A project providing clinical input to youth justice services informed by principles of trauma-informed practice

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Abstract: This article describes an innovative initiative based on principles of trauma-informed care which involves clinicians from a specialist child and adolescent mental health service (CAMHS) team providing input to youth justice services. At a local level, the project seeks to help address recognised gaps in service provision whereby children and young people involved with the criminal justice system are afforded inconsistent access to care and treatment yet recognised as being at increased risk for having experienced early adversity and suffering mental health difficulties. The article takes stock of the project's development via reference to three interlinked strands of work it incorporates: work supporting staff; direct work with children and young people; and training workshops for professionals. Reference is also made to the findings of an evaluation of the project. In so doing, the article adds further support to arguments for a senior clinician role in CAMHS provision linked to youth justice services, and the necessity of staff training to embed this role and support the recognition of trauma.

Keywords: adverse childhood experiences; child and adolescent mental health; collaborative working; young people involved in offending; youth justice; trauma-informed care

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Introduction

Children and young people involved with the English criminal justice system are known to be much more likely to experience mental health difficulties than those outside of it. However, the care and treatment they are afforded can be inconsistent. Needs relating to their mental health can remain unacknowledged and unmet, with differences in thresholds and care pathways between geographical areas, in links between health and local-area youth justice and youth offending teams and services, and the availability of clinical input from mental health professionals to practitioners in the field (Jack et al, 2015; Young Minds, 2013; Walsh et al, 2011; Chitsabesan et al, 2006; Harrington et al, 2005). Important mediating factors in this state of affairs are professional recognition of early adversity and trauma, and the training of practitioners to help them understand the impact of adversity in subsequent mental health difficulties and offending (Evans, 2020; Youth Justice Board for England and Wales, 2017a, 2017b; Liddle et al, 2016; Wright et al, 2016; Skuse and Matthew, 2015; Wright and Liddle 2014; Young Minds, 2013; Day et al, 2008).

This article describes an innovative initiative based on principles of trauma-informed care which involves child and adolescent mental health service (CAMHS) clinicians providing input to youth justice services. The project will herein be referred to as YOS ACEs - the name it has been given in partnership arrangements with youth offending service (YOS) provision owing to the project's use of findings drawn from research into adverse childhood experiences (ACEs). Introduced in late 2018 after a successful bid to NHS England for part funding, it sits within a National Health Service multi-disciplinary Tier 3 team serving the areas of Leicester, Leicestershire and Rutland.

Writing as clinicians and a researcher who have led, staffed and supported the initiative, we take stock of the learning involved in its development and describe its work. We also report findings from an evaluation of the project by the Violence Reduction Network.[1] At the time of writing, this evaluation, which is both process and outcome based, had involved an online survey of 45 professionals and eight interviews with beneficiaries of the project.

We begin the article with an overview of the project framework, covering, in turn, the nature of trauma-informed care and the role of ACEs research. We then describe the core interlinked strands of work the project incorporates:

1. direct work with children and young people affected by ACEs;
2. work supporting staff via consultation and formulation sessions; and
3. training workshops for professionals.

Relevant findings from the evaluation are addressed regarding each strand. At the end of the article, we briefly consider the implications of our reflections for mental health professionals working with youth justice service involved children and young people and practitioners in this field.

Project framework

Trauma-informed care

Trauma-informed practice and trauma-informed care denote an approach to working with services that integrates knowledge of the impact and consequences of trauma into an organisation's way of working (Branson et al, 2017; Fallot and Harris, 2008). The idea of a trauma-informed approach means going beyond simply facilitating access to treatment for trauma-related psychiatric disorders. Rather, it is a way of approaching care that requires organisations and professionals to reflect on and improve assessment and intervention practices, policies, and environments. It seeks to explore how these can empower and foster a sense of safety and security for individuals with histories of trauma exposure. Trauma-informed practice recognises the effects of trauma as something that can be overt, but also something for which the 'presence may often be more subtle, requiring skill and understanding to recognise its nuances' (Young et al, 2021).

