offence and repeated self-harm attempts at his family home. Rory also had diagnosed learning disabilities. The assessment indicated that both parents had their own experience of trauma and mental health problems which impacted upon their ability to consistently meet the demanding needs of their children. They now faced the additional emotional stress, stigma, complicated family dynamics and impact on living arrangements resulting from Rory's offending. The psychological impact upon his victim (his sister) meant she now required intensive support. It was agreed the family unit would divide so that the siblings could live separately whilst both remaining in the care of a parent. Rory's father obtained a flat and became the primary carer*

for Rory, although his mother would visit him daily. A referral was made to the YOT's family support worker who offered both parents a trauma informed relationship-based approach. The approach assisted them to explore their own experience of childhood adversity and to help to make explicit the links between trauma and impacts upon the body/behaviour, so they could grasp for themselves the relevance to their own experience and the mental health difficulties they had experienced as adults. This insight alone seemed to improve Rory's father well-being and self-worth which was accompanied by an increase in his confidence as a parent. The family worker and YOT worker developed empathy by showing recognition/affirmation of how difficult family's current circumstances were and took deliberate time to reflect strengths and positives back to the family, for example:

- You are coping with extremely difficult and stressful circumstances
- You have made significant changes to your lifestyle to ensure that both children continue to have your support
- Despite the adversity you have faced with you have worked hard to keep your family together
- Many families in your situation have broken down due to the enormity/difficulty of the situation
- Your thoughts/feelings are a normal response to abnormal circumstances

The YOT worker created opportunities for mastery, by finding ways Rory's father felt valued and listened to, e.g. advocating on behalf of his son at an education meeting and core groups. Gradually this repeated approach saw his confidence in his own parenting abilities improve. This was evidenced by Rory's father repeating back positives that had previously been reflected to him, indicating he had internalised these thoughts and changed his self-narrative. Simultaneously, Rory's YOT worker offered a similar approach focusing on interventions that provided attunement, co-regulation, opportunities for mastery and identifying strengths. At times the work of the practitioners overlapped with both of them providing support to different family members at different times. It became evident from the language used by the family that the YOT was perceived and as a secure base for the family. The trauma informed approach offered to Rory's parents, enabled them to be more emotionally, consistently available to meet the complex, demanding needs of the children. Rory's father had greater empathy for his son's behaviour (which was also linked to adversity he had experienced) and was better able to advocate for his son's needs. Rory's behaviour significantly improved, he was calmer, the self-harm attempts ceased and within 12 months the case was closed to Children's Services. There was no further anti-social behaviour or offending, and he was thriving in his new educational setting

It is recognised that a disproportionate number of children referred to YOTs are children in the looked after system and in some circumstances a whole family approach is no longer possible or appropriate. Traditionally children's dependency upon professionals has been discouraged, it is now recognised that children who have

the opportunity to attach to a trusted adult even on a short-term basis will be better able to attach again in the future. Children thrive when securely attached to adults. Therefore, for children at this stage (Level 2) of the Trauma Recovery Model (TRM) (Skuse and Matthew, 2015) an intervention that focuses on building trusting relationships, through 1:1 time with supportive adults, may be the most valuable intervention you can offer in terms of desistance from offending and improving future behaviours.

The task for the practitioner is to help children undergo a process that is usually learned in early years via primary attachments (relationships) but to do this in a manner which is sensitive to their chronological age (Skuse and Matthew, 2015) and is not perceived as patronising. Through these interventions the practitioner will be assisting the child recover from trauma and develop and simultaneously improving future behaviours/outcomes. This can help address tension practitioners face between the need to address 'future behaviours' and or 'safety and well-being adverse outcomes' whilst also allowing the child to work towards tasks and goals that motivate them (Good Lives model). For example, traditionally if the YOT assessment identifies 'violence' as a future behaviour, the child's plan may contain a task to complete an 'anger management programme'. I would suggest that (in most cases) it's unlikely that a child identified an anger management programme as a target they were motivated to work on. With a relationship-based approach the activity is not the principle issue, the child can choose an activity they enjoy. The practitioner will be improving behaviours and promoting desistance via the relational approach. The onus is on the practitioner to reduce the likelihood of identified future behaviours, the child is not expected to complete a task that targets symptoms of their offence (e.g. a child who commits a burglary completes a burglary programme).

