

**Table 4** Seven principles to improve responses to adolescent risk

| Principle   | Rationale and further explanation  | Examples of principle in practice  |
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| 1: Work with adolescent<br>development – particularly<br>perception, agency, aspiration,<br>and skills (eg identity<br>formation, friendship<br>attachments, risk-taking) | <ul> <li>If we do not recognise and work with adolescent agency and developmental drivers, they can remain a potent force in adolescent vulnerabilities.</li> <li>Resilience develops when young people are given opportunities to connect with, and apply positive decision-making to, their aspirations and values.</li> <li>It is vital to avoid policies and practices that respond to adolescent choices and behaviours by constraining positive development and inadvertently 'ensnaring' them (see Section 3). As such, avoid responses that 'do to' adolescents rather than 'work with' them.</li> </ul> | <ul> <li>Practice that starts with the <i>adolescent</i>'s view of the problem.</li> <li>Approaches to youth offending that offer diversion from the formal criminal justice system, and instead emphasise restoration and minimise labeling.</li> <li>Providing support and opportunities for young people to act to increase their own or others' safety when they detect threat; for example, self-referral emergency care accommodation, and anonymous reporting systems in schools (anecdotally, this has led to increased communication and trust between young people and teachers at Flixton Girls School in Manchester - Coffey, 2014).</li> <li>Motivational interviewing develops both young people's aspiration and confidence to tackle risks that their choices and behaviours may be playing into, such as substance misuse and offending.</li> <li>Peer-support online forums moderated by skilled facilitators (see NSPCC in Appendix of practice examples).</li> <li>Multimedia networks led by young people to support each other to prevent, minimise the impact of and recover from certain risks.</li> <li>Invitational and narrative 'therapeutic' approaches.</li> </ul> |
| 2: Work with young people as<br>assets and resources  | <ul> <li>This directly builds young people's self-<br/>esteem, skills and confidence, while more<br/>generally utilising their strengths and insights<br/>to develop services and responses that are<br/>most effective.</li> <li>Young people's voices are a source of<br/>important and useful information regarding<br/>practice quality, organisational performance<br/>and local needs.</li> </ul>  | <ul> <li>Providing opportunities for young people to participate in service design, delivery, evaluation and governance (for an example, see Hackney's Our Voice Our Choice Children in Care Council at www.hackney.gov.uk/young-hackney-children-in-care-council.htm#.VEC5iUuYluY)</li> <li>Embed the voice of children and young people in service evaluation (Wilkinson and Gutherson, 2014) in order to support continuous improvement.</li> <li>Young people's support groups that guide, train and offer feedback to professionals and practitioners (eg Street Safe Lancashire's 'Purple Monsters' group).</li> <li>The Teens and Toddlers programme that develops young people's skills, confidence and opportunities, while harnessing their strengths to support toddlers (see Section 4).</li> <li>Peer-delivered school programmes aimed at reducing substance misuse (Warwick and Kwan, 2011).</li> </ul>   |

**3:** Promote supportive relationships between young people and their family and peers (where possible) Authoritative parenting is arguably the most effective means for helping most young people chart a safe course through adolescence.

 Other family relationships (eg between parents, siblings, extended family) can also powerfully build resilience.

Peers are critically important to young people and peer relationships have the potential to promote specific social skills and sources of self-esteem.

Together, positive family and peer relationships enable young people to access and make the most of their opportunities, to build key skills and develop positive beliefs about themselves and others, and to recognise and disclose any risks they are facing. Examples of practice promoting supportive family relationships

- > The relational safeguarding developed by PACE, which seeks to empower parents to support their children in the context of CSE.
- Proactive 'edge of care' services where care is applied as 'short breaks' or shared care arrangements, in contrast to care as 'rescue'; services that use this arrangement to build supportive family relationships (see North Yorkshire No Wrong Door in Appendix of practice examples; see also Bowyer and Wilkinson, 2013).
- > Reunification following care supported by family work before and after.
- Family Group Conferencing; for information and advice see www.frg.org.uk/ involving-families/family-group-conferences
- > Approaches that seek to improve parenting of at-risk adolescents, for example the Strengthening Families Programme (see Section 9, and Warwick and Kwan, 2011)
- Support and training for kinship and foster carers and adoptive parents, which develops their understanding of pathways behind challenging adolescent behaviour and exposure to risk, and their ability to counteract these, primarily through authoritative, caring parenting.

See approaches such as KEEP, Fostering Changes, Thrive, and family therapies (DfE, 2011; Briskman et al, 2012; Slesnick et al, 2013)

Examples of practice promoting supportive peer relationships

> Peer support and peer mentoring schemes in schools *and in the care system*. (For examples of school peer mentoring and its impact, see Coffey, 2014.)