In the case of provision for children and young people involved in offending and the work of YOS ACEs, this can be characterised as involving an acknowledgement of links between enduring deprivation and loss, inequality and violence, and an understanding that exclusively addressing questions of blame and responsibility in offending is likely to fall short of responsive practice (Gilligan, 2016; Pearce, 2016; Wright and Liddle, 2014; Welfare and Hollin, 2012; Paton et al, 2009; Baer and Maschi, 2003). It also means recognising how different professional and organisational responsibilities and work contexts shape the ways in which young people are viewed and engaged. In youth justice and forensic services, the child or young person may primarily be seen as a carrier of risk, in terms of their potential to harm others and engage in violence, criminal acts and antisocial behaviour. The prevailing risk orientation casts them as a dangerous 'other' who can be broken apart into various risk indicators (Fitzgibbon, 2011). Conversely, with a trauma-informed approach and CAMHS context, the risk a child or young person poses to themselves via self-destructive acts may be assessed with equivalent importance, but with a corollary concern for ways in which the tendency to engage in such acts may be linked to early life experiences and social adversity.

A recent review of research examining how justice service professionals perceive offenders who have suffered trauma found that no definitive conclusions can be made about the impact this knowledge has (Pearce, 2016). On the one hand, knowledge of trauma histories could serve to engender more compassionate responses and a welfare orientated approach. On the other, knowing about a history of victimisation or abuse could lead to offenders being viewed as more volatile and 'untreatable', often combined with a belief in the need for greater and longer-term input more easily obtained in secure provision.

The role of ACEs research

YOS ACEs makes use of ACEs research as a basis for helping the practitioners and services served to recognise, understand, and accommodate into practice issues relating to developmental trauma and childhood adversity. The original ACEs study (Felitti et al, 1998), and the numerous research projects it has spurred, have enabled significant advances in understanding of the links between early adversity and physical, psychological, and social wellbeing. This research identified core factors that correlate well with indicators of problems later in life: specifically of physical, sexual and verbal abuse, physical and emotional neglect, family mental ill-health, family alcohol and substance misuse, family member imprisonment, the witnessing of the domestic abuse, and the loss of a parent to separation, divorce or death. The research elevated an otherwise neglected aspect of public health discourse and catalysed the development of the parallel field of trauma-informed care (see, for example, Leitch, 2017). Alongside health, interest from criminal justice fields and further exploration building on its foundations has highlighted how factors that may influence health outcomes intersect with involvement in and exposure to criminality (Turner et al, 2021; Barra et al, 2020; Ford et al, 2019; Baglivio and Epps, 2016; Bielas et al, 2016; Fox et al, 2015; Baglivio et al, 2014, 2015).

As a body of work, ACEs research has been criticised in terms of identified ACE categories being used in policy and practice as, as Yates and Gatsou (2020, p.104) put it (citing the contribution of Edwards et al (2017)), 'a diagnostic device to 'score' individuals in terms of their overall 'risk' in a way that frames all ACE conditions as axiomatically harmful, and on its potential thus to a fatalistic, stigmatising over-biologisation of social experiences'. Much also remains to be learned from integrating ACEs research with other research literatures concerned with distressing life experiences to understand the mechanisms mediating the relationship between specific courses of adversity and subsequent mental health outcomes (Siddaway, 2020; Leitch, 2017; Davidson et al, 2010). Nevertheless, the relatively straightforward model it provides affords a useful shorthand for a subject area that risks appearing non-specific to practitioners subject to many competing demands on their attention (Spratt et al, 2019; Fox et al, 2015). ACEs research also provides a standardised set of readily available tools easily integrated into working practice, including the 10-item ACE questionnaire itself (Felitti et al, 1998) and the revised 14-item scale (Finkelhor et al, 2015).

Access and referral arrangements

Clinicians who have staffed YOS ACEs have been seconded from the specialist team in which the project is based, having core professional training in clinical and forensic psychology and mental health nursing. Working alongside other clinical posts in the team devoted to youth justice service involved children and young people, the principal aim of the initiative is to extend the reach of Tier 3 CAMHS care. It provides a pathway to care for those children and young people who do not reach the threshold for mainstream CAMHS but are deemed at risk of poor mental health outcomes due to ACEs and require a more proactive form of support.

