

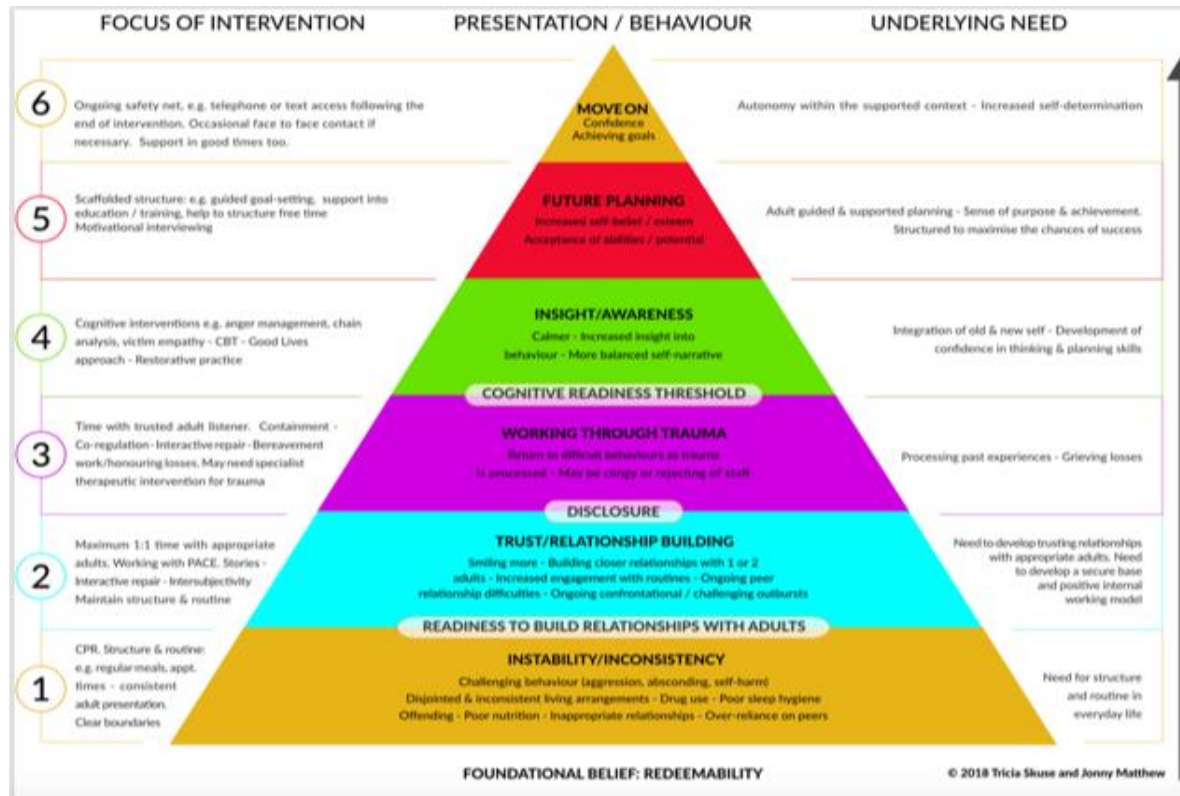


GWASANAETH TROSEDDAU IEUENCTID CWM TAF  
CWM TAF YOUTH OFFENDING SERVICE  
GWYBROU CYDA PHŷL IANCI A'U CYMRUODDAD  
WORKING WITH YOUNG PEOPLE AND THEIR COMMUNITIES

**Cwm Taf Youth Offending Service**  
**Relationship Based Practice Guidance: A trauma**  
**and ACE (TrACE) informed approach**  
**July 2021**

# Operational guidance

Relationship Based Practice (RBP) is a trauma informed approach adopted by Cwm Taf Youth Offending Service (YOS). The Trauma Recovery Model (TRM) (Skuse and Matthew, 2015) is the theoretical model underpinning the practices outlined in this guidance.



