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of Probation

Desistance, adversity and trauma: Implications for practice with children and young people in conflict with the law

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Foreword

HM Inspectorate of Probation is committed to reviewing, developing and promoting the evidence base for high-quality probation and youth offending services. *Academic Insights* are aimed at all those with an interest in the evidence base. We commission leading academics to present their views on specific topics, assisting with informed debate and aiding understanding of what helps and what hinders probation and youth offending services.

This report was kindly produced by Jonathan Evans, Tricia Skuse, Dusty Kennedy and Jonny Matthew. A practice agenda is set out for youth justice that supports desistance from offending processes, engages with social adversity and trauma, and helps to empower children and young people to work towards their pro-social goals. Recent learning from Wales is highlighted, more specifically from the introduction and delivery of Enhanced Case Management. Based on the Trauma Recovery Model (TRM) – which has links to Maslow’s hierarchy of needs and attachment theory – it is a form of relational work that aims to mitigate the impact of developmental trauma and focuses on the positive development of the child/young person. A key conclusion is that a twin-track approach is required which: (i) engages with children and young people as unique individuals; and (ii) engages proactively with the wider social contexts that shape their lives and experiences. Balancing a psychological and sociological approach is seen as vital for providing full access to the necessary support for all children.



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Jonathan Evans is a qualified and experienced social worker and probation officer. Since leaving practice he has worked as an academic at Swansea and Cardiff Universities, and latterly the University of South Wales (USW). Since his retirement from USW, where he was Professor of Youth Justice Policy and Practice, he has worked part-time as an Associate Lecturer at the Open University and continues to be a member of the Wales Youth Justice Advisory Panel. His research, publications and teaching are mainly in the areas of youth justice, children's human rights, public care, social work practice, and youth policy. Jonathan has also worked as a rapporteur and senior consultant with the Council of Europe. Between 2006 and 2010 he was one of the United Kingdom's representatives on the European Research Network (Council of Europe and European Commission Partnership). Between 2012 and 2017 he was a county councillor in Cardiff, where he chaired the Corporate Parenting Panel. Most recently, he was commissioned by the Welsh Government to lead an informal review of the current youth justice system in Wales, considering the opportunities that arise from devolution and to assess what the next practical steps might be.

Tricia Skuse is the Clinical Director for [TRM Academy](#) and co-author of the Trauma Recovery Model (TRM). She is an Associate Fellow of the British Psychological Society and is a registered practitioner with the Health Care Professions Council. Tricia has a special interest in attachment and trauma-related difficulties in children, adolescents and young adults; particularly those involved in the looked after and criminal justice systems. She worked in the NHS for 17 years and, as Consultant Clinical Psychologist for the All Wales Forensic CAMHS Team, she was the clinical lead for the application of the TRM into youth justice through the Enhanced Case Management (ECM) programme. Tricia has previously worked in Hillside Secure Children's Home, mainstream Child and Adolescent Mental Health, and in Learning Disability services. She taught on the South Wales Clinical Psychology Doctoral Training Programme at Cardiff University and also provided clinical placements and supervision for doctoral trainees. Prior to retraining as a clinician, Tricia worked as a Research Fellow at Loughborough University, Dartington Social Research Unit (University of Bristol) and The Trust for the Study of Adolescence.

Dusty Kennedy is Director of Consultancy at TRM Academy and a Visiting Fellow at the USW Faculty of Life Sciences and Education. He has over 20 years' experience working in youth work and the youth justice system. Dusty began his career as a detached youth worker before moving into youth justice where he progressed through practice and policy, spending six years as Director of the Youth Justice Board (YJB) in Wales. In this role he was responsible for national oversight of youth justice services (YJSs), contracts and commissioning of the children's secure estate, government relations, and developing innovative practice; including the ECM project to test application of TRM in youth justice. Before this he spent three years as Welsh Government Head of Youth Justice Strategy; using experience gained in YJS practice and senior management at the national policy formulation level. Most recently, Dusty returned to youth work as a member of the Interim Youth Work Board for Wales; a Ministerial appointment, where he led on Digital Youth Work.

