Trauma-Informed Practice and Desistance Theories: Competing or Complementary Approaches to Working with Children in Conflict with the Law?

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ABSTRACT

This article considers two practice developments in Welsh (UK) youth justice: desistance-informed practice and the trauma recovery model (as applied in an intervention known as enhanced case management). The potential complementarity of these two approaches to working with trauma-experienced young people in the criminal justice system is explored with reference to the theoretical literature and an evaluation of enhanced case management.

Key Words: Desistance; Trauma; Youth Justice; Practice.

INTRODUCTION

This article considers the convergence, and potential complementarity, of two recent developments in youth justice practice in Wales (UK): the application of desistance theories with children in conflict with the law; and the use of trauma-informed approaches with young people assessed as having had adverse childhood experiences (ACEs). The policy and practice framework of the 'New Youth Justice' (Goldson, 2000), established by the Crime and Disorder Act 1998, was informed by the Risk Factor Prevention Paradigm (Farrington, 2007) which identified and addressed those risk factors likely to predict future offending. More recently, interest in desistance theories has been rekindled and practitioners across England and Wales have been exhorted to adopt practices likely to promote desistance (HMPI, 2016). Whilst it has been argued that 'what works' approaches drawing upon RNR (Risk Need Responsivity) principles (Andrews & Bonta, 2014) and core correctional practices (Ugwudike & Morgan, 2014) are compatible with desistance

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theories (Maruna & Mann, 2019), the implications of shifting to a desistance paradigm are potentially profound.

In Wales, the growing awareness of the extent to which young people in the youth justice system are exposed to childhood adversities led to the adoption of enhanced case management (ECM), an approach based on the trauma recovery model (TRM) (Skuse & Matthew, 2015). The positive evaluation of the approach (Cordis Bright, 2017) was regarded as broadly consistent with the prevailing philosophy of 'Children First, Offenders Second', a central organising principle of the Welsh strategy (Welsh Government & Youth Justice Board, 2014), and resulted in trauma-informed practice being given prominence in the *Youth Justice Blueprint for Wales* (Ministry of Justice & Welsh Government, 2019a). In recognition of the gendered nature of offending careers and desistance processes (Giordano, Cernkovich & Rudolph 2002), it is important to mention that a *Female Offending Blueprint for Wales* is also being developed (Ministry of Justice & Welsh Government, 2019b). At the outset, it is important to acknowledge that there is need for more research and innovative practice with this vulnerable group.

This article first explores the theoretical and research context of these practice developments by outlining the salient features of desistance theory and reviews the literature upon which the TRM is based. The second section considers the nature of desistance-informed practice before describing how trauma-informed interventions are being developed. The final section draws tentative conclusions about what is known about the effectiveness of the trauma-informed approach being developed and the extent to which it can complement current interpretations of the desistance literature.

THEORETICAL CONTEXT

Desistance Theories

The Edinburgh Study of Youth Transitions and Crime, which tracked a cohort of 4,300 young people, suggests that offending is normative amongst young people. McAra (2018, p. 6) reports that 96% of the cohort admitted to committing at least one offence, but 56% had desisted by the age of 18 years and 90% by the age of 24 years. A key implication,

therefore, is that pathologising 'offenders' should be avoided. Desistance theorists and researchers ask why young people stop or continue offending, rather than why they commenced in the first place. The four main findings of the Study can be summarised as follows (McAra & McVie, 2010): persistent offending is associated with victimisation, vulnerability and social adversity; early identification of 'at risk' children is not an exact science, and contact with both the criminal justice and welfare systems risks labelling (Lemert, 1951), stigmatising and increasing the probability of re/offending; pathways into and out of offending are facilitated or impeded by critical moments and key decisions made by practitioners and other significant adults; and diversionary strategies facilitate the desistance process. It should be noted that the case for the positive impact of diversion on the desistance process has recently been strengthened by findings from a longitudinal twin study (Motz et al., 2020).

It should be acknowledged that 'Desistance Theory' is not a monolithic theoretical edifice; rather, there is a wide range of desistance theories that some have sought to organise into a coherent set of explanations. One such attempt groups these theories under 'internal' and 'social' factors influencing desistance (Maruna, Coyle & Marsh, 2015).