Children and young people open to the two services served by YOS ACEs (via, for example, referral orders or youth rehabilitation orders) are referred by practitioners based on concerns about the presence of ACEs and unmet mental health needs. The presence of four or more ACEs is used as a proximate measure indicating the need for further assessment. However, in the case of three or fewer identified ACEs, there is consideration of the complexity of need (with regard to other support in place and existence of additional risk factors) and it is recognised that all ACEs may not have been uncovered. Populations of victims and offenders can often be one and the same, and the frequency with which a young person is involved in violent incidents will affect the chances of becoming a victim and offender via direct or displaced retaliation (see Porteous et al, 2015; Victim Support 2007).[2]

Between April 2019 (when the project began receiving referrals) and March 2020, the YOS ACEs team have been involved with, consulted on, or had referrals for 108 children and young people (Table 1). Over 200 direct appointments were attended, although, owing to a high attrition rate, the number of appointments arranged was much higher. Around 130 consultation or formulation sessions were completed with youth justice or other staff (Table 2). Team formulation sessions were offered every other week during this period with variable demand. They have involved up to 15 professionals per session from the two youth justice services served, alongside staff from accommodation providers, professionals from educational psychology services, children's social care services, police services, and substance misuse services.

Table 1
Referrals to YOS ACEs April 2019-March 2020

	2019 Apr-Jun	July-Sep	Oct-Dec	2020 Jan-Mar
Referrals received	31	31	22	24
Care plans produced	7	32	13	12

Table 2
Sessions completed by YOS ACEs April 2019-March 2020

	2019 Apr-Jun	July-Sep	Oct-Dec	2020 Jan-Mar
Indirect sessions	14*	37	28	42
Direct sessions with children and young people	25	61	58	52
Direct sessions with carers	1	5	5	8

*Data recorded for June only

Direct work with children and young people

Direct work refers to individual assessment and treatment completed with children and young people. This can include aspects of physical and mental health, as well as screening for neurodevelopmental disorder and cognitive difficulties and disability. Interventions usually involve an emphasis on psychoeducation and exploring ambivalence regarding existing problems. Trauma-focussed cognitive behavioural therapy is made available where indicated, as is psychoeducation for parents and carers of the children and young people referred. Alternative means of delivery, such as groups, are also being planned for parents and carers, as well as children and young people.

Initial engagement sessions are usually undertaken alongside youth justice case managers or support staff. Effort is also made to be flexible when it comes to where and when these appointments take place. Case managers are well positioned to help children and young people to consider emotional issues and needs as legitimate as opposed to – or in addition to – focussing on issues of risk and justice (King et al, 2012). The CAMHS clinician can then offer an additional confidential avenue of support albeit one which continues to present its own level of threat to young people sensitive to anything that might lead them to feel, in some way, weak or 'mad'.

In this work, the approach that has developed to date is one that accords, in different ways, with the way other clinicians and services have approached therapeutic practice with the client group (Zlotowitz et al, 2016; Fuggle at al, 2016; Campbell et al, 2014; Ness et al, 2014; Maschi et al, 2011; Lemma, 2010; Baruch, 2001). Succinctly stated, it can be characterised as being creative with (or at least less strict with oneself as a clinician about) clinical technique whilst maintaining a therapeutic frame. In and of itself, the process of initial assessment can be very meaningful, not just in seeing and getting to know the child or young person, but by enabling the clinician to access health records and obtain information to develop a formulation. A pattern of presenting to emergency care and head injuries involving concussions may, for example, be uncovered. Equally, there will be indications of previous involvement (or lack of involvement or engagement) with mental health services.

With some children and young people, intervention has involved quite extensive reflection on and re-evaluation of life trajectories. In so doing, opportunities were created to talk about the development and maintenance of ongoing issues and problems, building readiness to explore strategies and techniques that may help develop emotional wellbeing. By comparison, for many other young people, this type of work has not been possible, due either to organisational or personal barriers such as fear of becoming emotionally overwhelmed during the course of an intervention. For these children and young people, the broad structure of sessions has been kept intentionally simpler, with a greater focus upon less-direct, activity-based sessions, for example with music or art-based work. These sessions serve to build rapport and a therapeutic relationship through which perceptions of problems and future plans can be explored, and connections made with surrounding systems of support.