The TRM 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 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 RBP practice model are:

- It offers a tiered level of service depending on the individual's child's needs
- It is underpinned by the TRM
- A TrACE (trauma and adverse 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 YOS 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 or where the case is being referred to Enhanced Case Management (ECM). 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 YOS TrACE Champion/Senior Practitioner**

There is some indication from the evaluation of ECM in South Wales by Public Health Wales and Bangor University (2021) that the identification of a lead worker (senior practitioner) and/or TrACE informed champions can assist co-ordinate and embed trauma informed practice approaches into local practice, by:

- Providing advice, guidance and support to YOS colleagues to help to embed trauma-informed approaches in case management and practice.
- Liaising with colleagues in other agencies whose attendance at multi-agency timelining meetings would be desirable (e.g. social workers, foster carers, residential staff, education colleagues and others).
- Championing the TrACE approach by providing information to colleagues and other agencies to support implementation and delivery
- Continually monitoring, evaluating and developing TrACE informed practice, guidance and tools and supporting colleagues to use them.

In view of this, Cwm Taf YOS has identified a TrACE informed champion/senior practitioner. 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 multi-agency timelining meetings where required (e.g. timings, arrangements and who to invite).
- Providing advice and consultation to YOS case managers regarding assessments, pathways and planning and interventions for children who have experienced ACEs/trauma.
- Chairing of multi-agency timelining meetings.
- Writing summary/recommendation reports (from the multi-agency timelining meetings) 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 the Cwm Taf YOS multi-agency forums where requested
- Working in partnership with case managers/the YOS management team with regard to sifting and prioritisation of psychology referrals/ECM referrals depending upon demand and resource.
- To consult with TrACE informed champions (within the YOS) regarding individual teams needs.
- Chairing monthly meetings to continually monitor and develop practice and quality assurance processes.
- To assist the YOS management team identify training needs and provide training/develop guidance as requested.
- To assist the YOS 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 to identify the children that require psychology consultation and those that can be provided with support from the champion worker.

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

- Help operational teams to embed the principles of TrACE informed practice in the delivery of interventions sequenced according to the child's developmental need and position on the TRM.
- Assist team members to identify the appropriate level of service and assist with developmental mapping and TRM assessments where a referral to the lead worker is not deemed necessary.
- Share operational/ guidance and practice development tools with operational teams and provide feedback to the YOS management team to inform the continual development of practice.
- Attend monthly TrACE meetings to continually monitor, evaluate and develop practice.
- Assist in identifying the training needs of team members and with training/practice development as requested.
- Assist with a TrACE informed induction process for all new members of staff.
- Assist in monitoring and evaluating service user feedback/engagement
- Assisting in developing 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 breach. 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 YOT'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 service.

### **Additional Information Gathering**

In addition to the evidence that is gathered via the YOS's AssetPlus assessment, the case manager will need to ascertain additional background. In addition to the ten 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 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 additional information gathering regarding 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 ACEs). Sometimes there will be lasting damage but no visible signs. A TrACE 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 to you 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 for sharing information and reiterating how helpful it was, recognising how hard 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. Cwm Taf YOS 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 level 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 worker or team champions does not replace the need for psychology/CAMHS consultation for the cases where this is deemed necessary.

<b>Levels of service</b>	<b>Assessment Indicators</b>	<b>Nature of Intervention</b>	<b>Staff Training/Supervision requirement</b>
<b>Standard</b>	No presence of TrACE or evidence of recovery from previous trauma	Cognitive interventions Restorative Justice	ACEs awareness and or TrACE practice YOS supervision
<b>TrACE informed</b>	Presence of early years TrACE the child has not recovered from Future harm related behaviours unlikely and/or minor impact. No current or minimal other agency involvement	Case manager completes timeline TRM assessment informs planning AssetPlus plan should be TrACE aware Team champions can provide consultation with developmental mapping/report writing/sequencing interventions on request	ACEs awareness and or TrACE practice YOS supervision Consultation with team champions where required
<b>YOS RBP Consultation</b>	Presence of early years TrACE that child has not recovered from and future harm related behaviours likely (or higher) to happen and/or medium (or higher) impact	Case manager completes timeline Consultation provided by the lead worker where requested Initial consultation record completed by the lead and copy given to the case manager and their operational manager Relevant guidance signposted by lead worker Team champions can provide ongoing consultation with developmental mapping/report writing/sequencing interventions where requested AssetPlus example plan and/or summary report can be provided by the champion where requested	ACEs awareness and or trauma informed practice YOS supervision Consultation with lead worker and team champions
<b>RBP Multi-agency meeting</b>	Presence of early years TrACE that the child has not recovered from and future harm related behaviours that are likely (or above) and/or could have a major/critical impact. Multi-agency involvement	Multi-agency timelining meeting facilitated by lead worker Multi-agency consultation report prepared by lead worker and distributed to practitioners involved in care plan AssetPlus example plan provided by lead worker where requested	ACEs awareness TrACE informed practice and ECM YOS supervision Consultation with lead worker All cases discussed at HRP or multi-agency planning forum
<b>FACTS psychology Advice and Consultation</b>	The RBP multi-agency timeline indicates that additional clinical advice or consultation would be beneficial, or a timeline meeting has previously been completed and future harm related	Consultation with lead worker Multi-agency timelining meeting facilitated by lead worker (unless already completed) Referral to FACTS consultation/advice model FACTS psychologist to provide advice/consultation via HRP	ACEs awareness TrACE informed practice and ECM YOS supervision Consultation with FACTS psychology service