Internal factors can be divided broadly into those that relate to the maturation process and those concerned with identity and cognitive transformation. Understandings of maturation draw upon neuroscientific evidence on the development of the adolescent brain, including the process of synaptic pruning and changes in the limbic system. The evidence derived from Functional Magnetic Resonance Imaging indicates that the pre-frontal cortex, which is responsible for cognitive functioning and impulse-control, reaches maturation when young people are well into their twenties or beyond (Blakemore & Choudhury, 2006; Cohen et al., 2016). The maturation process is, however, highly individualised and can be accelerated or impaired by environmental factors, including child-rearing practice (Copeland et al., 2018; Teicher & Samson, 2016). The risk of placing an exclusive emphasis on the maturational account is that it can lead to a rather deterministic outlook. Some might argue that little meaningful work can be undertaken with adolescents until they exhibit clear signs of maturing. In the case of those whose development has been

delayed as a result of trauma, this deterministic perspective risks descending into pessimism. Conversely, if practitioners take full account of the adolescent development research (including the impact of trauma), they can calibrate their practice to the cognitive and emotional needs of the individual service user. Encouragingly, literature from the field of neurobiology also points to the neuroplasticity of the brain and opportunities for recovery, especially during adolescence (Blakemore, 2013; Hughes & Baylin, 2012).

The second area that could be placed under the 'internal' heading comprises three main elements: 'narratives' and 'scripts' (Maruna, 2001); identity (Paternoster and Bushway, 2009; and 'hooks for change' (Giordano, 2016). The concept of 'scripts' is integral to the narrative approach to working with young people and is based on the idea that children receive and internalise clear messages about the nature of their personalities as well as sets of expectations about future conduct and prospects. Early scripts are written by parents, teachers and significant others, but will continue to shape the behaviour of individuals into adulthood. Many young people in conflict with the law will have received negative messages, including the ascription of the master identity of 'offender' that are described by Maruna (2001) as 'condemnation scripts'. Such scripts curtail ambitions and undermine belief in personal agency. In other words, the future is not freely chosen, it is pre-ordained. However, when people realise they are not condemned to repeat these 'condemnation scripts', it becomes possible for them to write their own 'redemption script*s'* and navigate their way toward prosocial behaviour. Past actions and the challenging circumstances of the present inevitably place material constraints on their range of choices, but the epiphany that even limited choices are available can be the beginning of a process of change. Positive relationships with trusted adults are the vehicle through which much of this change occurs.

Linked to this belief is the idea that people can also choose to be different. The notion that identity is neither pre-determined nor fixed and is instead fluid and open to change is important. Paternoster and Bushway (2009) refer to 'the working self' (the present) and the choice that should be made between the 'feared self' (the sort of person one is likely to

become if a current trajectory is followed to its likely destination) and the 'desired self' (the type of person one ideally would like to become).

In order to undertake such a personal journey there need to be supports and opportunities in place to reach the desired destination. Giordano (2016) describes these catalysts as 'hooks for change'. These can take the form of employment or training opportunities, stable accommodation, a valued leisure pursuit or a significant personal relationship. Such 'hooks for change' must be valued by the individual, who must also be cognitively and emotionally ready to take advantage of them (Hunter and Farrall, 2018). These personal odysseys are seldom linear and are typically characterised by lapses, reversals and – due in part to diffidence - self-sabotage. Additionally, it cannot be assumed that non-offending brings its own rewards as it can involve relinquishing material goods, valued friendships and excitement. Nevertheless, with appropriate support a positive direction of travel can be sustained. The empirical work of McMahon and Jump (2018) challenge the pessimistic presumption that adolescent desistance from offending is impossible.

The social factors that can enhance the desistance process have been summarised pithily as 'a good job; a good relationship; and involvement in prosocial hobbies and interests' (Maruna et al., 2015, p.162). Given the deprived neighbourhoods and marginalised communities from which most clients of the youth justice system are drawn, the legitimate opportunity structures available to them are scarce. Practitioners must therefore not only be good at working with children in a way that is sensitive to their individual cognitive and emotional needs, but also adept at intervening proactively on their behalf in such domains as education, training, employment, health, welfare benefits, accommodation, public care and, of course, criminal justice. Youth justice workers should be involved in assembling the structures and systems that can support and sustain the personal change these young people are attempting to effect in challenging circumstances.

Skills needed to facilitate desistance

Some of the practitioner skills identified as facilitating the desistance process are summarised below:

1. Helping the individual young person identify and remove barriers to their own desistance.
2. An empathic professional relationship utilising interpersonal and interviewing skills to assist and support the individual's attempts at desistance.
3. The model of change adopted should be one that assists the individual to acquire and maintain motivation, learn and refine skills (human capital), and access opportunities (social capital).
4. Practitioners should act as motivational counsellors, educators for human capital and advocates for social capital.
5. Practitioners should be active in the removal of barriers to desistance and intervene in systems in order to promote positive outcomes for service users. (Deering & Evans, 2018, pp. 10-11)

