

**YOS Trauma Informed Practice
Guidance**
Safe – Supported - Successful

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1. Introduction

Most people have experienced some form of trauma during their lives, however not all people will go on to suffer the long-term effects of trauma on their mental and physical well-being.

Trauma can ensue following abuse, neglect, violence, war and other harmfully emotional experiences, which is synonymous with the backgrounds of many of the young people who are referred to Enfield Youth Offending service (YOS) – please note that this list is not exhaustive. Often the necessary support/intervention is not yet put in place for the young person referred into the YOS. This can be the case due to previous referrals for support being refused by the young person and/or their parent(s)/carer(s), help was not identified and therefore not sought for the young person.

With the most suitable support and interventions, people can overcome trauma.

To ensure that the young people and families who work with the YOS are offered a supportive and robust intervention, using a trauma informed approach enhance practices and processes have been introduced to support the new ways of working with Enfield YOS service users.

2. The vision

Trauma is strongly associated with a range of 'problematic behaviours' including aggression and violence, antisocial/criminal behaviour, sex offending and substance misuse and as such an individual is more likely to come to the attention of the police if they are not able to manage the behaviours that can be linked to trauma. Enfield YOS aims to build a strength-based trauma informed framework built on an understanding of and responsiveness to the impact of trauma and understanding how it impacts on the lives of the young people, families and staff who we work with. The framework emphasises physical, psychological, and emotional safety for everyone, and will create opportunities for those who have experienced trauma to rebuild a sense of control and empowerment. Through using the framework, it is endeavoured that young people, their families and the workforce will feel safe, are supported and will be able to succeed in future goals and aspirations.

3. Who is this document for?

This document is universal and applies to all staff (clinical and non-clinical) working at Enfield Youth Offending Service. All staff can play a part in ensuring children, young people and their families feel safe and secure working with the YOS team. This includes - but is not limited to – case officers, practice leads, managers, specialist practitioners, NHS clinical practitioners, external agencies and organisations. The principles in this guide equally apply to staff in supportive or administrative roles and those who provide direct professional or clinical care, advice and support.

This document does not intend to supersede or replace regulatory or practice requirements already in place for a professional group or role but aims to be additionally supportive. The document can be used for parents and carers to help them understand what good trauma-informed practice might look like. It is also recognised that the document will aid the workforce to strengthen trauma informed practices and policies as part of a recovery response to COVID-19 and enable them to more effectively support and engage with service users at an understandably more difficult and stressful time.

4. Aims of the document

This guide aims to help staff and services understand the impact of psychological trauma on the young people and families that the YOS work with. The YOS will respond in a sensitive and compassionate way. This document aims to support staff to ensure that YOS practices:

- recognise and understand the impact of psychological trauma and how experiences may present during working with the young person and their families
- respond to disclosures and tailor support to the needs of the young person and families so that services do not retraumatise individuals
- best support staff working in the YOS, acknowledging the effects of vicarious trauma and that staff may have their own experiences of trauma, which could impact on their capacity to deliver trauma-informed support

5. What is trauma and who might be affected?

Psychological trauma has been defined as “an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individuals functioning and mental, physical, social, emotional or spiritual wellbeing”. The following points may help to understand psychological trauma and who might be affected:

- anyone can be affected by psychological trauma at any time in their life
- the term psychological trauma refers to the impact on an individual rather than the event itself. This will vary from person to person
- this impact is often hidden and may never be disclosed
- people may experience a single traumatic event or a series of traumatic experiences over time
- some groups of people are at greater risk of experiencing trauma, including:

- migrant populations
- looked after children or those on child protection plans
- refugees and those seeking asylum
- Black, Asian and Minority Ethnic Groups (BAME)
- trafficked individuals
- prison populations
- homeless populations or those living in poverty or insecure housing
- those living with physical or psychological issues (including those with visual or hearing impairments) and substance use problems

It is important for everyone to:

- understand what the impact of trauma could be for the individual, whether they disclose a trauma history or not
- ensure YOS deliver trauma-informed care that is respectful and responds to the needs of the young person
- consider how intervention plans can affect an individual's future engagement with the YOS

6. What is trauma informed practice?

Trauma informed practices is when a program, organisation, or system that is trauma-informed realises the widespread impact of trauma and understands potential paths for recovery; recognises the signs and symptoms of trauma in young people, families, staff, and others involved with the YOS; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatisation.