	behaviours have increased in likelihood and/or impact		Clinical supervision from psychologist where required Case discussed at high risk panel (HRP) or multi-agency planning forum Case will be discussed within the Tier 4 FACTS multidisciplinary team
<b>Enhanced Case Management</b>	Presence of early years TrACE that the child has not recovered from and future harm related behaviours that are likely (or above) and/or could have a major/critical impact. Multi-agency involvement Complex overlapping needs Non engagement or child stuck in the system	Consultation with lead worker Referral to ECM via agreed pathway Multi-agency timelining meeting chaired by lead worker with psychologist in attendance ECM report to be completed by psychologist and distributed to practitioners involved in the child's care. Developmental mapping and TRM assessment informs planning	ACEs awareness TrACE informed practice and ECM YOS supervision Consultation with psychologist Clinical supervision from the psychologist where required Case discussed at HRP or multi-agency planning forum Case will be discussed within the Tier 4 FACTs multidisciplinary team

### YOS Relationship Based Practice Consultation

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 there is evidence of early years TrACE and future harm related behaviours (identified in AssetPlus) that are assessed as likely (or above) and/or are assessed to have a medium (or higher) impact, the YOS lead worker can provide consultation to the case manager to agree the most appropriate level of service. The lead worker will provide the case manager and the case manager's team manager with a written record of matters discussed, the suggested actions and will signpost relevant TrACE informed practice guidance and tools.

Where it is agreed that the child meets the criteria for YOS consultation the case can be referred to the team champions who can provide ongoing support with regard to the assessment (developmental mapping and TRM), pathways and planning and recording.

The case manager should ensure the child's plan is TrACE informed and appropriate to the child's developmental needs.

Where the case meets the criteria for a multi-agency Relationship Based Practice meeting the lead worker will advise the case manager the process outlined below **(see Relationship Based Practice Multi-agency Timelining Meeting)**.

Consultation is not necessarily required where professionals are already implementing a trauma informed approach.

### **Relationship Based Practice Multi-agency Timelining Meeting**

When the initial consultation meeting provided by the lead worker or team champion determines the case meets the criteria for a multi-agency timelining meeting (and the child does not need to be referred to ECM), the lead worker will facilitate a multi-agency timelining meeting. This will assist practitioners involved to gather more comprehensive information pertaining to the child's journey/early years; in developing a collective understanding of how the child's experience of trauma may have contributed to their current behavior; and determining whether FACTS psychology advice or consultation is required (please note this is a separate service to ECM). The lead worker will write a multi-agency consultation report that summarises the findings of the timelining meeting and make recommendations on sequencing intervention according to the child's agreed developmental functioning and TRM assessment. The case manager can distribute the report to practitioners involved in the child's care plan. The case can be reviewed via the HRP process (or another multi-agency forum). Where the multi-agency meeting indicates that additional psychology consultation or advice is required the case manager can follow the process outlined below **(see Psychology Consultation)**.

Please note the lead worker cannot write a report where the traumatic experience did not occur in the child's early years, where there is no evidence to support the experience of trauma (suspected only) or where recovery from trauma is assessed to have already occurred. 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).