From the perspective of developmental psychology, there is a set of other considerations that are fundamental and have been largely neglected by the desistance literature. Firstly, a young person needs to have developed a sense of safety and trust in others (Geddes, 2006). Ideally, this evolves over time from the establishment of a secure base with the child's caregivers during infancy. Whenever a baby is dysregulated and a responsive parent meets this need appropriately, the infant calms down: they have, effectively, been co-regulated by their parent. If the parent/carer continues to meet the infant's needs then they become the 'secure base' for that child (Ainsworth & Wittig, 1969; Ainsworth, Blehar, Waters & Wall, 1978; Bowlby, 1953 and 1988; Hughes, 2004). In responsive, nurturing care-giving environments the infant learns that adults are helpful, kind and trustworthy. Under normal circumstances this co-regulation is accompanied by positive attunement, attention, and time from focused caregivers. The combination of co-regulation and attunement feeds into the child's template for their understanding of the world. This internal working model (Bretherton & Mulholland, 2008) is located on a positive-negative spectrum. Those with a positive internal working model will have a worldview based on feeling valued and generally safe, and a sense that other people are available and trustworthy; whilst those from less nurturing environments are more likely to be less secure and trusting. If the internal working model is linked to the notion of 'scripts' (Maruna, 2001), it can be seen how positive relationships may serve as a portal to 'redemption'.

Another key task that begins in infancy is learning about feelings and how to manage them. Emotional regulation skills start to develop during the early years of life via co-regulation by a trusted adult (Fonagy, Gergely, Jurist & Target, 2002; Hughes & Baylin, 2012). Physical feelings such as hunger, thirst, temperature and fatigue are children's first experiences. Through repeated co-regulation from the caregiver, children learn to self-regulate their feelings by taking appropriate actions (e.g., pulling a blanket over them when they are cold). With continued co-regulation by the parent/carer, children learn to manage other feelings such as frustration, anger, excitement, sadness and happiness.

These fundamental components of normal child development may take place very early in life (Addyman, 2020) and appear a long way from the life of a young person involved in persistent offending, yet they are the building blocks upon which later functioning is based. Children that do not receive adequate co-regulation during infancy from attuned and responsive carers often display under-developed emotional self-regulation skills and exhibit lack of trust in others. Early years experiences may also impact on developing cognition (Bernier, Beauchamp, Carlson & Lalonde, 2015; Sutton, Utting & Garrington 2004). Securely attached children will explore their environment more than others (Hazen & Durrett, 1982), which in turn brings an associated higher degree of opportunities to learn and develop. If appropriate intervention is not put in place to help children attain these basic life skills, the resultant difficulties can persist into adolescence and beyond (McInerney, Finnegan, Ryan McGee & Gaffney, 2018; Pinto, Pereira, Li & Power 2017; Teicher, Samson, Anderson & Ohashi, 2016).

From a psychological perspective, it is not that desistance approaches lack utility; rather, they are only part of the solution. The desistance-informed approaches identified can work well with many young people who enter the youth justice system. However, for young people with a range of adverse childhood experiences and few opportunities to develop resilience, conventional desistance approaches are often beyond their reach as they rely on a level of emotional and cognitive skills that they may not have had the opportunity to acquire. To engage with a practitioner, one needs to be able to trust that s/he will not

inflict harm and can actually help. Participation in offending behaviour work, anger management programmes, victim empathy work, motivational interviewing, and restorative justice requires the individual to be able to sit calmly in a room with another individual, take turns in a conversation, understand things from someone else's viewpoint, weigh up the arguments, reason appropriately, consider future options, and consistently apply learning to behaviour. To take advantage of the available 'hooks for change', one needs to be able to recognise the benefits of doing so. These are all cognitive tasks. They are premised on the notion that individuals will have already attained relational skills that ordinarily develop in early childhood. They also rely on the ability to feel safe with adults, manage one's own feelings and feel positive enough about oneself and others to feel able to apply cognitive lessons. Moreover, one needs to be able to think beyond one's own lived experience, conceive a different future and feel sufficiently invested in it. If children's experience has consistently involved neglect, abuse, violence, insecurity, and a lack of care, young people will have little confidence in trusting others and will struggle to regulate their emotions. Moreover, they will find it difficult to predict a future that lies beyond the immediacy of daily survival.

This points to the need for practitioners working with this subgroup of young people to be mindful of individuals' developmental needs by tailoring and sequencing youth justice interventions in such a way that allows them to acquire the requisite skills. An understanding of what happens when children do not experience 'good enough parenting' is key to translating desistance-informed approaches into effective practice with those young people with complex needs. The previously mentioned elements that enhance desistance (Deering and Evans, 2018), 'hooks for change' (Giordano, 2016), and both the positive social factors (Maruna *et al*, 2015) and redemption scripts advanced by Maruna (2001), are all valid; but what is missing is when, how, and why they work. What is needed is an approach that pulls together knowledge of desistance theories, child development theory and research, the impact of adverse childhood experiences, and clinical practice. The TRM, developed in Wales, is an attempt to do this.