Often the clinician must be prepared to take responsibility for the direction of sessions. The children and young people served often have poorly defined and understood physical and mental health needs and disagree with their referrer about the nature of the difficulties. Moreover, as many have oppositional traits that may involve a lack of concern for failing to arrive at sessions, it is essential that they be helped to see the potential benefits for engagement to raise a realistic chance of success. Several sessions can be spent focusing exclusively on ambivalence regarding engagement, with high tolerance of appointment non-attendance, to ensure young people accessing the service are supported to find a way in which appointments can be made useful for them, such that they may share in the goal of achieving change for themselves. Such unusual tolerance for missed appointments, changes in session content, and treatment length has required flexibility from commissioners and other CAMHS professionals, based on the understanding that even brief interventions with this client group may have the potential for longer-term positive outcomes.

Due to time and resource limitations, direct work has not been a focus of the ongoing evaluation of the project. This lack of data notwithstanding, senior managers within the services served by the project have praised the way this work filled a gap in the current service provision. As one manager who was interviewed described it: ‘We’ve never had that offer before [of YOS ACEs] and when it’s not met the CAMHS threshold and you’re a youth justice worker, there’s only so much you can do when you’re not a specialist’.

Indirect work supporting professionals

Weekly consultation clinics provide a forum for those working in the services served by the project and professionals from other involved agencies to raise concerns about specific children and young people and to develop an integrated care plan. These can be a single session only or lead into a series of planned meetings to support and supervise agreed objectives and embed training in practice. Formulation sessions are also completed with individual professionals or multi-disciplinary groups (of up to 15 professionals) often as a follow on from a consultation or series of consultations and usually involve the child or young person's case manager attending. They are captured in a written summary of the developing explanation of the child or young person's difficulties.

In the case of both consultation and formulation sessions, practitioners are able to gain the perspective of a mental health professional on a situation they are facing in their work with an individual or group of children or young people. The sessions provide an opportunity for trauma-informed case conceptualisation and intervention planning, and a gateway for signposting, advice, and referral into specialist mental health provision. Formulation sessions involve discussion of a child/young person's history, problems, and the understanding of risks and needs by the involved professionals and agencies. They allow for a more holistic understanding to emerge, including reflection on the child or young person's relationships with different services, workers, and authority figures and the crossover between concerns relating to mental health and criminogenic risk factors.

Consultations can be formalised, and carried out at a specific pre-arranged time, or delivered more informally via a 'chipping in' format (Christofides et al, 2012) and impromptu conversations with staff 'on the shop floor'. This requires that YOS ACEs staff are routinely present at YOS offices and attending regular meetings. In consultations, practitioners' reflections on their work are used to consider the evolving relationship with the child or young person and their specific mental health needs. These reflections are then framed in a set of outcomes identified to maximise the potential to improve mental health and increase the level of 'buy in' from a child or young person and their family. Following a consultation or series of consultations, material is often created for practitioners to use in their work and to gather and consider feedback on any progress made.

The evaluation found that the consultation and formulation sessions have been viewed as helpful by practitioners. When first attending, practitioners were liable to feel exposed and unsure about what to expect. However, once they did attend, they tended to attend again shortly thereafter to review a different young person on their caseload. The sessions were described in terms of the opportunity that they provided to gain a new perspective on a child or young person or situation, embedding knowledge gained from the training provided by the YOS ACEs team, and reflecting on how engagement could be pitched at the most appropriate level in terms of developmental needs and prior adversity. As one participant put it, 'formulations allow you to step back from 'the behaviour' or 'the offence' and look at what has been going for that young person throughout their life and why some things are more difficult than others'.

Training workshops

The main training offer of the project has been to staff working in the two youth justice services served by the project. These training sessions have been adapted into a range of formats and lengths. Up to March 2020, 34 training sessions were completed, including 18 full-day sessions with YOS staff and eight to colleagues in local police services.

The core training involves three one-day training workshops covering topics relevant to trauma-informed practice (models, interventions, organisations) and developmental trauma, as well as ACEs and health, wellbeing and social consequences, attachment theory, vicarious trauma, and resilience. These three workshops are sequentially planned to address child and adolescent development in a chronological fashion. A brief introduction to YOS ACEs is provided in the first session. The second session covers ACEs research and its application to children and young people involved in offending, and the third day, working with disclosures of trauma and abuse.