Jonny Matthew is a social worker and criminologist. Until summer 2019, he was part-time Head of Innovation and Engagement for the Wales YJB, where he worked for six years to develop, test and evaluate ECM, a developmental case management approach for YJSs to use with young people with complex and prolific offending histories. Along with Dr Tricia Skuse, Jonny is a co-author of the TRM, and is Director of Social Care at TRM Academy, working to help professionals and agencies embed the TRM in practice with children and young people. He also works part time as Youth Forensic Co-ordinator at FACS (Forensic Adolescent Consultation Service) – the All Wales Forensic CAMHS Team – where he provides advice and guidance on social care issues, sexual abuse and harmful sexual behaviour in young people who have committed offences. Jonny is also the author of *Working With Troubled Children and Teenagers*, published by Jessica Kingsley.

The views expressed in this publication do not necessarily reflect the policy position of HM Inspectorate of Probation

1. Introduction

The genesis of this paper has its origins in two articles:

- the first article attempted to answer the question of whether trauma-informed practice and desistance theories represent competing or potentially complementary approaches to working with children in conflict with the law (Evans et al., 2020).
- the second, based on empirical fieldwork conducted in a Welsh youth justice service (YJS), explored how desistance theories were being interpreted, applied and – in some cases – re-imagined by practitioners (Deering and Evans, 2021).

Building upon these articles, this paper identifies some of the key ideas and evidence that could contribute to a practice agenda which supports desistance from offending processes, engages with social adversity and trauma, and helps to empower children and young people to work towards their pro-social goals.

It will be recalled that, in what ostensibly constituted a shift away from the Risk Factor Prevention Paradigm (Farrington, 2007), practitioners were exhorted to apply insights from desistance theories and research in their work with young people (HM Inspectorate of Probation, 2016). The replacement of the risk-focused assessment tool, *Asset*, by the more desistance-informed *AssetPlus* was designed to consolidate this shift in practice. The extent to which this has happened in practice is, of course, another matter (Hampson, 2018). There have also been criticisms of the appropriateness of applying desistance theories to children. One such criticism is that most of the research on which it is based has been conducted with adults. Whilst there have been some desistance research studies with children, these have generally involved small numbers (e.g. Fitzpatrick, McGuire and Dickson, 2015; McMahon and Jump, 2018). That said, evidence from the Edinburgh Study of Youth Transitions and Crime (McAra and McVie, 2007a, 2007b, 2010, 2012, 2016, 2018 and 2022), a longitudinal programme of research involving 4,300 young people who commenced secondary school in 1998, found that 56 per cent of the cohort had desisted from offending completely by the age of 18 years (McAra, 2018: 6) and, of those that could be contacted in the follow-up study, nine out of ten (90 per cent) had desisted by the age of 24 years.

That we need to know more about the nature of the desistance journeys embarked upon in this age group is undisputed. There is, as always, need for more research. In the meantime, though, it would be unwise to jettison the available evidence and the implications for practice. Equally, the lived experience of young adults reflecting on their desistance journeys should not be discounted. In the same way as well-run local authority Corporate Parenting Panels engage not only with children of all ages in the care system but also care leavers above the age of 18 years, so researchers should capture the perspectives of children and young adults. Although one must always be conscious of the tendency to edit one's personal biography (as anyone who has compiled a *curriculum vitae* will testify), there is some truth in the Kierkegaardian paradox that while one lives one's life looking forwards, it can be understood more clearly retrospectively (Carlisle, 2019). Capturing the experiences, reflections and narratives of young adults is therefore an important strand of research if one is to understand better the desistance journeys of young people. Wigzell (2021: 15) discusses many of the criticisms made of the desistance literature, but concludes that 'if the lessons from desistance research were applied through a child first lens', then 'such an approach could make a meaningful and positive difference in children's lives.' 'Child First', like 'Desistance', is not a monolithic theoretical entity, of course. There are debates and different intellectual strands within the Child First movement just as there are within those who subscribe to desistance-informed approaches. The important point being made here,

though, it that there is potential for the core principles of Child First to be enhanced by some of the key lessons emerging from the desistance research.

At around the same time as ideas about desistance were being discussed in England and Wales, interest was also growing in trauma-informed practice in relation to those children with complex needs who often also presented challenging behaviour (including offending). This was particularly the case in Wales which saw the introduction of Enhanced Case Management (ECM), based on the Trauma Recovery Model (TRM) (Skuse and Matthew, 2015), and the prominence subsequently given to a trauma-informed approach in the Welsh Youth Justice Blueprint (Ministry of Justice and Welsh Government, 2019).