Please see the trauma recovery model used by the YOS below:

Trauma Recovery Model (TRM)

PRESENTATION / BEHAVIOUR

LAYERS OF INTERVENTION

NEED

- Provide a supportive safety net for learning

- Autonomy within the supported context
- Increased self-determination

- Guided goal-setting
- Targets
- Scaffolded structure
- Support into education / training placement
- Help to structure free time constructively
- Motivational interviewing

- Adult guided and supported planning
- Sense of purpose & achievement – structured to maximise the chances of success

- Cognitive interventions e.g. anger management, consequential thinking

- Integration of old & new self

- Specialist therapeutic intervention re: trauma
- Containment
- Co-regulation
- Interactive repair
- Bereavement counselling

- Return to difficult behaviours as trauma is processed
- Clingy with staff / rejecting of staff

- Processing past experiences
- Grieving losses

- Maximum 1:1 times with adults
- Clear boundaries
- Maintenance of structure / routine

- Smiling more
- Building closer relationships with 1 or 2 staff
- Increased willingness to comply with routines
- Ongoing peer relationship difficulties
- Ongoing confrontational / challenging outbursts

- Need to develop trusting relationships with appropriate adults
- Need to develop a secure base

- Regular meals / bedtimes
- School
- Clear boundaries

- Challenging behaviour (aggression, absconding, self-harm)
- Drug use
- Poor sleep / hygiene
- Offending
- Poor nutrition
- Inappropriate relationships
- Over-reliance on peers
- Chaotic lifestyle

- Need for structure and routine in everyday life

FOUNDATIONAL BELIEF - REDEEMABILITY



The Trauma Recovery Model (TRM) assists with putting theory to practice road map to help you support and guide our young people and families towards recovery. The TRM combines theories of child development, attachment and neuroscience which will assist you in the planning stages of your intervention with young people.

Working in the TRM way puts relationship building with service users and therapeutic interaction first, to reduce the likelihood of re-traumatisation. This paves the way for interventions that are tailored and sequenced in a way that really can make a difference.

The TRM provides practical guidelines for knowing which interventions to use and when (sequencing). This means practitioners understand the psychological needs that underpin behaviours and can identify the types of interventions that best address those needs.

7. Becoming a trauma-informed service

To support implementation, it is helpful to reflect on how principles of trauma-informed practice can have many positive outcomes for service users, staff and case management systems. By adopting the principles of trauma-informed practice outlined in this document, it aims to ensure that young people and their families feel that their emotional wellbeing is being supported from their first contact with the YOS and throughout their Order. It is endeavoured that the trauma informed approach will prevent young people escalating through the criminal justice system. The four PS needs to be here, above the table as it is referred to in the boxes below

8. Trauma-informed practice at Enfield YOS

The table below provides practices within the YOS that that supports the YOS’ trauma informed approach

What (Practice)	How (Action)	Why (Outcome)	Who (Responsibility)
Assessments – Asset plus	All assessments undertaken will use the Four P’s framework to provide a better understanding of the young person’s journey and will take into consideration any adverse childhood experiences (ACEs) pre-birth to present.	To ensure that the YOS can identify whether trauma has taken place, the impact of the trauma on the young person; and provide the YOS with a better understanding of how to support young people and their families. If underlying reasons for certain behaviour and/or actions are addressed this should reduce the likelihood of re-offending.	Case managers
Reports	The report provides a child first approach by explaining the journey of the child with a hypothesis explaining how trauma could have and/or is still impacting on the young person behaviour.	Providing context to the young person’s offending behaviour will equip the judges and magistrates with a wealth of information to make suitable, well-balanced decisions.	Case managers
Intervention	Using the information contained within the Four P’s framework from the assessment, the intervention should consider ACEs which will enable them to address risk and need appropriately behind the	An inclusive approach to planning will support young people and their families to agree what interventions will need to be completed that will reduce risks, the sequencing plan to support the young person and their	Case managers / young person / parent/carer / specialist practitioners

	behaviours, which should in turn, address the behaviours/actions.	families in helping the young person to identify what the concerning behaviours are, work with the case manager in creating a plan to address the concerns which will reduce risk levels and likelihood of re-offending.	
Review	Reviews will still use the Four P's framework and ACE's but will focus on how the existing intervention plan is supporting the young person, have any of the risk levels been reduced, have any events happened that could have re-traumatised the young person, does the plan need to be adapted to take into consideration any factors.	To see if the plan and young person's engagement has led to a decrease with any of the 3 risk domains: <ul style="list-style-type: none"> - Risk of re-offending - Risk of serious harm (self/others) - Risk to safety and well-being 	Case managers / young person / parent/carer
Panels / Team around the family/child (TAF/TAC) Meetings	Panels and TAF/TAC meetings take place to discuss findings from the assessment which will feed into the young person's plan, risk management and contract (for referral orders - ROs). These meetings will continue to follow the Four P's framework from the assessment.	If an initial – To ensure the intervention plan and/or risk management plans, address the concerns identified within the assessment. If a review - To praise the young person on any areas of improvement, look at any areas that require further support, start working on other areas that have not previously been started (likely due to sequencing).	Case managers / young person / parent(s)/carer(s) / panel members / team managers

Case management Support	<ul style="list-style-type: none"> - Forensic CAMHS case discussions - this will be a monthly group space used to discuss complex cases that would benefit from forensic examination and discussion with experienced clinical practitioners and provide some guidance on how to move forward • TIP chat sessions a is a one to one space where case YOS staff can bring cases for discussion with the YOS clinical psychologist. The clinician will think with the staff member and look at various options on how to support the young person. • MH referrals discussions take place to discuss the nature of the referral to the MH team. The case manager can provide more context to their concerns and what, if any, will be the next steps. 	<p>Ensure that all case work is managed through a trauma informed lens. Ensuring that our service users feel safe within the YOS service and the likelihood of re-traumatisation is minimised.</p>	<p>Whole service</p>
Training and development	<ul style="list-style-type: none"> • Case formulation action learning sets 	<p>Ongoing training and support to maintain a high standard of trauma informed practice. Ensure</p>	<p>Whole service</p>