Consistent with principles of trauma-informed care and similar to the consultation and formulation sessions, the training is orientated to helping practitioners ask questions around why a particular behaviour is present (rather that what it is) and to develop an awareness of the influences bearing on their capacity to 'take in' and relate to the adversity experienced by children and young people. Evidence and analysis from ACEs research and related empirical studies tends to be presented in a matter-of-fact way. This is then followed up with experiential and reflective exercises. For example, one exercise that is used is to explore how a hypothetical child or young person could be conceived of as both victim and perpetrator, which usually involves separating participants into two groups to consider each perspective and then facilitating a staged debate. The exercise allows for exploration of how a child or young person's actions, and the way they account for and feel about their actions, are socially and emotionally embedded in particular biographical contingencies. It also allows participants to reflect on personal and professional beliefs and values and how these shape their views of children and young people's lives, troubles, offences, and agency. Investment in different positions in relation to children and young people as offenders and socially suffering is discussed in terms of how they connect to the prevailing organisational theory-in-use, as well as wider social discourses. The exercise serves to foster curiosity about how explanations of behaviour legitimate particular actions being taken in regard to them. Indeed, there has been some exploration in training sessions of ways in which a broad-based trauma theory can gloss over the multifaceted nature of children and young people's difficulties and be construed as a psychologisation of difficulties that emanate from systemic inequality and social conditions, particularly poverty.

Comments made in the survey component of the project evaluation indicated that the training has been very well received and is viewed as informative and inclusive. Of the 38 professionals who responded to questions about the training, all had attended the core training workshops and reported that it had improved their knowledge of the principles of trauma-informed practice. Thirty-seven respondents (97.4%) agreed that the training had improved their knowledge of how trauma affects children and young people and they had adapted the way they work as a result. Thirty-four (89.5%) respondents agreed that they felt better able to respond to disclosures of abuse and trauma and more confident about supporting young people who have experienced trauma.

A theme that emerged in the training was that practitioners were anxious about disclosures of past abuse from children and young people and how to manage this, particularly in terms of the possibility of associated suicidal ideation and how they should advise a child or young person following a disclosure. As such, it was encouraging that comments in the survey and interviews indicated that practitioners found the training both helped them to develop new skills in recognising and responding to trauma and reminded them of core working ideals connected to relationship-based practice. For example, one respondent stated that: 'The training has specifically made me adapt my face-to-face work…, it also reminded me that building a trusting, open relationship with a client is paramount if I am going to be effective in helping a young person help themselves'. Similarly, for another: 'In the assessment and planning process, I'm more observant in listening out for past trauma in recognising ACEs in the scoring system. I am able to discuss concerns with parents in order to increase awareness and improve understanding of their child's behaviour'.

Conclusion

This article provided a descriptive overview of YOS ACEs, as an initiative involving the provision of clinical input to youth justice services informed by principles of trauma-informed care. There is a growing body of work and interest in the application of trauma-informed approaches across CAMHS, mental health and youth justice services, as well as in the training of mental health and social care professionals (Young et al, 2021; Youth Justice Board, 2017; Sweeney et al, 2016; Wright and Liddle, 2014). The account provided in this article adds further support to arguments in favour of a senior clinician role for consultation and supervision, and the necessity of staff training to support recognition of trauma and adversity (Liddle et al, 2016; Pearce, 2016; Wright at al, 2016; Porteous et al, 2015; Skuse and Matthew, 2015; Young Minds, 2013). It also highlights the need for empirical evaluation of this type of project and trauma-informed practice in youth justice service and CAMHS provision, which is currently lacking in a UK context (Skuse and Matthew, 2015).

There is, of course, still much that can be said about the experience of implementing this type of project at a local level and regarding practices involved in the work (therapeutic letter writing, the role of intervention endings, and consultation on safety plans for example). We hope that clinicians working in similar initiatives may be encouraged by our account to report on their experience so that the challenges and complexities involved in the implementation of a trauma-informed approach in CAMHS and youth justice services can be better understood.

At the time of writing, the hardship of the COVID-19 pandemic, associated sequelae and restrictions was highly significant, creating a context in which the imperative to develop and strengthen trauma-informed practices and polices was brought into sharp relief. Recommendations made regarding this (Collins-Vézina et al, 2020) were used to inform the continuing evolution of the project alongside the developing evidence base around the relationship between ACEs and psychiatric outcomes amongst young people involved in offending. Given the importance of these issues, a separate article was authored providing reflections on practice during the pandemic and lockdown periods (Archard et al, 2022), including challenges involved in combining remote and face-to-face care delivery, and between providing support to surrounding systems of caregivers and professionals and directly to children and young people.