At this point it is perhaps worth mentioning a few features of the Welsh context; particularly as some may be concerned that trauma-informed approaches are at risk of over-emphasising the psychology and experiences of the individual (Beddoe et al., 2019). Given that this paper refers extensively to trauma-informed practice in Wales, it is important, therefore, to locate such Welsh initiatives alongside at least some of those policies and practices designed to address social issues.

Although youth justice is not fully devolved, there is a Welsh inflection to policy and practice (Evans, Jones and Musgrove, 2022). The current constitutional settlement means that the core statutory youth justice services are split between the UK and Welsh Governments: the policy portfolios of probation and the police (as well as other services relevant to the administration of justice such as the courts and prisons) are reserved to Westminster, but education, health and social services are the responsibility of Cardiff Bay (along with other services relevant to young people such as youth work and housing). In practical terms this means that youth justice policy in Wales is a matter of negotiation between the two administrations. Moreover, the social policy landscape within which YJSs operate in Wales is different to that in England and this has a tangible impact on children, young people and their families. For example:

- NHS prescriptions are free
- young people aged 16 and above are supported in education and training by the Education Maintenance Allowance and The Young Person's Guarantee
- children's rights are enshrined in the Rights of Children and Young Persons Measure 2011
- the Youth Policy, Extending Entitlement, establishes citizenship rights to universal services and places the responsibility on adults to deliver them
- implementation of the Children (Abolition of Defence of Reasonable Punishment) (Wales) Act 2020 grants to children the same protection from assault that has long been given to adults (this is sometimes referred to in the media as the 'smacking ban').

This is not to claim that all of these policies and practices are necessarily implemented perfectly or fully. However, when these policies and statutes are considered together, it will be seen that the terrain on which youth justice operates in Wales is quite distinctive. Part of the debate in Wales has therefore been about how trauma-informed practice aligns with this wider social policy agenda. It is hoped that what follows will, nevertheless, be of interest and relevance beyond Wales.

2. Desistance, adversity and trauma

2.1 Desistance

At the outset it is important to recognise that non-offending by young people appears to be confined to a minority. McAra (2018: 6) reports that, 'An overwhelming majority (96%) of the Edinburgh Study cohort of 4,300 young people admitted to at least one of the offences included in the 18 offence categories on the questionnaire. The offences committed were mainly at the lower-end of seriousness (e.g. shoplifting, not paying the correct bus or train fare, and breaches of the peace), but some were more serious. For the most part, these young people desisted from offending without any formal intervention by welfare and/or juvenile justice agencies. Those that did come to the attention of state formal agencies and the criminal justice system tended to be from the more deprived households and neighbourhoods. Four key messages that emerge from the research (McAra and McVie, 2010: 180) are as follows:

- i. persistent serious offending is associated with victimisation and social adversity
- ii. early identification of at-risk children is not a watertight process and may itself be criminogenic
- iii. critical moments in the early teenage years are key to pathways out of offending
- iv. diversionary strategies facilitate the desistance process.

Whilst light-touch diversionary strategies may well enhance the desistance journeys of most young people, there will be others requiring greater support, mentoring and advocacy to help realise their rights and service entitlements. Others, moreover, will need more proactive intervention to help address their complex needs and challenging behaviour (including offending). How to achieve this without labelling children and young people negatively is an issue that needs to be considered; young people should not be defined narrowly by their referral routes.

Maruna, Coyle and Marsh (2015) argue that there are two main strands in desistance theory and that these can be organised under the headings of *internal factors* and *social factors*.

Internal factors include maturation and identity. Child and adolescent cognitive and emotional development can, of course, be impacted by traumas such as abuse and bereavement, but also social adversities such as poverty and racism.

