

**Enfield Youth Justice Service Trauma Informed Practice
Terms of Reference**

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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 children who are referred to Enfield Youth Justice service (YJS) – please note that this list is not exhaustive. Often the necessary support/intervention is not yet put in place for the child referred into the YJS. This could be because services have not been able to engage the child and/or family in support, or because help was not identified and therefore not sought for the child/family (amongst other reasons).

To ensure that the children and families who work with the YJS are offered a supportive and robust intervention, we are working towards implementing a trauma informed approach to enhance all practices and processes within Enfield YJS.

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

2. The vision

Trauma is strongly associated with a range of emotional and behavioural responses that can be considered maladaptive under general circumstances, such as aggression and violence, antisocial/criminal behaviour, sexual offending and substance misuse. As such an individual is more likely to come to the attention of the police. Enfield YJS 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 children, 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 children, 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 Justice Service. All staff can play a part in ensuring children, and their families feel safe and secure working with the YJS. This includes - but is not limited to – case managers, 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. It is also recognised that the document will aid the workforce to strengthen trauma informed practices and policies as part of a response to increase/develop resilience and enable professional workers to be able to effectively support and engage with service users when they are experiencing difficult and stressful times. The document can also be a reference point for parents and carers to help them understand what good trauma-informed practice might look like.

4. Aims of the document

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

- recognise and understand the impact of trauma and how experiences may present during working with a child and their families
- respond to disclosures and tailor support to the needs of the child and families so that services do not retraumatise individuals
- best support staff working in the YJS, 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?

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 trauma and who might be affected:

- anyone can be affected by trauma at any time in their life

- trauma refers to the impact on an individual rather than the event itself. This will vary from person to person
- this impact can be 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:

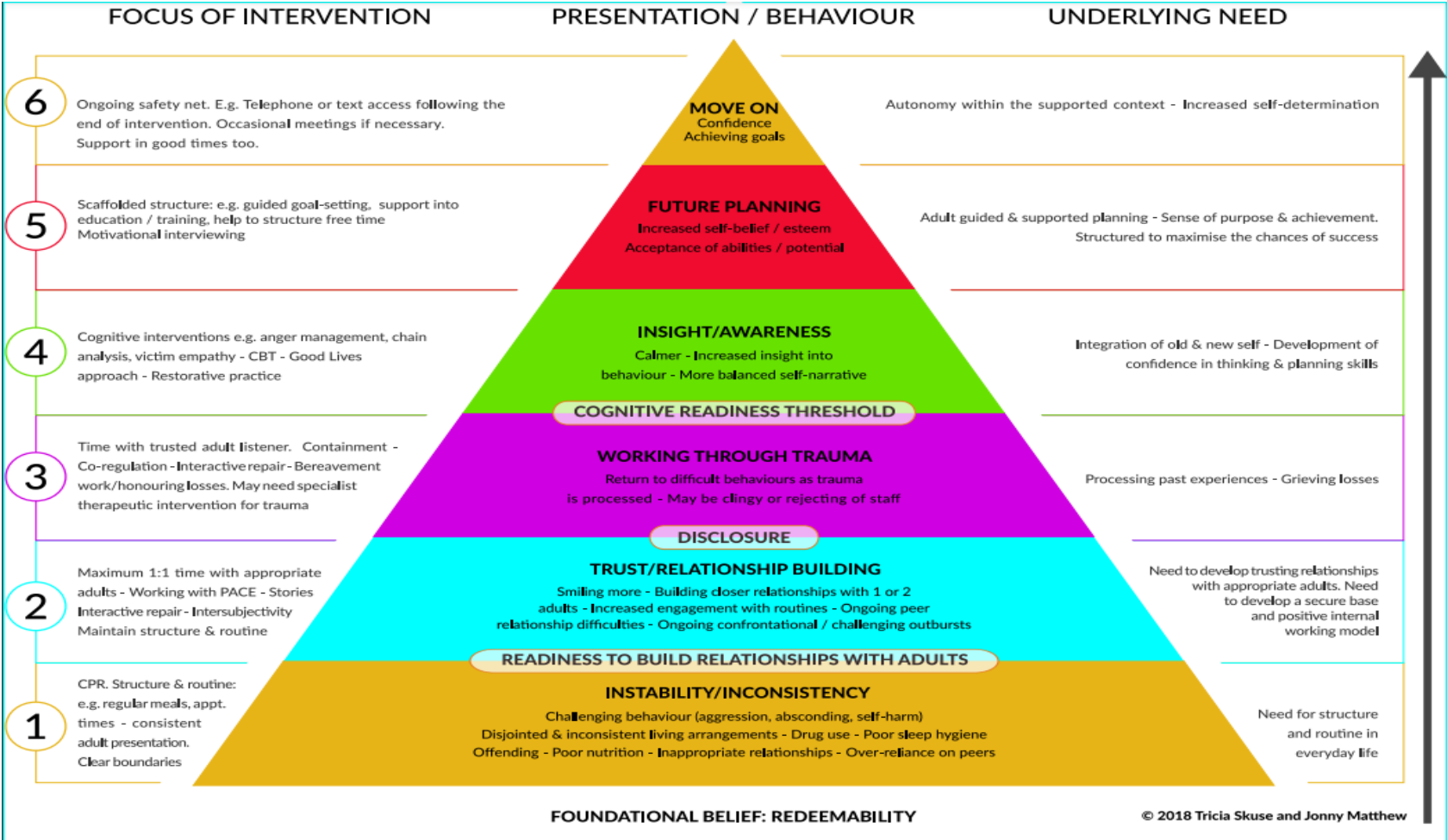
- understand what the impact of trauma could be for the individual, whether they disclose a trauma history or not
- ensure YJS deliver trauma-informed care that is respectful and responds to the needs of the child
- consider how intervention plans can affect an individual's future engagement with the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

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 children, families, staff, and others involved with the YJS; 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 YJS below:

Trauma Recovery Model



The Trauma Recovery Model (TRM) assists with putting theory to practice. It is a road map to help support and guide children 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 children.