Notes

1. Funded through the Home Office, the Violence Reduction Network is an alliance of groups and organisations from across Leicester, Leicestershire and Rutland who are working together to better understand and address the causes of serious violence. Further information can be accessed via their website: https://www.violencereductionnetwork.co.uk/.
2. Practitioners are made aware of the referral process during the introductory training the project provides. Referral to the project is not triggered by a specific score of the mental health related section of AssetPlus – the assessment and

planning interventions framework developed by the Youth Justice Board for England and Wales. Information from assessment documentation can, all the same, be relatively straightforwardly transferred into the referral form. Parental/guardian permission for this information to be shared is obtained at the start of a court order and this is revisited prior to any consultation/formulation or appointment concerning a child or young person. Professionals are also able to contact clinicians and make queries without revealing identifying information regarding a potential referral. There is ongoing discussion about how the project may also provide services to children and young people not subject to court orders but known to be at-risk of receiving one. In the case of children and young people made subject to custodial sentences, they are supported with accessing care during their sentence and can be again referred when they return to the geographical area served by the project.

References

Archard, P. J., Levy, A., Hardy, S. J., Griffiths, C., Lord, K. and Bowlay-Williams, J. (2022) Delivering specialist care to children and young people involved with youth justice services during the COVID-19 pandemic. *Mental Health Practice, 25, 1*

Baer, J. and Maschi, T. (2003) Random acts of delinquency: Trauma and self-destructiveness in juvenile offenders. *Child and Adolescent Social Work Journal*, *20*, *2*, 85-98

Baglivio, M. T. and Epps, N. (2016) The interrelatedness of adverse childhood experiences among high-risk juvenile offenders. *Youth Violence and Juvenile Justice*, *14*, *3*, 179-198

Baglivio, M. T., Epps, N., Swartz, K., Huq, M. S., Sheer, A. and Hardt, N. S. (2014) The prevalence of adverse childhood experiences (ACE) in the lives of juvenile offenders. *Journal of Juvenile Justice*, *3*, *2*, 1-23

Baglivio, M. T., Wolff, K. T., Piquero, A. R. and Epps, N. (2015) The relationship between adverse childhood experiences (ACE) and juvenile offending trajectories in a juvenile offender sample. *Journal of Criminal Justice*, *43*, 229-241

Barra, S., Turner, D., Müller, M., Hertz, P. G., Retz-Junginger, P., Tüscher, O., Huss M. and Retz, W. (2020) ADHD symptom profiles, intermittent explosive disorder, adverse childhood experiences, and internalizing/externalizing problems in young offenders. *European Archives of Psychiatry and Clinical Neuroscience*, 272, 257–269

Baruch, G. (2001) The process of engaging young people with severe developmental disturbance in psychoanalytic psychotherapy: Patterns of practice. In G. Baruch (Ed) *Community-based Psychotherapy with Young People: Evidence and innovation in practice*. Hove, East Sussex: Brunner-Routledge (pp. 48-62)

Bielas, H., Barra, S., Skrivanek, C., Aebi, M., Steinhausen, H. C., Bessler, C. and Plattner, B. (2016) The associations between cumulative adverse childhood experiences and irritability with mental disorders in detained male adolescent offenders. *Child and*

Adolescent Psychiatry and Mental Health, *10*, *1*, 34

Branson, C. E., Baetz, C. L., Horwitz, S. M. and Hoagwood, K. E. (2017) Trauma-informed juvenile justice systems: A systematic review of definitions and core components. *Psychological Trauma: Theory, Research, Practice, and Policy*, *9*, *6*, 635-646

Campbell, S., Abbott, S. and Simpson, A. (2014) Young offenders with mental health in transition. *The Journal of Mental Health Training, Education and Practice*, *9*, *4*, 232-243

Chitsabesan, P., Kroll, L., Bailey, S. U. E., Kenning, C., Sneider, S., MacDonald, W. and Theodosiou, L. (2006) Mental health needs of young offenders in custody and in the community. *The British Journal of Psychiatry*, *188*, *6*, 534-540

Christofides, S., Johnstone, L. and Musa, M. (2012) 'Chipping in': Clinical psychologists' descriptions of their use of formulation in multidisciplinary team working. *Psychology and Psychotherapy: Theory, Research and Practice*, *85*, *4*, 424-435.