### **Psychology Consultation**

In most circumstances it is recommended that a multi-agency timelining meeting, developmental mapping exercise and TRM assessment precedes the referral for psychology consultation process. Where the lead worker determines following the multi-

agency meeting that the case would benefit from additional clinical consultation or advice, the case manager will refer the case to FACTS (see **FACTS referral process page 13**). Where FACTS have agreed that consultation or advice can be provided the case manager should invited the FACTS psychologist to a HRP (or other multi-agency forum). There may be some cases where a multi-agency meeting is not necessary, e.g. a detailed chronology is already available, a timelining meeting has previously been completed or psychology advice or consultation is required urgently. Where this is agreed with the management team, the case manager can make an immediate referral to the FACTS team.

### **Enhanced Case Management Programme (ECM)**

Where it is agreed (via the initial consultation with the lead worker) that the child meets the criteria for ECM careful consideration will need to be given to the most appropriate service to facilitate the ECM approach. Referrals can be made via the pathways below;

- The Rhondda Cynon Taff (RCT) Child Looked After team psychologists (children looked after only)
- The RCT family therapeutic team (children receiving interventions from the family therapy team).
- The Cwm Taf YOS educational psychologist (children who have experienced early years trauma, have multi-agency involvement and future harm related behaviours identified in their assessments)
- FACTS (children who have experienced early years trauma, have multi-agency involvement and future harm related behaviours identified in their assessments)

Where it has been agreed ECM will be provided by a RCT service provider (Child Looked After Psychology Department, Educational Psychology Department or Family Therapeutic Team) the case manager can make a referral directly to the relevant service.

Where it is agreed (via the initial consultation with the lead worker) that the child will be referred to ECM via FACTS (children, who have experienced early years trauma, have multi-agency involvement, present with future harm related behaviours and who would benefit from clinical assistance) the case manager will make a referral to the FACTS service.

FACTS will require:

- A referral form
- A consent form signed by the child and the child's parents/carers

- The child's current AssetPlus

Referrals, consent and completed AssetPlus forms will be sent via secure email to the dedicated secure email address [CTM.MB.ECMReferrals\\_TyLlidiard\\_Userv@wales.nhs.uk](mailto:CTM.MB.ECMReferrals_TyLlidiard_Userv@wales.nhs.uk)

There will be overlap in terms of a child's eligibility criteria for referrals and the appropriate pathway will be dependent upon a number of considerations that will need to be reviewed carefully during the initial consultation, i.e. child's looked after status, service involvement and the child's priority need (educational/clinical/mental health/overlapping needs).

### **Multi-agency Timelining/ECM Meetings**

Where the assessment indicates the need for a multi-agency timelining meeting, the case manager and lead worker (and psychologist where relevant) should 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 hours.

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**). The role and purpose of the meeting should be fully explained to professionals in advance and that 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 of 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 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 TRM and where the child's need's sits within its framework.
- At the end of the meeting consideration should be given to whether the child meets the criteria for psychology or CAMHS consultation (where they are not already in attendance).
- The psychologists can outline initial recommendations (where present)

### **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 early years trauma and has future harm related behaviours, with limited opportunity for subsequent recovery (see table page 14). A referral should be made to the lead worker. The case manager should complete a developmental mapping exercise that estimates where the child is functioning physically, cognitively, emotionally and socially. The lead worker/or champions 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 multi-agency case formulation meeting has been made the developmental mapping exercise 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 TRM 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 (see page 3 for infographic). The TRM triangulates presenting behaviours, and underlying need with the type of intervention required to meet that need (**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 TRM. This will assist the case manager and other professionals involved identify the underlying need and the appropriate interventions.

It 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 or ECM multi-agency case formulation has been made the TRM assessment should be completed at the end of the timelining meeting, chaired by the lead worker.

### **Reports**

Where the lead worker has facilitated a multi-agency timelining meeting a report will be completed following the meeting by the lead worker. For those cases where an ECM multi-agency case formulation has been facilitated a report will be prepared by the psychologist who attended the multi-agency timelining meeting.

The reports should be distributed to practitioners from other agencies involved in the child's care plan to 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



# Pathways and Planning

The TRM (Skuse and Matthew, 2015) underpinning the proposed approach assists practitioners to deliver interventions in a sequenced manner determined by the child's position on the TRM, 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 to determine interventions appropriate to the child's developmental stage (see Pathways and Planning: TRM Intervention Tool). The lead worker can provide consultation where required. Where a multi-agency timelining meeting had been facilitated, the lead worker or psychologist (where present) may make 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. Significant information and recommendations in the reports should be transferred to the child's assessment (see Case Recording page 19).

