

## TRAUMA INFORMED PRACTICE CHECKLIST FOR THE YOUTH JUSTICE SECTOR

This checklist has been developed to help you to identify what you need to do to develop a trauma-informed service or if you are delivering one to help you to review progress.

	Item	Yes/No	Evidence	Action Required
<b>1</b>	<b>Leadership and Governance</b>			
1.1	There is commitment and support from the YOT Management Board to the development of trauma-informed practice.			
1.2	In the YOT there is collective ownership and collaboration, with evidence of: <ul style="list-style-type: none"> <li>a) YOT management support and oversight of trauma-informed practice</li> <li>b) Shared goals and core values across the service relating to trauma-informed practice</li> <li>c) Multi-agency involvement in the approach</li> </ul>			
1.3	Local needs have been analysed and are used to inform practice development			
1.4	Managers understand what services are required for children who have experienced trauma and adverse childhood experiences			
1.5	Resources are allocated to develop trauma informed practice			
1.6	There is a strategy, containing the key principles relating to trauma-informed practice, stating how it will be developed and delivered and with which agencies.			

	Item	Yes/No	Evidence	Action Required
<b>2</b>	<b>Training and Development</b>			
2.1	Processes are in place to identify staff training and development needs.			
2.2	Training has been provided which will equip staff to deliver trauma-informed practice has been provided.			
2.3	Managers and practitioners have knowledge of: <ul style="list-style-type: none"> <li>a) Attachment theory</li> <li>b) Adverse childhood experiences</li> <li>c) The impact of trauma on child development</li> <li>d) A theoretical base for trauma informed practice e.g. the Trauma Recovery Model</li> <li>e) How to apply the theory to youth justice practice</li> </ul>			
2.4	Staff supervision addresses how trauma-informed knowledge is being used in practice. Reflective practice is encouraged.			
2.5	Staff supervision addresses self-care and the impact of vicarious trauma			
2.6	Staff are encouraged to develop their skills and to share trauma-informed practice knowledge and practice experiences with each other.			
2.7	Knowledge of trauma informed practice is included in recruitment and selection processes			
<b>3</b>	<b>Environment</b>			
3.1	Children are worked with in an environment which promotes their physical and emotional safety			
3.2	All contacts with children are welcoming, respectful and engaging			
3.3	There is respect for children's life experiences and histories			

	Item	Yes/No	Evidence	Action Required
3.4	Working practices minimise the likelihood of re-traumatisation of children			
<b>4</b>	<b>Practice Development</b>			
4.1	Practitioners understand the cohort of children they are working with and their needs			
4.2	There is a clear methodology which guides the delivery of trauma informed practice e.g. the Trauma Recovery Model <sup>1</sup>			
4.3	The service is trauma-informed in: <ul style="list-style-type: none"> <li>a) Pre-court diversion</li> <li>b) Court practice</li> <li>c) Delivering community interventions</li> <li>d) In custody</li> <li>e) Resettlement and on transition</li> </ul>			
4.4	Trauma-informed practice is reflected in: <ul style="list-style-type: none"> <li>a) Assessment</li> <li>b) Intervention planning and supervision</li> <li>c) Court reports</li> <li>d) Managing the end of orders/interventions</li> </ul>			
4.5	If trauma-informed services are delivered as a targeted service for children with specific needs, there are clear criteria for which children should be referred			
4.7	There is input from clinical psychology <sup>2</sup> , which provides: <ul style="list-style-type: none"> <li>a) Advice in case formulation</li> <li>b) Participation in regular reviews of children's progress</li> </ul>			

<sup>1</sup> Skuse, P. & Matthew, J. (2015) [The Trauma Recovery Model: Sequencing Youth Justice Interventions for young People With Complex Needs](#), Prison Service Journal, Issue 220, p16-25

<sup>2</sup> Clinical psychology is the preferred discipline

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	c) Clinical/reflective supervision to practitioners			
4.8	The YOT has a trauma-informed champion who supports other practitioners			
4.9	Trauma-informed practice guidance is available			
4.10	Staff can describe trauma-informed practice and understand the approach they are taking and why			
4.11	Staff can provide examples of how they implement trauma informed practice to: <ul style="list-style-type: none"> <li>a) Empower children to make positive choices</li> <li>b) Work collaboratively with children</li> <li>c) Ensure children feel physically and emotionally safe</li> <li>d) Develop trustworthiness and maintain appropriate boundaries</li> <li>e) Support children to build and develop skills and resilience</li> </ul>			
<b>5</b>	<b>Monitoring and Planning</b>			
5.1	Inputs, outputs and outcomes for children who receive trauma-informed services are monitored			
5.2	Processes, procedures and services are monitored to ensure they are informed by evidence-based trauma-informed models and approaches			
5.3	Practice and services continue to be developed to reflect the relationship between adverse childhood experiences, trauma and recovery			
5.4	YOT caseloads are periodically analysed to ensure that responses to presenting needs are kept under regular review			

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## ENHANCED CASE MANAGEMENT PRACTICE STANDARDS

1. The key characteristics of ECM are: Staff have been trained in recognising and understanding the impact of attachment and trauma
2. Underpinned by the Trauma Recovery Model
3. Information is gathered about the child's background, history and family circumstances from Assetplus and all available other sources
4. ECM is supported with input from clinical psychology, which provides consultancy to the YOT case managers on the cases they have referred
5. It starts with multi-agency case formulation with all agencies which have been involved with the child and their family sharing knowledge about their background and history.
6. Case formulation highlights patterns of behaviour and indicates the child's developmental need, level of functioning and where they are located on the Trauma Recovery Model.
7. With the guidance of the psychologist a set of recommendations are agreed (from the multi-agency meeting) with the child's case manager about the most appropriate interventions and how they will be sequenced and delivered
8. Case progress is regularly reviewed with the psychologist and YOT case worker, until it is decided that the psychology input is no longer required
9. Clinical supervision is offered to YOT practitioners to support them to manage cases, develop their practice and to minimise the impact of vicarious (secondary) trauma.
10. Senior YOT practitioners (trauma champions) play a lead role in convening the formulation meetings, liaising with the clinical psychologist and providing advice and support to YOT practitioners who have referred cases to assist them to develop trauma-informed practice.
11. While ECM involves input from psychology in assessment and intervention planning, YOT practitioners and line managers ultimately remain responsible for case-related decision-making.