Working in line with the TRM this 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. Enfield YJS is on a journey and working towards being trauma informed. By adopting the principles of trauma-informed practice outlined in this document, it aims to ensure that children and their families feel that their emotional wellbeing is being supported from their first contact with the YJS and throughout their intervention. It is endeavoured that the trauma informed approach will prevent children escalating through the criminal justice system.

8. 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 child and/or their families. Information gathered is then formulated 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>(e.g. significant life events, attachment difficulties, learning difficulties, pre-natal factors, family issues)</p>
<p>PRECIPITATING <i>(Triggers)</i></p>	<p>Factors that may exacerbate predisposing difficulties identified</p> <p>(e.g. unstable accommodation, prolonged abuse/neglect, trauma, exclusion from school)</p>
<p>PERPETUATING <i>(Maintenance)</i></p>	<p>Factors maintaining problems once begun</p> <p>(e.g. poor relationships, limited coping strategies, unresolved trauma/loss, family relationships)</p>
<p>PROTECTIVE <i>(Strengths)</i></p>	<p>Factors that may contribute to resilience</p> <p>(e.g. supportive family, strong interpersonal skills)</p>

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

9. Trauma-informed practice at Enfield YJS

The table below provides practices within the YJS that that supports the YJS’ 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 child’s journey and will take into consideration any adverse childhood experiences (ACEs) pre-birth to present.	To ensure that the YJS can identify whether trauma has taken place, the impact of the trauma on the child; and provide the YJS with a better understanding of how to support children 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 child.	Providing context to the child’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 behaviours, which should in turn, address the behaviours/actions.	An inclusive and individualised approach to planning will support children and their families to agree what interventions will need to be completed that will reduce risks and the likelihood of reoffending.	Case managers / child / parent/carer / specialist practitioners
Review	Reviews will still use the Four P’s framework and will focus on how the existing intervention plan is supporting the child. The following points will also be considered:	To see if the plan and child’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) 	Case managers / child / parent/carer

	<ul style="list-style-type: none"> -have any of the risk levels been reduced - have any events happened that could have re-traumatised the child - does the plan need to be adapted to take into consideration any factors 	<ul style="list-style-type: none"> - Risk to safety and well-being 	
Panels / Team around the family/child (TAF/TAC) Meetings	<p>Panels and TAF/TAC meetings take place to discuss findings from the assessment which will feed into the child's plan, risk management and contract (for referral orders - ROs). These meetings will continue to follow the Four P's framework from the assessment.</p>	<p>Initial panel – To ensure the intervention plan and/or risk management plans, address the concerns identified within the assessment.</p> <p>Review panel - To praise the child 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).</p>	Case managers / child / 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 • YJS Psychology case consultation is a one to one space where YJS staff can bring cases for discussion with the YJS clinical psychologist. The case manager 	<p>Ensure that all case work is managed through a trauma informed lens. Ensuring that our service users feel safe within the YJS service and the likelihood of re-traumatisation is minimised.</p>	Whole service

	<p>can provide more context to their concerns and what, if any, will be the next steps. The clinician will think with the staff member and look at various options on how to support the child.</p> <ul style="list-style-type: none"> • Trauma informed reflective space 		
Training and development	<ul style="list-style-type: none"> • Action learning sets • Trauma informed practice training (staff) • Trauma informed practice training (volunteers) • 4Ps refresher training 	Ongoing training and support to maintain a high standard of trauma informed practice. Ensure that the YJS maintains its trauma informed focus and remain informed of any revised/new practices to keep all practice relevant and impactful for the children and families that we work with. See Appendix	Whole service
Policy/Process/Guidance	<ul style="list-style-type: none"> • YJS/Children’s social care joint working protocol • TIP terms of reference • Trauma informed YJS policies 	The YJS team have a point of reference to inform the correct practices are undertaken. Ensuring that the YJS 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 YJS.	Management team and Practice Leads

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

A large proportion of the work undertaken at the YJS involves working with partners including children's social care, police, court, health services and education providers [this list is not exhaustive]. At Enfield YJS it is known that several of the children 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. The YJS recognises that the children are particularly vulnerable during these stages within their YJS journey:

- In Police Cells
- At Court
- Entering custody
- Being released from custody
- Transitions
- During Assessments / Interventions
- NEET
- Exiting from YJS and/or support services
- Joint supervision with social care

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

Appendix – YJS TIP Discussion Spaces

Name	What	When	How
YJS Case consultation discussion	One to one discussion with YJS psychologist when concerns have been raised about emotional wellbeing/mental health in assessment. Develop formulation of concerns/current difficulties and create a plan for support moving forward.	Anytime Monday-Friday	Referral to be sent on CVYJ and appointment booked in with YJS psychologist
TIP Chats (NEW!)	One-off drop in Any cases open to YJS Psychology or not Trauma-informed formulation	Various times on Wednesday's Fortnightly	Book on Specialist Calendar (clinical psychologist for questions)
Health Team Meeting	Multi-disciplinary team meeting within the Health team (YJS nurse, SLT, Educational psychologist and Clinical psychologist) to discuss cases open to Health team to develop formulation and allocate tasks amongst team.	Friday 13:30-15:00 on Monthly basis	Arranged and managed within Health Team
Trauma resource folder	Resources for staff by staff around working with Trauma.	Coming soon!	Shared File in YOS folder/Microsoft Teams folder (TBC)