In the desistance literature, identity – both attributed and internalised – is closely associated with 'narratives' and 'scripts' (Maruna, 2001). The concept of a 'script' is based on the idea that children and young people receive and, initially at least, internalise messages about themselves. Narrative accounts of past behaviours and actions, along with expectations about future conduct and prospects, are typically transmitted by parents, carers, family members, teachers and significant others. Young people in conflict with the law may well have received negative messages from school, neighbourhood, and local police officers before they have even entered the formal criminal justice system and been labelled as 'offenders'. These 'condemnation' scripts may fall short of full-blown 'criminal identities' but can nevertheless potentially curtail ambitions and undermine belief in personal agency. The future can thus be perceived as predestined rather than freely chosen.

In order to move forward and focus on a positive future, it is important that young people learn to recognise and embrace their personal agency along with their capacity to make choices, albeit within often constrained and challenging circumstances. By unpeeling the

labels that have been applied to them, they can begin the process of authoring their own 'redemption scripts' and telling their own stories. To own one's own narrative is the beginning of a process of personal empowerment. As confidence grows, the possibility of taking advantage of 'hooks for change' (Giordano, 2016) will be enhanced. Such hooks can include exercising one's rights and entitlements, embarking on educational and training courses, securing employment, pursuing a leisure or cultural interest, or forming a meaningful personal relationship. Of course, there are likely to be reversals; progress is seldom linear. Nevertheless, a positive direction can still be sustained.

The **social factors** that can enhance the desistance process have been described concisely as '...a good job; a good relationship; and involvement in prosocial hobbies and interests' (Maruna, Coyle and Marsh, 2015: 216). The reality for many clients of the youth justice system is that the legitimate opportunity structures available to them will be extremely limited. One of the powerful messages from young people on statutory supervision in Greater Manchester was that they wanted their workers to recognise the very real difficulties and social injustices of their lives (Smithson, Gray and Jones, 2021). Although it remains the responsibility of the individual practitioner to help individual young people navigate their pathways into such areas as training, employment and housing, this is being done against a historical background of radical changes in state support and seismic structural shifts in the economy. Since the 1970s, youth-adult transitions have been extended and, in many cases, fractured (Furlong and Cartmel, 2007; MacDonald, 2015). There is, therefore, a need for a more coordinated strategic policy and practice approach focused upon bringing a significant measure of social justice into the lives of these young people.

2.2 Adversity: Adverse Childhood Experiences and trauma

Article 39 of the United Nations Convention on the Rights of the Child (1989), which covers a wide range of traumas and adverse childhood experiences, requires all States Parties to,

'...take all appropriate measures to promote physical and psychological recovery and social reintegration of a child victim of: any form of neglect, exploitation, or abuse; torture or any other form of cruel, inhuman or degrading treatment or punishment; or armed conflicts. Such recovery and reintegration shall take place in an environment which fosters the health, self-respect and dignity of the child.'

One of the challenges of the discussion around trauma and adverse childhood experiences is around definitions of the terms being used. There are a number of definitions for both 'Trauma' and 'Adverse Childhood Experiences' (ACEs). SAHMSA (2014: 7), for example, defines trauma in the following terms:

'Individual trauma results from 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 individual's functioning and mental, physical, social, emotional, or spiritual well-being.'

The definition of trauma should, and generally is, widened to include not only severe 'events' that bring the risk of death or the infliction of serious injury, but also the cumulative impact of prolonged adverse experiences and/or complex combinations of adversity such as chronic neglect.

Definitions of ACEs, meanwhile, have been greatly influenced by the study conducted by Felitti and colleagues (1998). This has led to the categorisation of ACEs that commonly include the following:

Household experiences	Childhood maltreatment experiences
<ul style="list-style-type: none"> • witnessing domestic violence • parental separation • parental mental illness • parental drug misuse • parental alcohol misuse • incarceration of a parent 	<ul style="list-style-type: none"> • verbal abuse • physical abuse • sexual abuse • neglect

ACEs research, based on public health epidemiological studies, is helpful in the development of population-level policy and the redistribution of resources needed to redress health inequalities, but less useful in terms of individual-level interventions. A misuse of ACEs research would, for example, be to treat them as predictive risk factors (see also [Academic Insights paper 2021/13](#) by Gray, Smithson and Jump). The tendency of some to concentrate exclusively on ACEs that take place solely within households risks ignoring the impact of systemic harms to children such as racism or structural issues such as poverty that can result in low-income parents and families being pathologised. A systematic review of the literature conducted by Walsh et al. (2019) found a strong association between lower childhood socio-economic position and higher exposure to ACEs and maltreatment. There is a theoretical and methodological debate about whether it is conceptually confusing to include low income as an ACE (see, for example, different positions taken by Haines, 2019, and Bellis et al., 2023). Given that contextual poverty can overwhelm the best efforts of parents and carers, however, the implications for policy and practice seem clear. The Welsh Government's review of its ACEs policy (2021) has, for example, highlighted the salience of contextual factors such as poverty in relation to social policy and its implications for practice. In her foreword to the report, Julie Morgan, MS, Deputy Minister for Health and Social Services, summarises the Welsh Government's position as follows:

