

# EVALUATION OF TRAUMA-INFORMED PRACTICE IN GWENT YOUTH OFFENDING TEAMS

## BACKGROUND

- Staff in Youth Offending Teams (YOTs) frequently work with marginalised Children and Young People (CYP) with narratives of significant Adverse Childhood Experiences (ACEs). Many have clinical signs of Post-Traumatic Stress Disorder (PTSD) and Complex PTSD (cPTSD).
- Collaboration with Child & Adolescent Mental Health Service (CAMHS) practitioners is part of their offending prevention strategies.
- Enhanced Case Management (ECM) uses the Trauma Recovery Model (Skuse and Matthew, 2015) as a collaborative trauma-informed framework.

## AIMS

- This Traumatic Stress Wales (TSW) / Aneurin Bevan University Health Board (ABUHB) pilot project aligns with aims and objectives of TSW. Specific goals included:
- 1) Capturing knowledge, understanding and confidence in work around trauma and evidence-based approaches.
  - 2) Ascertaining qualitative data and interest in further training.

## METHODOLOGY

- Electronic questionnaire (tick-box, Likert scale and white-box questions):
- Demographics
- Confidence/understanding of clinical signs, vicarious trauma, evidence-based intervention, supervision
- Interest in further training
- Feedback was sought from the Traumatic Stress Wales Hub Team.
- Shared with Service Managers in the Gwent YOTs for dissemination:
- Caerphilly-Blaenau Gwent
- Newport
- Monmouthshire-Torfaen
- Data capture over 6 weeks.

## APPROACHES



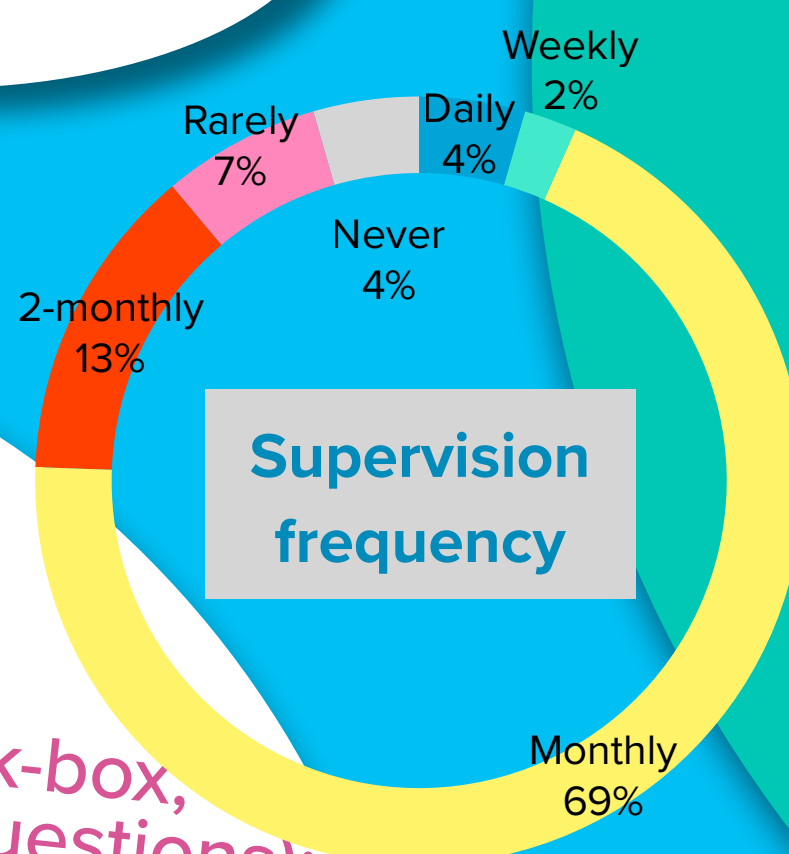
% using clinical screenings tools for trauma

No 91%

Yes 9%

## RESULTS

- 45 respondents: **97.7%** worked with CYP with a history of trauma and felt confident knowing the developmental impact of ACEs.
- Less confidence in the recognition of the clinical features of PTSD (44.4%) and cPTSD (20%).
- 4 formally-trained in evidence-based trauma-specific psychotherapy
- AssetPlus** is the screening tool respondents to use in YOT approaches.
- 87%** interested in further training in trauma-informed approaches (mostly for Cognitive Behavioural Therapy, CBT): 31 TF-CBT; 28 for CBT-TF. Obstacles to training: **travel time; workload; cost.**
- Supervision:**
- 88.9% received regular 1:1 supervision. Most used it for case-specific reflection and/or personal wellbeing (88.4%).
- Comments from 3 respondents stated it was "case management", "not therapeutic" and needed it to be "more reflective".