The Trauma Recovery Model

The trauma recovery model (Skuse & Matthew, 2015) comprises a series of layers of intervention that are sequenced according to developmental and mental health need. Essentially, it is based on a form of relational therapy that aims to mitigate the impact of developmental trauma in order to facilitate effective cognitive interventions. There are three key features to the Trauma Recovery Model:

- Presentation / behaviour
- Underlying need
- Focus of intervention

The information summarised within the triangle (Figure 1 below) 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 assumes that if the developmental needs of the child can be met, the presenting problems will begin to fade. In this way, the TRM facilitates a way of working with children that places the emphasis on keeping development central and focuses both assessment and intervention planning along developmental lines.

Figure 1 *The Trauma Recovery Model*
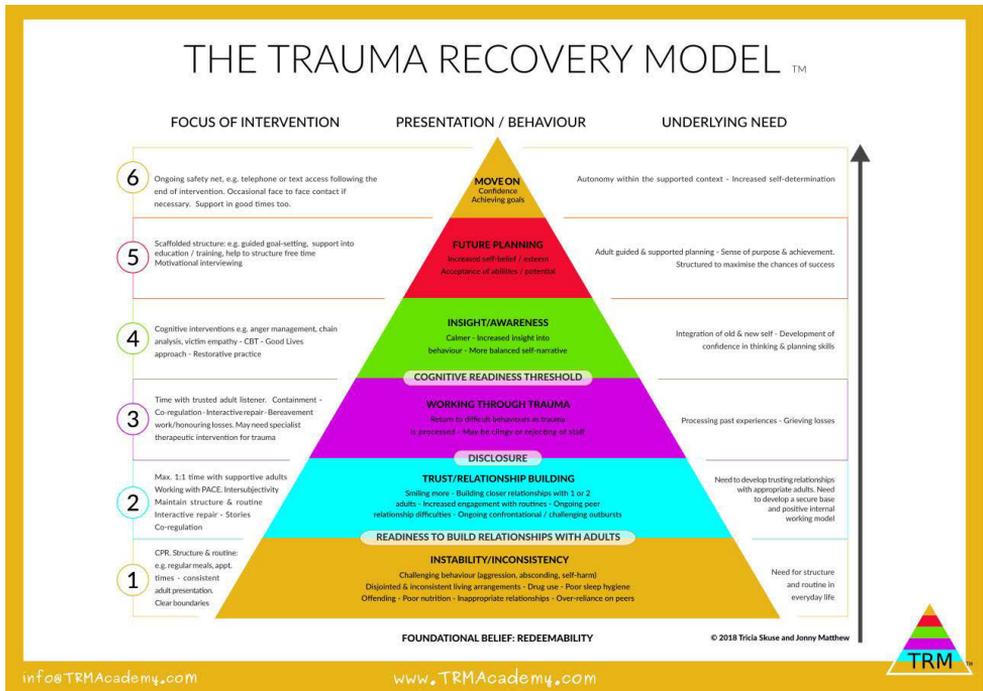
The lowest two levels of the model draw on Maslow's hierarchy of needs (Maslow, 1943) which assumes that basic safety (e.g., from danger or abuse) and good physical care (e.g. warmth, food, stimulation) must be attained for healthy psychological development to occur. The initial emphasis of the intervention is on working in ways that offer as much consistency as possible. It is through consistency of time, place and personality over many weeks that the child starts to be able to trust the practitioner. This relationship then provides the vehicle through which opportunities for co-regulation, attunement and interactive repair can be maximised. The focus of the work is on the relationship with the practitioner, rather than on the offence. Once this relationship is established and becomes a secure base for the young person, s/he can start to process some of the trauma and adversity they have experienced. The TRM suggests 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 ready to undertake more conventional cognitively based interventions. It is not until this point that young people are cognitively

ready to fully engage in traditional offence-related work or participate in the choices that Paternoster and Bushway (2009) or Giordano (2016) describe. Finally, the upper two layers of the model posit that services should aim to replicate what is routinely provided by caring parents in 'normal' child development. As their children mature, parents do not leave them to fend for themselves completely. They provide practical advice with college applications, take them to interviews and help with opening bank accounts. At this stage, parents do not undertake tasks for their children, but rather scaffold the activity to maximise the chance of success in order to support the behaviour and build confidence. Furthermore, when children are living independently, parents do not sever links. Instead they provide a safety net of support. Whilst this is more difficult for agencies to emulate, the opportunity for young people to 'touch base' by phoning in with news (good or bad) can often represent sufficient support and is in keeping with what would normally happen for young people when they leave their secure base.

Practice Implementation: Trauma-informed practice and the Enhanced Case Management Approach.