- ACEs are not inevitable. Where possible, the focus of ACEs work should be on preventing childhood adversity from happening in the first place. However, we cannot ignore the need to provide sympathetic responses and trauma-informed support to those who have already been impacted by ACEs or the importance of adopting a strengths-based approach and building resilience
- our approach to raising awareness of childhood adversity should support parents and must avoid unintended consequences, like stigmatisation or increasing preventable statutory interventions. A narrow focus only on parental behaviours should also be avoided. Preventing ACEs requires attention to the wider social and economic contexts of family life
- we need to be careful in our use of the term ACEs, as well as the language we use to describe adversity, and be mindful of its impact. ACEs should never be viewed as deterministic
- the 'ACE score' should not be used with individuals to determine risk or whether or not to offer an intervention or the type of intervention which should be offered

- work on ACEs should reflect their greater concentration in deprived areas, and recognise that poverty and multiple deprivation are causal factors in at least some of these adversities
- we should recognise, support and promote the contribution that community-based self-help and peer support approaches can make in preventing childhood adversity and mitigating its impact.

There are associations between ACEs and poor outcomes (including the development of health-harming behaviours and contact with the criminal justice system), and it is against this background that interest in trauma-informed practice has developed. It is also important to understand that a trauma-informed lens asks what has happened to a person rather than what they have done (see [Academic Insights paper 2020/05](#) by McCartan).

The Trauma Recovery Model (TRM) (Skuse and Matthew, 2015) has been developed and applied in the Welsh context. As shown by the figure on p.12, the TRM comprises a series of intervention layers that are sequenced according to developmental and mental health need. In essence, it is a form of relational work that aims to mitigate the impact of developmental trauma in order to facilitate effective cognitive interventions at a later stage. There are three key features of the model:

- (i) presentation/behaviour (ii) underlying need (iii) focus of intervention.

The information summarised within the triangle in the figure on p.12 relates to the presentation of the child, their behaviour, and current difficulties. On the right-hand side, outside of the triangle, are the kinds of underlying needs fuelling those problems, whilst the left-hand side contains a summary of the types of interventions best suited to address those needs. Application of the model rests on the assumption that if the developmental needs of the child can be met, the presenting problems will begin to diminish. In this way, the TRM facilitates a way of working with children that places the emphasis on supporting and maintaining development as the central concern and focuses both assessment and intervention planning along these developmental lines. The TRM attempts to provide non-therapeutically trained practitioners with a structure to interventions that follows the stages of recovery that are found within a therapeutic setting, so the right intervention is provided at the right time according to the need of the individual.

The lowest two levels of the model draw upon Maslow's hierarchy of needs (Maslow, 1943), which assumes that basic safety and good physical care must be attained for healthy psychological development to occur. The initial emphasis of the intervention therefore involves working in ways that offer as much consistency as possible. It is through consistency of time, place and personality over many weeks or months that the child begins to trust the practitioner. The relationship then provides the means through which opportunities for co-regulation, attunement, and interactive repair can be maximised – all of which are key drivers and maintainers of healthy development. To be clear, the focus of the work is on building a relationship with the practitioner rather than exploring the offence. Once this relationship has been established, it can become a secure base for the young person and s/he/they can begin to process any trauma and adversity they have experienced. The TRM is based on the assumption that it is not until children feel safe, trust adults, and have had the opportunity to begin to make sense of what has happened to them that they are able to see their own behaviour in the context of more normative development and are ready to undertake more conventional cognitively-based interventions.