Collins-Vézina, D., Brend, D. and Beeman, I. (2020) When it counts most: Trauma-informed care and the COVID-19 pandemic. *Developmental Child Welfare*, 2, 3, 172-179

Davidson, G., Devaney, J. and Spratt, T. (2010) The impact of adversity in childhood on outcomes in adulthood: Research lessons and limitations. *Journal of Social Work*, *10*, *4*, 369-390

Day, C., Hibbert, P. and Camden, S. (2008) *A Literature Review into Children Abused and/or Neglected Prior to Custody*. Youth Justice Board

Edwards, R., Gillies, E., Lee, J., Macvarish, J., White, S. and Wastell, D. (2017) *The problem with ACEs. Submission to the House of Commons Science and Technology Select*. [Accessed 1 September 2021 at https://blogs.kent.ac.uk/parentingculturestudies/files/2018/01/The-Problem-with-ACEs-EY10039-Edwards-et-al.-2017-1.pdf]

Fallot, R. D. and Harris, M. (2008) Trauma-informed approaches to systems of care. *Trauma Psychology Newsletter*, *3*, *1*, 6-7

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V. and Marks, J. S. (1998) Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study. *American Journal of Preventive Medicine*, *1*, *4*, 245–258

Finkelhor, D., Shattuck, A., Turner, H., and Hamby, S. (2015) A revised inventory of adverse childhood experiences. *Child Abuse & Neglect*, *48*, 13-21

Fitzgibbon, W. (2011) *Probation and social work on trial: Violent offenders and child abusers*. Basingstoke: Palgrave Macmillan

Ford, K., Barton, E. R., Newbury, A., Hughes, K., Bezeczky, Z., Roderick, J. and Bellis, M. A. (2019) *Understanding the Prevalence of Adverse Childhood Experiences in a Male Offender Population in Wales: The prisoner ACE survey*. Public Health Commissioning Unit, Bangor University

Fox, B. H., Perez, N., Cass, E., Baglivio, M. T. and Epps, N. (2015) Trauma changes everything: Examining the relationship between adverse childhood experiences and serious, violent and chronic juvenile offenders. *Child Abuse and Neglect*, *46*, 163-173

Fuggle, P., Bevington, D., Duffy, F. and Cracknell, L. (2016) The AMBIT approach: Working with hard to reach youth. *Mental Health Review Journal*, *21*, *1*, 61-72

Gilligan, J. (2016) Can psychoanalysis help us to understand the causes and prevention of violence? *Psychoanalytic Psychotherapy*, *30*, *2*, 125-137

Harrington, R., Bailey, S., Chitsabesan, P., Kroll, L., Macdonald, W., Sneider, S., Kenning, C., Taylor, G., Byford, S. and Barrett, B. (2005) *Mental Health Needs and Effectiveness of Provision for Young Offenders in Custody and the Community*. Youth Justice Board for England and Wales

Jack, A., Lanskey, C. and Harvey, J. (2015) Young offenders' and their families' experiences of mental health interventions. *Journal of Children's Services*, *10*, *4*, 353-364.

King, E., Brown, D., Petch, V. and Wright, A. (2012) Perceptions of support seeking in young people attending a youth offending team: An interpretive phenomenological analysis. *Clinical Child Psychology and Psychiatry*, *19*, *1*, 7-23

Lemma, A. (2010) The power of relationship: A study of key working as an intervention with traumatised young people. *Journal of Social Work Practice*, *24*, 409-427

Leitch, L. (2017) Action steps using ACEs and trauma-informed care: A resilience model. *Health and Justice*, *5*, 5 [Accessed 1 September 2021 at https://doi.org/ 10.1186/s40352-017-0050-5]

Liddle, M., Boswell, G., Wright, S. and Francis, V. (2016) *Trauma and young offenders: A review of the research and practice literature*. Beyond Youth Custody: London

Maschi, T., Perillo, J. and Courtney, D. (2011) Releasing their stories: A qualitative study of justice-involved youth with histories of mental health issues and violence. *Journal of Forensic Social Work*, *1*, 132-158

Ness, O., Borg, M. and Karlsson, B. (2014) 'Walking alongside:' Collaborative practices in mental health and substance use care. *International Journal of Mental Health Systems*, *8*, 55, 1-8

Paton, J., Crouch, W. and Camic, P. (2009) Young offenders' experience of traumatic life events: A qualitative investigation. *Clinical Child Psychology and Psychiatry*, *14*, *1*, 43-62.