Examples of relational interventions are outlined below:

*Aiden couldn't navigate the complex peer dynamics in his education setting. This led to him being anxious which manifested in challenging behaviour. Repeated negative reports from teachers caused further conflict at home. He was regularly reported a missing person, would seek belonging from his peer group and commit offences within the community.*

*A more traditional approach may have resulted in 'peer influence' work being included in Aiden's plan. This type of intervention is often based on cognitive subtraction (e.g. Don't go out with ..... ) or finding the child more constructive leisure activities. This may be appropriate for a child who has had the advantage of healthy attachment experiences but not for Aiden whose assessment indicated the presence of adversity and trauma. Rather the concerns needed to be addressed via addition (e.g. increased 1:1 support from trusted adults).*

*Aiden completed 1:1 reparative work within the community where workers focused on raising self-esteem by creating opportunities for him to do practical skills he was good at (painting) and deliberately making time to reflect his positive skills and attributes back to him, e.g. via feedback to his YOT worker whilst he was in earshot. The operational manager also built on this approach by sending an 'exceptional progress' certificate to his home address. The YOT worker would reflect back to Aiden the positive feedback she had received and encourage long term thinking by talking about what his future hopes and*

*aspirations were. Multi agency planning forums allowed the YOT to advocate his behaviours were considered in the context of trauma to prevent a further exclusion from education and it agreed that Aiden would receive 1:1 home tuition. This further increased his access to 1:1 time with tutors, more reflective of the type of support a much younger child would have, (meeting his developmental need as indicated by the developmental mapping exercise) where the majority of time is spent within close adult proximity. The impact of this relational approach was that family relations improved, Aiden stopped absconding, his case was closed to Children Services, he attended his education provision and gained qualifications. In addition to accepting support (keeping appointments) he began to seek support (asking for help with specific things and in times of crisis) and also started talking about his future goals, marking a clear shift from him surviving day by day (survival brain) to thinking about his future (learning brain).*

## **Intersubjectivity**

The child and practitioner would focus on the same activity, working toward the same goal together. The purpose is doing something together rather than the activity itself (choose an activity the child enjoys/identified via factors for desistance this will help with engagement). The activity should seek to communicate to the child they are worthy of spending time with (intersubjectivity), e.g. sports, crafts, having a coffee, going to a cafe, watching TV together or even playing computer games.

These activities (whatever the child chooses) may also provide opportunities for the child to talk about their experiences/offending, but this should not be expected or instigated by the practitioner. Skuse and Matthew (2015) observed that often children will show greater insight and awareness when reflecting on their behaviour without prompting by their workers.

## **Co-regulation**

One of the most significant impacts of early years trauma can be the loss of the child's ability to recognise and manage their emotions and their reactions and feeling to things that happen around them, perhaps helping to understand why these children are more likely to come to the attention of the YOT. Co-regulation is a process that usually takes place between babies being in close proximity to their care givers, who help them to manage their emotional distress and return to a calm state; this is how children learn to self-regulate. Older children can develop their ability to self-regulate via trusted adults who model the process of co-regulation.

The practitioner can seek to offer activities that raise and lower emotions in a safe environment, e.g. for a child who enjoys playing football a practitioner may build sessions around shooting goals at the local park or other children may prefer board games/card games or creative activities. Reparative work can also provide non-threatening 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 such as woodwork.

Lots of repeated experiences of adults helping them to make sense of their emotions will help them learn to manage them themselves in the future.

## Practice example:

*Milo was ten years old and lived at home with his mother. There was a history of safeguarding concerns surrounding his mother's substance misuse. Care proceedings had been instigated by the local authority. Milo had reached the stage where he would meet with his YOT worker but was withdrawn in sessions. There were significant concerns surrounding his ability to self-regulate and aggressive and violent behaviours being displayed at home and at school. At this stage the worker had no alternative but to conduct sessions in the Milo's home as his mother did not wish for him to go out of the home with the YOT worker. There were complex dynamics surrounding a previous disclosure made by the child to a professional that had contributed to the care proceedings being instigated. The practitioner would therefore spend the weekly session playing the game 'connect four'. This allowed her to spend time with Milo and maintain the relationship in what was going to be an extremely traumatic time for him. It provided a non-threatening approach, where there was no obligation for him to make eye contact, make conversation and silences were acceptable. It was an activity that he would consider age appropriate, provided intersubjectivity and raised and lowered his emotions in a safe manner. It also allowed the worker to name and label emotions for him, e.g. "Oh I can see by your face, you are getting frustrated now as I have blocked your move." or "You look excited now, you are smiling, you think you are going to win." At the beginning of each session the YOT worker would ask Milo what colour counters he wanted, he would always demand the red counters and the worker would respond by saying red was her favourite too, but she would let him have first choice. Milo learned that each session would take the same format and became less anxious about what the workers intentions were/what they might ask and what he might be expected to say. After several months of the session being repeated in this format Milo started the session by giving the YOT worker the red counters. Whilst this may seem like an insignificant act it indicated a shift in his development, a connection to the worker and him starting to consider the feelings of others around him*