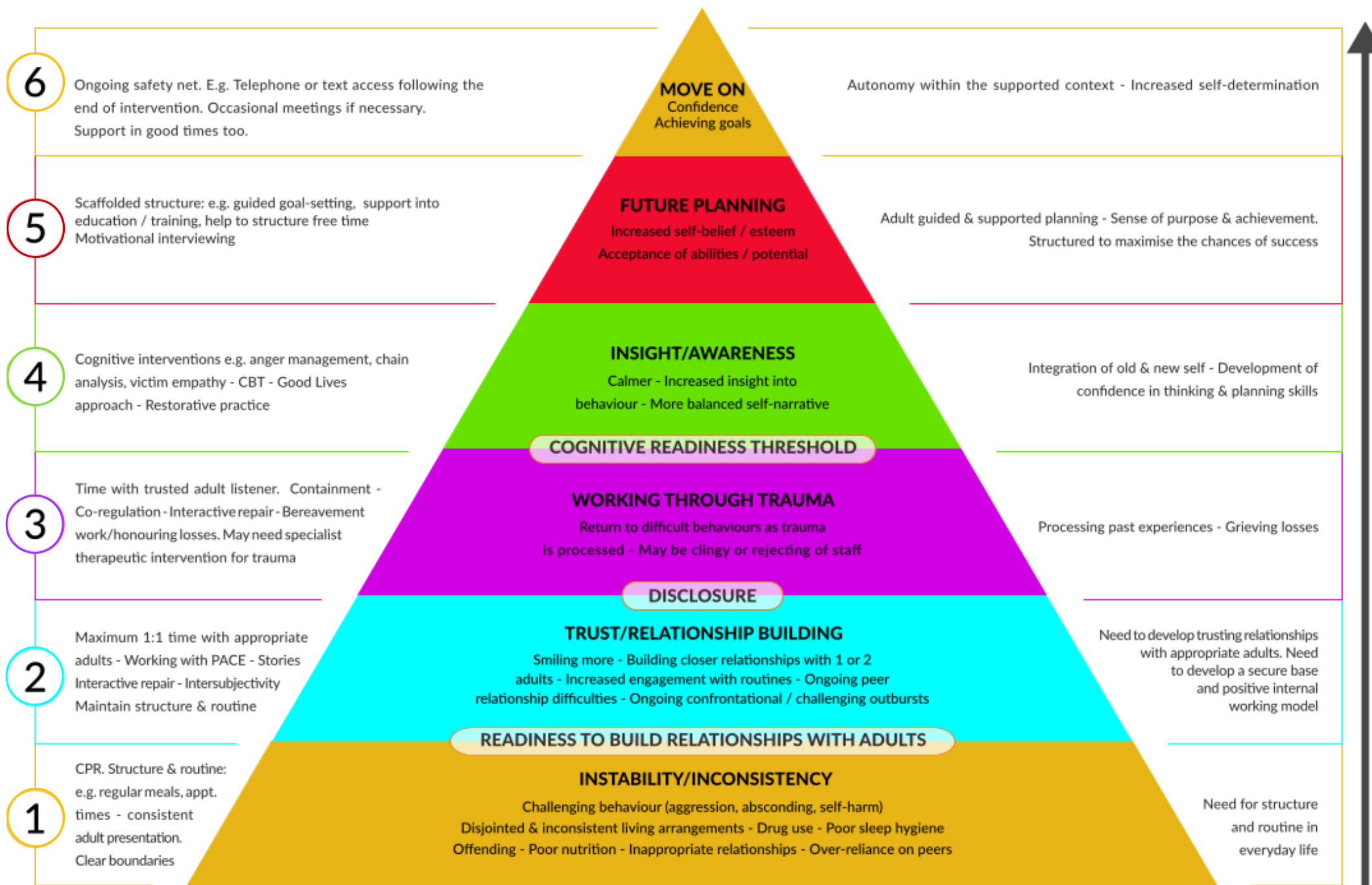
In essence, the lower two levels of the TRM endeavour to emulate the stages of child development that many young people in the criminal justice system have missed out upon because of ACEs present in their lives. The third layer of the TRM provides an opportunity for young people to process and make sense of the trauma and losses they have

experienced which enables them to then access more conventional cognitive interventions. The upper two levels of the model should aim to replicate what is routinely provided by caring parents and/or concerned, reliable adults in 'normal' child development. The children are not left to fend for themselves; rather, they are provided with practical advice with training, college and job applications, are taken to interviews, and helped with opening bank accounts, applying for benefits, or securing accommodation. At this stage, parents and responsible trusted adults do not undertake tasks for the children, but rather scaffold the activity to maximise the chances of success in order to support the behaviour and build confidence. Furthermore, when children are living independently, links should not be severed. Instead, they should be provided with a safety net of support. Whilst this is more difficult for agencies to emulate than families, the opportunity for young people to 'touch base' by phoning in with news (good and bad) can often represent sufficient support and is in keeping with what would normally happen for young people when they leave their secure base.

