

TRM CASE STUDIES

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This resource is part of the Informing Futures toolkit. It was co-created with young people, and reflects what they felt practitioners most needed to understand in order to work successfully with care and custody experienced young people.

For more information or queries on any of the topics covered in this toolkit, or to find out about training and consultancy we can offer please contact enquiries@1625ip.co.uk.

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TRM Case Study - Mohamed

Mohamed is 16 years old. He has recently been kicked out by his auntie, with whom he was living, because he is smoking weed and hanging around the house all day doing nothing. He has been referred to you for support to get into work or training, as his auntie says he can move back with her if he gets a job. He is now staying with friends but is unwilling to give an address as he says he stays in a lot of different places. When he comes to see you it is clear that he hasn't washed his clothes for some time. He has difficulty concentrating on what you are saying, and your assessment suggests that his literacy and numeracy are very basic. He appears jumpy and ends the interview early when he gets a call from his friend who he says is waiting to pick him up.

Based on the information you have, what level is this young person at on the TRM?

What needs can you identify, and what interventions would benefit them?

Who might be best placed to deliver these interventions?

TRM Case Study - Shannon

You have received a referral for supported housing with the following info about Shannon from the residential childrens home where she has been living for the past 6 years.

Shannon has some history of self harm but the last serious incident was 6 months ago when she burned herself on the arm using an aerosol. She attends college and is in the second year of a hospitality course. She came into care aged 11, and does not have any contact with her mum, who is an alcoholic, but does have a sister living locally who she visits sometimes. Her behaviour recently has been very challenging, she will be very clingy with the staff at times and then can be quite abusive for no reason. She is destructive but only with her own possessions. There have been concerns in the past about risky sexual behaviour. The staff have been supporting her to attend therapeutic counselling sessions weekly for a while now, and have asked if anyone can be available to take her to this appointment as it is not a location she can get to on public transport easily. Shannon is close to the staff at the home and does not want to move but due to her age the placement cannot be continued.

Based on the information you have, what level is this young person at on the TRM?

What needs can you identify, and what interventions would benefit them?

Who might be best placed to deliver these interventions?