## Attunement

Children learn how to self sooth, recognise and manage their feelings through the people surrounding them. When working alongside a child completing an activity there is a unique opportunity for 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 a wall as it take a long time and often needs several coats", or "your brother looked really sad, has he argued with your mum again?".

The practitioner can also seek to model these feelings (e.g. showing concern when children tell stories about their peers/family) or showing kindness to others in the child's presence (e.g. offering to share biscuits, opening doors).

An important relationship building tool can be showing the child that they are important and that you have actively kept them in mind (e.g. noticing if they didn't attend,

remembering things they have said to you, texts 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). These deliberate strategies to show the child has been kept in mind could be discussed and agreed in a multi-agency forum to safeguard the child and practitioner.

### **Interoceptive Talk**

Many children who experience challenges with self-regulation have underlying interoception challenges (see Maher 2021). These interoceptive differences are very common in children who have experienced trauma. Some children may experience interoceptive signals that are so strong, they are immediately overwhelmed and confused. Others experience dulled or muted interoception signals, that leave them unable to respond to emotions until they reach a fever pitch. This can lead to significant difficulties with emotional regulation and managing challenging behaviour.

Traditional YOT interventions can be ineffective for children with impaired interoception as they cannot be taught to regulate or control something, they are not aware of or do not understand. Interoceptive and emotional awareness can be improved over time, with the right support.

Practitioners can label the way their various body parts feel during daily activities (e.g. "My hand feels warm when I hold my cup of tea. My cheek feels wet now it's raining. My breathing feels fast when I am rushing").

Practitioners can encourage the child's 'Interoception Attention': Encourage the child to notice how various body parts feel during daily activities (e.g. "How do your hands feel when you are holding a glass of ice water?; How do your eyes feel at bedtime?; Look at the goosebumps on your skin; Put your hand on your chest and feel your heart beating fast.")(Maher, K, 2021)

### **Community reparation**

Where delivered via 1:1 work with a trusted adult with a focus on moving forward (not paying back) and deliberately identifying children's strengths, creates opportunities for mastery can be invaluable in promoting a positive internal working model and helping the child to see their value in the community/the worth they have to others. Reparation also provides a relaxed, non-threatening environment to provide the above interventions. For this reason, community reparation can have better outcomes than direct reparation for children at this developmental stage.

### **Reflective practice**

Practitioners 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, e.g. school reports, positive work portfolios, reward/thank you letters, certificates, session journals, postcards, core groups, progress/court/panel reports, review meetings, conversations about them to others (that they witness), treats. Practitioners should make deliberate time to reflect and notice with the child the positives and what is going well and that they have been kept in mind.

## Practice Example

*Dylan had been known to the YOT for over 12 months. The initial intervention had focused on 'creating a safe base', Dylan now kept appointments with the YOT and the focus of the intervention has shifted to relationship building (Skuse and Matthew, 2015, Trauma Recovery Model (TRM) Level 2).*

*The YOT worker recognised that the home address was not the most appropriate environment to conduct the sessions; his stepfather was intimidating and would often interrupt session to shout at Dylan and the worker. There was a history of emotional abuse and the YOT worker was aware that persons potentially involved in Dylan's abuse were often within earshot. Whilst Dylan now kept appointments, he was hostile in sessions and would often lose his temper with no apparent trigger. Dylan was not yet willing to leave the home address to go out with the worker, so the worker was stuck with less than ideal circumstances.*

*Dylan was attending a Pupil Referral Unit and was prohibited from using school transport (due to him assaulting another pupil). His educational provision had been identified as a factor for desistance, providing a safe haven as he had a positive attachment to one particular teacher. The YOT agreed the worker would transport Dylan to school (a forty-minute journey). This was not their responsibility/or usual role but this action was agreed as it served a greater purpose; namely to assist the relationship building process. The 'sideways' approach meant Dylan was more relaxed, he did not have to make eye contact, silences were more acceptable, he could listen to music and no-one was within earshot of conversation, he may also have felt the worker was less likely to discuss formal/complex matters.*