FOCUS OF INTERVENTION

PRESENTATION / BEHAVIOUR

UNDERLYING NEED



FOUNDATIONAL BELIEF: REDEEMABILITY

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Responding to claims by Welsh YJS managers that, despite significant progress in the numbers being diverted from the formal youth justice system, there remained a residual 'hard core' of persistently offending children with complex needs, the YJB Cymru undertook a study in 2012 which profiled children with 25 or more convictions and an overall reoffending rate of 86 per cent (n=112). Most of the children (predominantly males) were aged 16 or 17 years, 84 per cent had no formal qualifications or recorded informal educational achievements, 41 per cent had been on the child protection register, nearly half had witnessed domestic violence, and almost two thirds had suffered early childhood trauma or neglect (Johns, 2016). YJB Cymru duly issued a call for practice to the youth justice sector to explore new ways of working with this group of young people. Those who had developed the TRM within a secure setting were commissioned to adapt and trial the model in community settings (three YJSs in three regions of Wales over three years).

Enhanced Case Management (ECM), as it has been named, is a psychosocial approach that aims to appropriately balance the service provider's attention to both the internal psychological needs of the individual and their social needs. The ECM has six elements:

1. training for all YJS personnel in both the TRM and the underpinning knowledge base (e.g. attachment theory (see [Academic Insights paper 2022/09](#) by Ansbro), child development, etc.)
2. a clinical psychology-led team case formulation meeting in which a physical timeline of key events in the child's life is charted to inform interventions. The meeting involves as many agency staff as possible and gathers information provided by family members and the child. In line with a strengths-based approach, it identifies positive as well as adverse factors and includes a key worker who represents the child's voice and input to the process
3. a clinical psychology formulation report which summarises the above information and includes a set of recommendations for both the type of interventions that match the child's developmental and cognitive level but also the sequence in which they are best delivered
4. supervision for practitioners from a clinical psychologist
5. regular reviews (and, if required, revisions) of the formulation meeting report
6. guidance for YJS middle and senior management to facilitate trauma-informed organisational scaffolding to facilitate a more relational way of working within the organisation.

There have been positive evaluations of this developmentally-informed model of working (Cordis Bright, 2017; Glendinning et al., 2021). Some of the positive features from the most recent evaluations are as follows:

- improvements in YJS workers' confidence in working with children who had experienced ACEs and in their understanding of children's experiences
- improved multi-agency collaboration
- improved identification of appropriate interventions, and a reduction and simplification of interventions; children reported that they had previously felt overwhelmed by a multiplicity of interventions and the involvement of too many professionals
- practitioners reported that clinical supervision was helpful
- the formulation meeting enhanced defensible decision-making
- there was increased flexibility in relation to breach proceedings

- the importance of meeting children's basic needs was enhanced
- TRM helped children to engage more positively with their families, and children reported feeling more positive about themselves
- it was reported that there were improvements in children's emotional regulation and their engagement in positive activities
- the ECM reduced criminogenic stigma, and a cultural shift within the YJSs seemed to have been effected, with staff working in 'a more ACE- and trauma-informed way, and placing more emphasis on holistic, child-centred approaches that seek to build relationships' (Glendinning et al., 2021: 9).

Nevertheless, it was also found that there were areas in which this particular model of trauma-informed practice needed to improve:

- the voices of children and family members needed to be better represented in the case formulation process
- although children could continue to engage with YJS workers on a voluntary basis after statutory supervision ended, clarity was required in how best to respond to risk and safeguarding concerns
- the transition arrangements between child/youth and adult services required improvement
- some of the recommendations for secure welfare orders arising from case formulations could be questioned and challenged by other agencies
- there was a need to build a community of common practice between different agencies that work with the same children.