Trauma-informed practice is based upon an appreciation of the extent to which the capabilities, behaviours and emotional effect of systems (individuals, organisations or wider structures) are adversely influenced by challenging events and experiences that disrupt their ability to adapt successfully. This is coupled with an increased understanding of an evidence base relating to the prevalence of such events in the lives of both service users and staff within organisations that help people. Moreover, there is heightened sensitivity to how the very systems and processes established to help can unintentionally re-traumatise service users and staff. Thus, the experience of public care is too often characterised by multiple placements, serial changes in social worker, and the risk of criminalisation (Prison Reform Trust, 2016; Evans, 2018). Interest in how best to work with individuals in a trauma-informed way has thus developed into how services and wider systems, particularly those upstream of the criminal justice system, can be adapted and reformed to support trauma-informed practice. The definition of trauma has also widened to include not only severe 'events' that bring the risk of death or serious injury, but

also the cumulative impact of prolonged adverse experiences and/or complex combinations of adversity such as neglect and poverty. This has profound implications for public policy and practice. A recent systematic review of the literature (Walsh, McCartney, Smith & Armour, 2019) found a strong association between lower childhood socio-economic position and exposure to adverse childhood experiences and maltreatment. They conclude that not only should those affected receive appropriate support at the appropriate time, but macro-economic and social policies should aim to address poverty and inequality in order to reduce the risk of future generations of children being exposed to damaging experiences. In the meantime, it is important for practitioners to develop anti-poverty strategies and practices with children, as is being done in the field of social work (BASW & CWIP, 2019).

Reforming agencies and building trauma-informed organisations that empower practitioners to develop safe and positive practices with service users is a work in progress, but there are promising examples of good practice from which lessons can be drawn (Brown, Harris & Fallot, 2013; SAMHSA, 2014). While most governmental monitoring and inspections frameworks judge the efficacy of organisations through the lens of efficiency, monitored via a number of process measures or service delivery/intervention outcomes, these trauma-informed frameworks focus instead on how organisational behaviour takes account of service user and staff perceptions and feelings. They prioritise service user and staff involvement in organisational design and decision making through consultation, collaboration and co-creation. The ECM's focus on the relational understanding of children, their developmental experiences and the contexts they inhabit, tends to result in better engagement and fewer resources required to enforce compliance. Similarly, structures and systems built on this trauma-informed approach have the potential to deliver better and more cost-effective services because they understand and involve the people they serve.

The ECM developed in response to the high prevalence of adverse childhood experiences in the Welsh youth justice cohort and a collective desire to test a theoretical and practice framework that could help facilitate the desistance of the most prolifically offending young people in Wales.

In 2012 YJB Cymru undertook a study profiling 112 children who had criminal histories of 25 or more convictions and an average re-offending rate of 86%. This revealed significant levels of traumatic experience and distress. Most of these children (predominantly boys) were aged 16 or 17, 84% had no written record of any educational achievement (formal or informal qualifications), 41% 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, Williams & Haines, 2017). The study itself was prompted by claims from youth offending team (YOT) managers in Wales that the reductions in numbers of children receiving a caution or conviction in England and Wales - down by 85% between 2007 and 2010 (Ministry of Justice 2018) - had left a residual 'hard core' of persistently offending children with complex needs and experience of adversity. It appeared that while the youth justice system was effective at diverting most young people from formal sanctions or facilitating desistance at the lower level tariffs, there was need to work in a different way with those children with more complex case histories; a way which sought to address underlying needs before attempting to address offending behaviours.

In response to the findings of the study, YJB Cymru issued a call for practice to the youth justice sector to find new ways of working. Among those responding were those who had developed the TRM in a secure setting and who recommended this be trialled within the community-based youth justice system. Following their presentation to the Wales Practice Development Panel (comprising representatives from YJB, Welsh Government, the youth justice sector and Welsh universities), there followed a period of collaborative work with YOTs to devise a process through which the TRM could be integrated into youth justice work with these more challenging children. This was tested in three YOTs in three regions of Wales over three years from 2013. Enhanced Case Management has six key elements:

1. Training for all YOT personnel in both the TRM and the theoretical/technical foundational knowledge that underpins it - including attachment theory, child development and neurobiology.

2. A clinical psychologically-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 key agency staff as possible, takes account of information provided by family members and by the child, and focuses on positive as well as adverse factors).
3. A clinical psychology formulation report with a set of recommendations for both the type of interventions that match the child's developmental and cognitive level but also the manner and sequence in which these interventions are best delivered.
4. Clinical supervision from a clinical psychologist for practitioners (considered essential due to the higher emotional engagement from practitioners required).
5. Regular reviews where the formulation is revisited, and adjustments made to take account of the child's progress, new challenges or information.
6. Guidance for YOT middle and senior management to facilitate building trauma-informed organisational scaffolding to enable this more relational way of working.