The child may move between phases (TRM levels) many times during recovery. The recommendations are guides and suggestions that should be used with other tools and external controls (actions taken by persons other than the child). 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 strategies or the need to seek specialist advice regarding 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 TRM 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 provide interventions listed in higher levels at earlier stages, depending on the unique child and 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 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 the Cwm Taf high-risk panel. The review will be conducted at the multi-agency panel. The lead worker should be invited to the multi-agency 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 Relationship Based Practicereview 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 TRM (**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. The expectation being that interventions remain appropriate to how the child is feeling, behaving and responding.

# Case Recording

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

For example:

Information from the timeline can be recorded in:

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

The developmental exercise outcomes can be referenced in:

- AssetPlus/Parenting, Family and Relationships/How The Young Person Relates To Others
- AssetPlus/Foundations For Change/Engagement And Participation
- AssetPlus/Young Persons Development/Thinking And Behaviour

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.

The TRM assessment 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

Report recommendations can be recorded in:

- AssetPlus/Pathways And Planning/Tailoring Interventions/Specific Needs/Preferred Learning Style/Barriers to engagement and how these will be addressed
- AssetPlus/Pathways And Planning/Resources and Proposals
- AssetPlus/Pathways And Planning/Tailoring Interventions
- AssetPlus/Pathways And Planning/Our Intervention Plan/Other information

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.

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 children 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 **TrACE informed 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 there is an explicit reason for not doing so.

Reparative work within the community may be an appropriate way for the YOS to offer intersubjectivity, attunement and co-regulation (please see **Pathways and Planning: Intervention Tool or Relationship Building: Level 2 TRM** for explanation of these interventions) to develop a relationship with the child. This may assist the child to progress against the TRM 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 established 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 regarding timescales for any direct reparative requests. In terms of location on the TRM 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, considering 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.

## Promoting Engagement

One of the areas which may require attention in the management of orders is how to promote engagement and to balance the need to enforce statutory appointments, 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 (Beyond Youth Custody, 2016). Children should not be prevented from receiving a voluntary service because they are finding it difficult to engage with formal face to face sessions/cognitive programmes. 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. It might be appropriate to 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/advocacy 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 engagement and enforcement action in relation to statutory appointments should be made after investigating the reasons for any failures to attend, the wider context of trauma the child has experienced and how this may impact upon the child's capacity to engage/attend, identifying how barriers can be overcome to promote engagement. Where the child has received a second formal warning the lead worker should be consulted prior to an engagement panel being facilitated.

Areas to consider

- The stage of the order

- The child's relationship with the case manager
- The assessed stage of the TRM
- The child's developmental profile
- The level of harm to the community
- Frequency and nature of offending
- Whether the enforcement procedures help or hinder future harm related behaviours and protection of the public
- Response to previous enforcement action
- Likely outcome of the enforcement action

### **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 (YJB, Referral Order Guidance, 2018) or the court to reconsider the necessity for particular requirements attached to a youth rehabilitation order (YJB, Case Management Guidance, 2019). 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 YOS 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 YOS or partnership agency services (i.e. decrease YOS appointments/spread them out slowly ideally over several months or a phased handover to another agency) 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.

The Y2A Adult to Youth transition Principles and Guidance (July 2020) outlines a trauma-informed practice considerations for children approaching 18 or post 18 years of age. Case managers should also refer to this document for children who fall within the relevant age range.

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, 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>

Glendinning, F et al, (2021) *ACE and trauma-informed approaches in YJS in Wales: An evaluation of the implementation of the ECM project – Bangor University (March 2021)* Wrexham: Bangor University

Her Majesty's Inspectorate of Probation (2017) *The Work of YOTs to Protect the Public* Manchester: 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. Cardiff: 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](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, p16.

The National Child Traumatic Stress Network. (n.d.). *What is childhood trauma*. Retrieved 9<sup>th</sup> March, 2020, from [www.nctsn.org/what is childhood trauma](http://www.nctsn.org/what-is-childhood-trauma)

YJB (2020) *Enhanced Case Management Guidance Implementing the approach* London: Youth Justice Board

YJB (2020) *Youth to Adult Transitions Principles and Guidance* London: Youth Justice Board

YJB (2019) Case Management Guidance <https://www.gov.uk/government/collections/case-management-guidance>

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>