The researchers make the important point that it 'is recognised that TIP is in its relative infancy within the youth justice system, and further research is required to build an evidence base on its use and effectiveness' (Glendinning et al., 2021: 9).

A Phase One Report on the implementation of ECM in YJSs in the South West of England broadly echoes the above findings (Opinion Research Services, 2023). In addition, this report noted improvements in coping skills in participating children and enhanced cognitive ability to understand the impact of their behaviour on others. Interestingly, practitioners reported an increased sense of responsibility in their interactions with children, although it was also noted that clinical supervision should continue to be a priority to help ensure that this sense of responsibility did not result in staff feeling unduly pressured.

As ECM has been adopted across youth justice and other services, a number of the evaluation recommendations are being addressed. For example, as the ECM continues to be implemented across the UK, practitioners are increasingly able to incorporate the views of young people into the formulation process. Integrating the voices of children and family members without exposing them to the possibility of re-traumatisation has been a particular focus for a number of services, such as Bradford YJS and the Rhondda Cynon Taf residential care service. However, there is a need to further evaluate the extent to which the latest developments have successfully answered all the previous recommendations. Similarly, more research is needed on the extent to which the approach takes account of the needs of neurodiverse children who make up a significant proportion of those in the youth justice system (see [Academic Insights paper 2021/08](#) by Kirby).

3. Conclusion

The main point that emerges from the foregoing discussion of desistance, adversity and trauma-informed practice is that a twin-track approach is required:

- **firstly**, there is need to engage with children and young people as unique individuals
- **secondly**, practitioners and their agencies should also engage proactively with the wider social contexts that shape the lives and experiences of young people.

Failure to appropriately balance a psychological and sociological approach to helping children and young people risks preventing them achieve a balanced and contented life. It also risks denying them equality of access to vital support. Assuming that poor outcomes are exclusively a result of economic, social and structural inequalities underplays the barriers to achievement that direct interpersonal abuse or neglect create for people, both rich and poor. Equally, assuming that helping individuals recover from trauma is the sole key to future wellbeing and pro-social integration ignores the devastating impact of factors far beyond the control of both client and practitioner, such as poverty, sexism and racism.

In terms of *individual* one-to-one practice, there is need to take a developmentally-informed approach that is ACEs- and trauma-aware. Such work should also involve helping young people to develop a sense of their own interpretations and narratives about what has already happened in their lives. This work can help empower them to take ownership of their personal agency and make positive plans for the future. As has been noted (Deering and Evans, 2021), social workers already undertake Life Story and Life History Work with care-experienced children, so those skills should also exist in many YJSs. Pre-sentence report authors also have an important role to play in representing in their court reports the desistance narratives and journeys of individual children (Evans, 2016).

In terms of addressing the *social factors* of desistance and ACEs, there is an urgent need to engage with the wider social context and social systems inhabited by young people. Child neglect takes many forms and includes those families who, because of low income, struggle to provide a regular healthy diet for their children, which in turn impairs their development. Although it is governments that have the main responsibility for the wellbeing of its citizens, which of course includes children, there is a professional responsibility to ensure we exercise our collective duty of care to address such social injustices. We should not only 'acknowledge structural barriers' (Case and Browning, 2021: 4), but take active steps to remove them. In this area, we can follow the examples of the anti-poverty strategies being pioneered by the social work profession (Krumer-Nevo, 2020; BASW and CWIP, 2019). In the youth justice and probation sectors, it is incumbent upon us to develop local poverty-aware practice strategies. Such workstreams could include:

- systematic assessments of the finances of young people (and, where appropriate, their families) followed by income maintenance and maximisation plans
- access to specialist advocacy services
- targeted youth and community development projects in deprived neighbourhoods
- regular reviews and training on how poverty and other forms of discrimination are represented in assessments and pre-sentence reports
- how best to remove the obdurate barriers to housing, education, training (including local authority apprenticeships) and employment that have been erected as a direct result of young people's criminal records and enhanced criminal record checks.

The implications for practice sketched out here require further detailed work and will not be straightforward to apply in practice. That said, practitioners have a history of resourceful and creative initiatives. The future is therefore not without hope.

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