*Dylan would demand the worker topped at the local shop where he would use his lunch money to buy an energy drink. This was of course not ideal or advocated, however, the worker avoided using threats or commands, as they recognised such an approach may escalate the behaviours. Dylan was likely to dysregulate if directly challenged, resulting in him refusing to attend school, instead they used sPlayfulness, Acceptance, Curiosity and Empathy strategies (see Hughes 2021) to address the matter, e.g. "Oh no, your teacher will not be impressed if they find out you that you have had an energy drink for breakfast, you will be hungry, you should have bought some food. I am sure those drinks are not good for you." The worker does not expect an answer and uses exaggerated facial expressions and a 'gasp' to convey disapproval in a playful way. Dylan did this every day for two weeks, so it became a private joke; a connection that was necessary to aid future change. It also assisted develop consistency, predictability and reliability in this new contact arrangement (deliberately keeping the format of the session the same).*

*On a previous occasion, some weeks earlier, the worker had attended Dylan's home address whilst he was eating a croissant and had playfully remarked about his expensive tastes. Now the sessions were being conducted 'in the car', prior to arriving at Dylan's school, the worker would stop at the supermarket and buy him breakfast' they deliberately choose a croissant and when they*

*handed the croissant to Dylan would state, "I remembered you have expensive tastes, don't eat this in class or your teacher will be cross". Dylan did not say a thing but each day this was repeated he would have a slight smile on his face. This is an example of how a worker can offer attunement with an older child by a very simple act, with little time and effort. Dylan's general attitude towards the YOT improved after this and he began to open up more, and after only a few weeks of sessions in the car began to make disclosure about his mother's substance misuse, a stark contrast to the defensive hostile attitude displayed in earlier sessions in his home.*

For children who struggle to regulate commands/threats and sanctions may escalate the future behaviours were trying to address, which is why these children can find themselves excluded from mainstream educational provisions and escalated within the criminal justice system or having enforcement procedures instigated by the YOT. Often types of behaviours associated with children who have missed vital early years experiences can provoke an unconscious emotional response within adults. For example, a child that promises to keep all future appointments in their compliance panel and then misses the very next appointment, may be perceived as manipulative or a child that will not offer an explanation for their offending in a pre-sentence report interview is considered as not willing to accept responsibility. These children could find themselves escalated within the criminal justice system for behaviours that maybe linked to the impact of trauma upon their neurodevelopment. It is suggested that such behaviours are considered carefully in the context of trauma and the child's stage of the recovery process, e.g. has the child had the advantage/opportunity to establish relationship with trusted adults who can support them recover and change. For example, a trauma informed lens allows practitioners to consider the reasons why a child may not be able to offer an explanation for their behaviour in a PSR interview by considering;

- Is there evidence of the child have experienced trauma in the crucial neurodevelopmental period?
- Has the child had opportunity or support to overcome this trauma?
- Has the child got any healthy relationships with trusted adults?
- Has the child got a stable base?
- Does the child's comments suggest that Trauma and ACE (TrACE) may have impacted upon neurodevelopment?

This may result in a significant shift in the language and descriptions used in assessments and reports and the subsequent criminal justice outcomes.

For example:

The child who is described as a high risk of harm to the community, who does not accept responsibility for their actions and displays no remorse is now described as a child who has experienced early years trauma which has impacted upon their cognitive, emotional and social functioning, who displays stress related behaviours and who has not yet reached the developmental stage where you would expect to see

empathy having developed. It is easy to see how explaining the wider context of the child's traumatic experience may significantly influence the outcomes they receive within the criminal justice system and other settings.

### **Targets associated with recovery progression**

In addition to just keeping their appointments, children at this stage may increase the level of engagement, e.g. answering questions, asking questions. They may demonstrate an increased recognition of their own feelings by perhaps answering feelings-based questions or using feelings words in conversation. As they progress further, they may begin to show they have taken into consideration the feelings of others or use feelings towards others when talking about others. Practitioners may also find the child smiles more/laughs responds to or uses humour. The child may also seek adult support as well as tolerating it e.g. calling the practitioner in times of crisis.

Many children referred to YOT may come to the end of their interventions/orders before they attain the higher levels of the TRM. This needs to be provided for in the exit strategy.

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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