Whilst this may sound expensive, in practice it has largely involved a redistribution of existing resources, such as greater direct contact with youth justice workers at the earlier stages of intervention with a corresponding reduction in staff time dealing with non-compliance and breach later in a court order. The key additional resource is the introduction of clinical psychology. However, as this is a consultation-only approach rather than direct therapy, it is comparatively cost efficient. For the annual cost of one bed in a young offender institution (£117,165) (legislation.gov.uk), a clinical psychology service could support 44 children in the community. This would include the added benefits of keeping children in their home areas and improved coordination of support between local YOTs, health services, education, housing, youth work and community resources.

Initial results of the ECM were encouraging. An evaluation of a three year 'proof of concept' test (Welsh Government, 2017) showed a range of benefits; a selection of which are summarised below.

- *Better engagement from young people*: The majority of interviewees agreed that young people's engagement with the YOT and with the requirements of their Orders improved during participation and was often described as being better than expected or hoped, based on previous experience of working with the young person and/or with someone with similar needs. Some cases were highlighted where previous work with young people prior to the test had been extremely difficult (e.g. high conflict, low engagement, low attention, low trust, low or no communication). Stakeholders described how the ECM had enabled better quality relationships, leading to a 'breakthrough' with these young people, (e.g. improving communication and increasing engagement).
- *Aspects of life that support desistance had improved for the young people during the ECM*: Improvements in areas such as emotional resilience, self-confidence, and independent living skills were reported by staff. Young people broadly agreed, highlighting reduced substance misuse, increased ability in efforts to reduce financial debt, improved anger management and conflict management skills.
- *Collaborative and Integrated Working*: The approach facilitated closer working between youth justice, social care, out of home care, education, housing and mental health services, and helped move many young people who were on the cusp of custody to re-engage with education, training and employment.
- *Reductions in the frequency and severity of re-offending and an increase in the intervals between offences*. There was evidence that the ECM appeared to facilitate the desistance process.
- *Staff reported gains in their own abilities*: Practitioners reported improvements in the identification of young people's underlying developmental and mental health needs, as well as being more able to address them effectively.

The ECM evaluation recommended a wider trial of the approach, which since 2017 has duly been followed in all seven local authorities in the South Wales region (a second evaluation is now close to completion).

The approach has also been endorsed for national implementation (Ministry of Justice & Welsh Government, 2019).

CONCLUSION

The salient points to highlight from the first evaluation of the ECM are those relating to increased practitioner engagement with children and the greater degree of insight it afforded into their lives and feelings. It is these factors that are perceived to have led to the children involved achieving emotional and cognitive readiness to take advantage of the 'hooks for change' that have been the staple of YOT work for almost 20 years (and, arguably, for probation and social workers for a century before that). The ECM and the adoption of TRM did not halt the YOT focus on education, training, employment, housing and finance; but for those children least able to take advantage of opportunities or 'hooks for change', they fulfilled a kind of corporate parenting role that represented a secure base from which they could develop a more confident and self-assured internal working model (which could be translated into the language of desistance in terms of 'scripts' and 'narratives'). Practitioners have reported that a surprising measure of progress towards emotional self-regulation and the higher cognitive levels of the TRM can be made through consistent application of relatively simple 'being with' interventions at the lower levels of the model. These interventions appear to disproportionately fill the gaps in development left by inconsistent, neglectful or negative parenting (generally provided by adults who experienced similar childhoods or found themselves parenting in circumstances of acute adversity).

This article has argued that trauma-informed practice and key ideas from the desistance literature are complementary. Nevertheless, children should not have to wait until they are in the youth justice system before receiving interventions designed to meet their welfare needs. It is to be hoped that the promising approach described in this article will influence practice with children in other domains, thereby diverting many more from the process of criminalisation.

REFERENCES

Addyman, C. (2020). The laughing baby: The extraordinary science behind what makes babies happy. London: Unbound.

Ainsworth M. & Wittig B. (1969). Attachment and exploratory behaviour of one year olds in strange situation. In B. M. Foss (Eds.), Determinants of Infant Behaviour (Vol 4). London: Methuen.

Ainsworth, M., Blehar, M., Waters, E. & Wall, S. (1978). Patterns of attachment – a psychological study of the strange situation. NJ: Erlbaum.

Andrews, D.A. & Bonta, J. (2014). The psychology of criminal conduct. New York: Routledge

BASW & CWIP (2019). Anti-poverty practice guide for social work. Birmingham: BASW.