	<ul style="list-style-type: none"> • Trauma informed practice training (staff) • Trauma informed practice training (volunteers) • Forensic case formulation training 	that the YOS maintains its trauma informed focus and remain informed of any revised/new practices to keep all practice relevant and impactful for the young people and families that we work with. See Appendix	
Policy/Process/Guidance	<ul style="list-style-type: none"> • YOS/Children’s social care joint working protocol • TIP terms of reference • Trauma informed YOS policies 	The YOS team have a point of reference to inform the correct practices are undertaken. Ensuring that the YOS team are working to the same high standards of practice.	Whole service
Quality assurance / management oversight	<ul style="list-style-type: none"> • Trauma informed high risk panel meetings • Trauma informed gatekeeping and quality assurance • Trauma informed case management supervision 	Promote, maintain and nurture high practice standards. Provide oversight to ensure that a trauma informed focus is evident throughout the journey of the child within the YOS.	Management team and Practice Leads

9. The Four P's

Case formulation allows practitioners to use indicators to help identify a range of factors that may impact on the development pathway towards at-risk or harmful behaviour and develop theories regarding the connections between key factors allowing them to develop assessments and intervention plans and facilitate communication between the different agencies/organisations involved with the young person and/or their families. We formulate this information using the four P's framework as detailed below:

'P' FACTOR	DEFINITION
<p>PREDISPOSING <i>(Vulnerabilities)</i></p>	<p>Factors that may have led to how the person thinks, feels, behaves currently</p> <p><i>(e.g. significant life events, attachment difficulties, learning difficulties, pre-natal factors, family issues)</i></p>
<p>PRECIPITATING <i>(Triggers)</i></p>	<p>Factors that may exacerbate predisposing difficulties identified</p> <p><i>(e.g. unstable accommodation, prolonged abuse/neglect, trauma, exclusion from school)</i></p>
<p>PERPETUATING <i>(Maintenance)</i></p>	<p>Factors maintaining problems once begun</p> <p><i>(e.g. poor relationships, limited coping strategies, unresolved trauma/loss, family relationships)</i></p>
<p>PROTECTIVE <i>(Strengths)</i></p>	<p>Factors that may contribute to resilience</p> <p><i>(e.g. supportive family, strong interpersonal skills)</i></p>

This framework aids the assessment and planning processes by offering wider considerations to the young person's journey leading to their current circumstances.

10. Partnership working and the continuation of the trauma informed approach

A large proportion of the work undertaken at the YOS involves working with partners including children's social care, police; court; health services and education providers [this list is not exhaustive]. At Enfield YOS it is known that several of the young people and families that we work with are known to children's social care and have often experienced extensive traumatic events and may often be experiencing ongoing trauma for many reasons. If young people are known to social care then it is likely that trauma has been evidenced and addressed, however there are young people who are not known to social care and who have also suffered from trauma. The YOS recognises that the young people are particularly vulnerable during these stages within their YOS journey:

- In Police Cells
- At Court
- Entering custody
- Being release from custody
- Transitions
- During Assessments / Interventions
- NEET
- Exiting from YOS and/or support services

Therefore, it is important that YOS can act as advocates for young people and their families when working with partners who do not use this approach to ensure that a young person’s journey is understood and considered in all decision-making forums to minimise the likelihood of re-traumatisation.

Appendix – YOS TIP Discussion Spaces

Name	What	When	How
Referral Case Discussion	New cases for YOS Psychology (emotional mental health needs and/or trauma informed consultation)	Wednesday 11.30-12.30 Weekly	Book on the EYOU Specialist Calendar and refer to Nina Browne on CVYJ (Nina Browne for questions)
TIP Chats (NEW!)	One-off drop in Any cases open to YOS Psychology or not Trauma-informed formulation	Various times on Wednesday’s Fortnightly	Book on the EYOU Specialist Calendar (Nina Browne for questions)
Case Discussion Meeting	Practising using trauma-informed formulation with training cases	Monday’s 10-11am Monthly	Lissa Henry for questions
Ongoing TIP consultation	For cases open to our team, we will work with you and your network to support the work. We never have to meet the young person – and sometimes this works best.	Anytime Monday-Friday	Please refer as above (Referral Case Discussion Meeting)

FCAMHS Case Discussion	Forensic case formulation with the Portman Clinic (External facilitator) and YOS Psychology	Monday's 1-2pm Fortnightly	Book by emailing the co-ordinator Hannah Alghali
Health Team Meeting	Any cases open to the Health Team where an MDT approach might be helpful	Monday's 1.30-3pm Fortnightly	Book by emailing Nina Browne (or anyone in the Health Team)
The Trauma and...video series (New!)	Online resources for staff by staff around working with Trauma.	Coming soon!	Angella Fosuuah for questions