Pearce, J. (2016) *Staff Perceptions of the Link Between Complex Trauma and Offending Behaviour in the Youth Justice Population* (Doctoral dissertation) Cardiff University, Cardiff

Porteous, D., Adler, J. R. and Davidson, J. (2015) *The Development of Specialist Support Services for Young People who have Offended and who have also been Victims of Crime, Abuse and/or Violence: Final report* Middlesex University, London [Accessed 1 September 2021 at https://www.london.gov.uk/mopac-publications/development-specialist-support-services-young-people]

Siddaway, A. P. (2020) Adverse childhood experiences research: Commonalities with similar, arguably identical, literatures and the need for integration. *The British Journal of Psychiatry*, *217*, *1*, 397-398

Skuse, T. and Matthew, J. (2015) The trauma recovery model: Sentencing youth justice interventions for young people with complex needs. *Prison Service Journal*, *220*, 16-25

Spratt, T., Devaney, J. and Frederick, J. (2019) Adverse childhood experiences: Beyond signs of safety; reimagining the organisation and practice of social work with children and families. *The British Journal of Social Work*, *49*, *8*, 2042-2058

Sweeney, A., Clement, S., Filson, B. and Kennedy, A. (2016) Trauma-informed mental healthcare in the UK: What is it and how can we further its development. *Mental Health*

Review Journal, *21*, 174-192

Turner, D., Wolf, A.J., Barra, S., Müller, M., Hertz, P.G., Huss, M., Tüscher, O. and Retz, W. (2021) The association between adverse childhood experiences and mental health problems in young offenders. *European Child and Adolescent Psychiatry,* 30, 8, 1195-1207

Victim Support. (2007) *Hoodies or Goodies? The link between violent victimisation and offending in young people: A research report* [Accessed 1 September 2021 at https://www.victimsupport.org.uk/sites/default/files/Hoodie%20or%20goodie%20report.pdf]

Walsh, J., Scaife, V., Notley, C., Dodsworth, J. and Schofield, G. (2011) Perception of need and barriers to access: The mental health needs of young people attending a youth offending team in the UK. *Health and Social Care in the Community*, *19*, *4*, 420-428

Welfare, H. and Hollin, C. R. (2012) Involvement in extreme violence and violence-related trauma: A review with relevance to young people in custody. *Legal and Criminological Psychology*, *17*, *1*, 89-104

Wright, S. and Liddle, M. (2014) *Developing Trauma-informed Resettlement for Young Custody Leavers: A practitioner's guide*. Beyond Youth Custody, London

Wright, S., Liddle, M. and Goodfellow, P. (2016) *Young Offenders and Trauma: Experience and impact – a practitioner's guide*. Beyond Youth Custody, London

Yates, S. and Gatsou, L. (2021) Undertaking family-focused interventions when a parent has a mental illness-possibilities and challenges. *Practice: Social Work in Action*, 33, 2, 103-118.

Young, J., Taylor, J., Paterson, B., Smith, I. and McComish, S. (2021) Trauma-informed practice: A paradigm shift in the education of mental health nurses. *Mental Health Practice*, 24, 4.

Young Minds. (2013) *Same Old… The Experiences of Young Offenders with Mental Health Needs* [Accessed 1 September 2021 at https://barrowcadbury.org.uk/wp-content/uploads/2013/12/YoungMinds-Same-Old...-2013-low-res.pdf]

Youth Justice Board. (2017a) *In-brief: Trauma-informed youth justice* [Accessed 1 September 2021 at https://yjresourcehub.uk/wider-research/item/495-trauma-informed-youth-justice-briefing-2017.html]

Zlotowitz, S., Barker, C., Moloney, O. and Howard, C. (2016) Service users as the key to service change? The development of an innovative intervention for excluded young people. *Child and Adolescent Mental Health*, *21*, 2, 102-108