Bernier A., Beauchamp, M., Carlson, S. & Lalonde, G. (2015). A Secure base from which to regulate: Attachment security as a predictor of executive functioning at school entry. Developmental Psychology, 51(9), 1177-1189.

Blakemore, S.J. (2013). Rethinking the adolescent brain. The Lancet, 382 (9902), 1395.

Blakemore, S-J. & Choudhury, S. (2006). Development of the adolescent brain: implications for executive function and social cognition. Journal of Child Psychology and Psychiatry. 47 (3/4), 296-312.

Bowlby, J. (1953). Child care and growth of love. London: Penguin.

Bowlby, J. (1988). A secure base. London: Routledge.

Bretherton, I., & Munholland, K. A. (2008). Internal working models in attachment relationships: Elaborating a central construct in attachment theory. In J. Cassidy & P. R. Shaver (Eds.), Handbook of attachment: Theory, research, and clinical applications (pp. 102–127), New York: The Guilford Press.

Brown, V, Harris, M, Fallot, R (2013).Moving toward trauma-informed practice in

Addiction treatment: A collaborative model of agency assessment. Journal of Psychoactive Drugs, 45(5),386-393.

Cohen. A., Breiner, K., Steinberg, L. , Bonnie, R., Scott, E., Taylor-Thompson, K., Rudolph, M., Chein, J. , Richeson, J., Heller, A., Silverman, M., Dellarco, D., Fair, D., Galván, A. & Casey, B.

(2016). When is an adolescent and adult? Assessing cognitive control in emotional and nonemotional contexts. Psychological Science, 27(4), 549-562.

Copeland, W., Shanahan, L., Hinesley, J., Chan, R., Arberg, K., Fairbank, J., van den Oort, E. & Costello, J. (2018). Association of childhood trauma exposure with adult psychiatric disorders and functional outcomes. JAMA Open Network, 1, (7), e184493.

Cordis Bright (2017). Evaluation of the enhanced case management approach: Final report, Social Research Number 16/2017, Cardiff: Welsh Government.

Deering, J. and Evans, J. (2018). AssetPlus and Desistance-Informed Practice in a Welsh Youth Offending Service: Key Findings and Implications for Practice – Draft Report, Pontypridd: University of South Wales.

Evans, J. (2018). 'Objects of concern' or 'risky young offenders'? Assessment and intervention with children in the public care and youth justice systems of England and Wales. In J. Ulmer & M. Bradley (Eds.), Punishment decisions: Locations of disparity (pp. 385-415). New York: Routledge.

Farrington, D.P. (2007). Childhood risk factors and risk-focused prevention. In

M. Maguire, R. Morgan & R. Reiner R. (Eds.), The Oxford handbook of criminology,

(pp. 602-640). Oxford: Oxford University Press.

Fonagy, P., Gergely, G., Jurist, E. & Target, M. (2002). Affect regulation, mentalisation and the development of self. New York: Other Press.

Geddes, H. (2006). Attachment in the Classroom: The links between children's early experiences, emotional well-being and performance in school. London: Worth Publishing.

Giordano, P. (2016).Mechanisms underlying the desistance process: reflections on 'A theory of cognitive transformation'. In J. Shapland, S. Farrall & A.E. Bottoms (Eds.), Global Perspectives on Desistance: Reviewing What We Know, Looking to the Future. London: Routledge.

Giordano, P., Cernkovich, S. & Rudolph, J. (2002) Gender, Crime and Desistance – Toward a Theory of Cognitive Transformation. American Journal of Sociology, 107(4), 990-1064.

Hazen, N. L., & Durrett, M. E. (1982). Relationship of security of attachment to exploration and cognitive mapping abilities in 2-year-olds. Developmental Psychology, 18(5), 751–759.

Hughes, D. (2004). An Attachment Based Treatment of Maltreated Children and Young People. Attachment and Human Development, 6(3), 263-278.

Hughes, D. & Baylin, J. (2012). Brain-Based Parenting: The Neuroscience of Caregiving for Healthy Attachment. NY: WW Norton & Co.

HMIP (Her Majesty's Inspectorate of Probation) (2016). Desistance and young people. London: HMIP

Hunter, B. & Farrall, S. (2018). Emotions, future selves and the process of desistance. British Journal of Criminology, 58(2),. 291-308.

Goldson, B. (Ed.) (2000) The new youth justice, Lyme Regis: Russell House Publishing.

Johns, D., Williams, K., & Haines, K. (2017). Ecological youth justice: understanding the social ecology of young people's prolific offending. Youth Justice, 17(1) 3-21.

Lemert, E. (1951). Social Pathology: A systematic approach to the theory of sociopathic behaviour, New York: McGraw-Hill.

legislation.gov.uk See Recovery of Costs (Remand to Youth Detention Accommodation) (Amendment) Regulations 2020, No. 241, http://www.legislation.gov.uk/uksi/2020/241/made

(last accessed 02/06/2020)

Maruna, S. (2001). Making Good: How Ex-convicts Reform and Rebuild their Lives. Washington, DC: American Psychological Association.