Dual diagnosis (2)

"training to help me understand"

Trauma (6)

Neurodevelopmental Disorders

FURTHER TRAINING

"Anything and everything!"

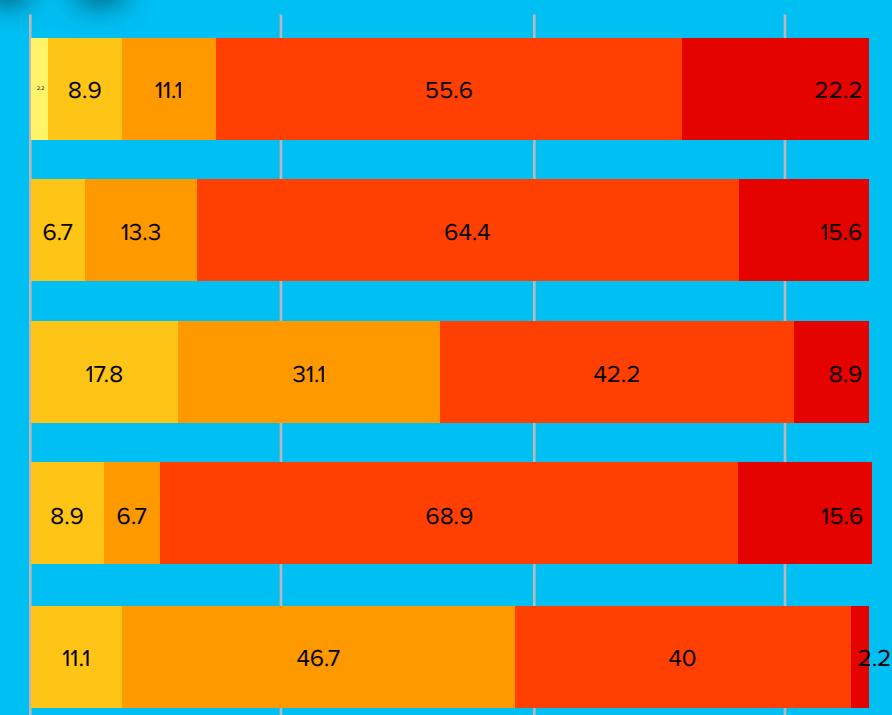
## CONCLUSIONS

Awareness and professional interest of trauma/ACE impact is shown and aligns with YOT approaches.

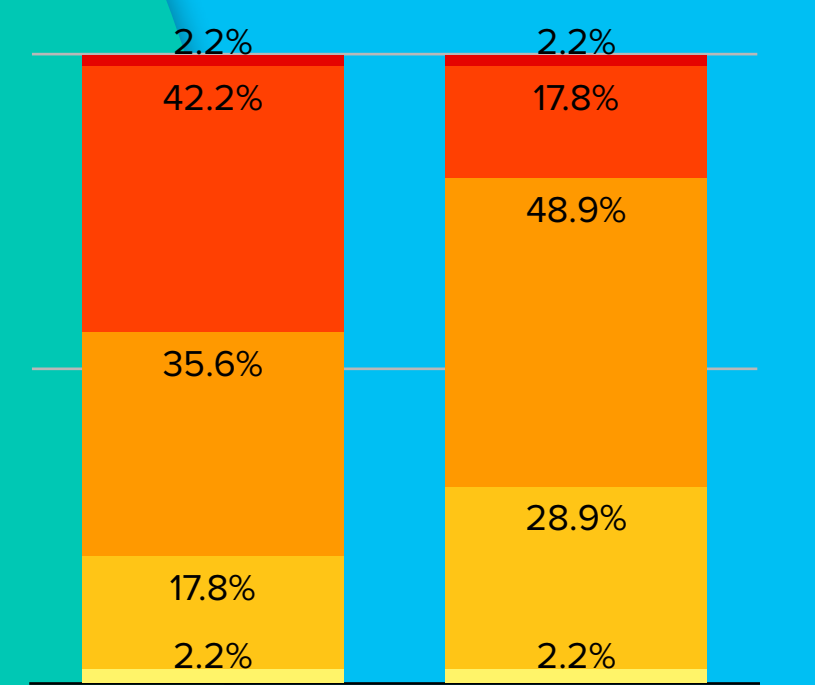
Regular supervision as per ECM is utilised; the role for standardised "therapeutic" case reflection and promoting use of staff strategies to mediate effects of vicarious trauma, compassion fatigue and burnout is highlighted.

Less confidence in recognising clinical presentations, use of clinical screening measures and low numbers of formally-trained in evidence-based trauma approaches highlight areas of further collaborative training between services.

Future work is indicated in extending the project to other YOTs in Wales to capture confidence and approaches across other regions.



Strongly agree  
Agree  
Neither agree nor disagree  
Disagree  
Strongly disagree



Confident in recognising signs/symptoms of...