Maruna, S, Coyle, B & Marsh, B. (2015). Desistance from crime in the transition to adulthood. In B. Goldson & J., Muncie (Eds.), Youth Crime and Justice 2nd Edition (pp. 157-169). London: Sage.

Maruna, S. & Mann, R. (2019). Reconciling 'Desistance' with 'What Works. Academic Insights 2019/1. London: HM Inspectorate of Probation.

Maslow, A. (1943). A theory of human motivation. Psychological
    Review, 50, 370-396.

McAra, L. (2018) Child-friendly youth justice? In T. Bateman, P.
    Goodfellow, R. Little & A. Wigzell (eds) Child-friendly youth
    justice? A compendium of papers given at a conference at the
    University of Cambridge in September 2017 (pp. 5-14). London:
    National Association of Youth Justice.

McAra L. and McVie S. (2010). Youth crime and justice: Key messages
    from the

Edinburgh Study of Youth Transitions and Crime. Criminology and
    Criminal Justice

10(2), 179-204.

McInerney, A. Finnegan, M, Ryan, E., McGee, C. & Gaffney, P.
    (2018).The tip of the iceberg: Mental health screening of young
    people in youth detention in Ireland. Clinical Psychology
    Forum,304, 26-31.

McMahon, G. & Jump, D. (2018).Starting to Stop: Young Offenders'
    Desistance from

Crime. Youth Justice, 18(1), 3-17.

Ministry of Justice (2018). Youth Justice Statistics 2016-17. London:
    Ministry of Justice.

Ministry of Justice & Welsh Government (2019a). Youth Justice
    Blueprint for Wales, London and Cardiff: Ministry of Justice &
    Welsh Government.

Ministry of Justice and Welsh Government (2019b). Female Offending
    Blueprint for Wales. London and Cardiff: Ministry of Justice and
    Welsh Government.

Motz, R., Barnes, J., Caspi, A., Arseneault, L., Cullen, F., Houts, R.,
    Wertz, J. & Moffitt, T. (2020). Does contact with the justice system
    deter or promote future delinquency? Results from a longitudinal
    study of British adolescent twins. Criminology, 58, 307-335.

Paternoster, R. and Bushway, S. (2009). Desistance and the feared self:
    toward an identity theory of criminal desistance. Journal of
    Criminal Law and Criminology, 99(4), 1103-56.

Pinto Pereira, S. Li, L. & Power, C. (2017). Child maltreatment and adult
    living standards at 50 years. Pediatrics, 139, 1e20161595.

Prison Reform Trust (2016). In Care, Out of Trouble. An Independent review chaired by Lord Laming. London: Prison Reform Trust.

Skuse, T. & Matthew, J. (2015). The Trauma Recovery Model: Sequencing youth justice interventions for young people with complex needs. Prison Service Journal,220,16-25.

Substance Abuse and Mental Health Services Administration (2014). Concept of Trauma and Guidance for a Trauma-Informed Approach. U.S. Department of Health and Human Services. Available at https://www.nasmhpd.org/sites/default/files/SAMHSA_Concept_of_Trauma_and_Guidance.pdf (Accessed on 26/03/2020).

Sutton, C. Utting, D. & Farrington, D. (2004). Nipping Criminality in the Bud. The Psychologist, 19(8), 470-475.

Teicher, M. & Samson, J. (2016). Annual research review: Enduring neurobiological effects of childhood abuse and neglect. Journal of Child Psychology and Psychiatry, 57(3), 241-266.

Teicher, M. Samson, J. & Ohashi K. (2016). The effects of child maltreatment on brain structure, function and connectivity. Nature Reviews, 17, 652-666.

Ugwudike, P. & Morgan, G. (2019). Evidence-based skills in Welsh youth justice settings. In P. Ugwudike, P. Raynor and J. Annison (Eds.).Evidence-Based Skills in Criminal Justice: International Research on Supporting Rehabilitation and Desistance (pp. 291-316). Bristol: Policy Press.

Walsh D., McCartney G., Smith M. & Armour, G. (2019). Relationship between childhood socioeconomic position and position and adverse childhood experiences (ACEs): A systematic review. Journal of Epidemiology and Community Health, 1-7, doi:10.1136/jech-2019-212738

Welsh Government & Youth Justice Board (2014). Children and Young People First: Welsh Government/Youth Justice Board joint strategy to improve services for young people from Wales at risk of becoming involved in, or in, the youth justice system. Cardiff: Welsh Government and Youth Justice Board.

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