4: Prioritise supportive relationships between young people and key practitioner(s) when designing services and pathways Both research and practice consistently point to the central role that supportive, committed relationships between keyworkers and young people play in successfully reducing risk and building resilience.

- Barriers to a relational approach include service boundaries that are thresholds-based rather than needs-led – leading to multiple people working with a young person and frequent changes of lead worker; practitioner low self-confidence; and inspection and governance that is overly focused on processes rather than outcomes.
- Hub models with one keyworker around which other services and specialisms feed in – for example, the Youth Support Service (YSS) in Surrey (see Section 9).
- Hybrid parenting-residential care when there are high risks around CSE and/or trafficking (see, for example, a proposal by the charity Unseen based in Bristol). This approach aims to combine the benefits of residential care with those of fostering and so respond to complex needs; it does not compromise the provision of authoritative parenting.
- > Mentoring programmes.
- Re-designing systems so that young people keep their lead worker. For example, Sefton is one of a number of local authorities to have explicitly committed to ensuring the fewest changes of social worker as part of their service redesign.)

## **5:** Take a holistic approach both to young people and the risks they face

This can mean one or more of the following:

- treating young people as whole people
- avoiding labelling according to risk

• appreciating the range of risks a young person may be experiencing and how they relate

• collaboratively forming an understanding of contributors to risks

• developing a plan that utilises strengths in the young person and their environment, and tackles multiple risks and their contributors.

- Working narrowly with young people around a single difficulty or risk can: a) label and so constrain young people; and b) miss the opportunity to utilise their skills, aspirations and other strengths. Young people recognise this and have concerns about overly targeted programmes (O'Mara et al, 2011).
- In addition, risks often coalesce and intersect during adolescence, and come from a wider variety of contexts than those faced by younger children. They also have complex aetiological pathways that involve a combination of environmental and psychological factors – both need to be addressed to avoid risks persisting or re-appearing.
- In this context, it is arguably most effective to build an approach based on a holistic assessment of the risks a young person is experiencing (and their contributors) as well as a holistic understanding of strengths (as opposed to multiple services dealing with discrete risks, often with limited attention to their contributors or intersections).

- The Surrey YSS (see Section 9) adopts a keyworker approach to help young people move away from a range of risks, and develops opportunities for them to exercise their strengths in the community.
- Prevention work with risks in peer groups eg Safer London groups with boys at risk of perpetrating CSE or partner abuse.
- Common psychological contributors to difficulties include low self-esteem, emotion regulation difficulties, and low self-efficacy. These can all be addressed through the right interventions (eg motivational interviewing; DBT – see Section 6; assertiveness training) being drawn upon within the context of authentic relationships (eg the Pattern Changing Programme – see Section 9).
- Intensive interventions that map contributors to risks across numerous domains and target them systemically (for example, Multi-systemic Therapy (MST) – see http:// mstservices.com for a description and evidence).
- > Primary prevention in schools: anti-bullying school cultures and practices; healthy relationship education.
- > Regular well-being enquiries (see Section 9).
- > Apprenticeship and training schemes.
- > Multi-agency arrangements that avoid duplication and 'silo-working'.
- Universal, accessible and structured leisure-time activities (historically termed 'positive activities'); these can build self-esteem, confidence, aspiration, social skills and supportive relationships with adults (Adamson and Poultney, 2010; Wikely et al, 2007).

| 6: Ensure services are both<br>accessible and advertised | <ul> <li>Approaches are likely to be most effective if<br/>they provide support when adolescents need<br/>and want it; and when they are responsive<br/>to adolescent agency (without requiring<br/>that agency to be comparable to that of<br/>an assertive and informed adult who can<br/>navigate complex referral pathways).</li> <li>In other words, for young people to be able<br/>to make positive choices, they need to know<br/>about the range of positive options. This may<br/>require advertising and outreach to articulate<br/>the benefits.</li> </ul>  | <ul> <li>Referral and access models (such as that operated by North Yorkshire No Wrong Door), which mean that when an adolescent needs/asks for support, they are not re-directed.</li> <li>As above, 'one keyworker' models (which often offer single point of entry to multiple services).</li> <li>All services having self-referral mechanisms for adolescents (examples of good practice include Kids Company, and Royal Borough of Kensington and Chelsea CAMHS).</li> <li>Services incorporating outreach to engage the most vulnerable young people who may feel marginalised from mainstream services and/or be entrenched in difficulties, impeding their ability to seek help proactively. Examples include voluntary sector organisations such as MAC-UK (see Section 9), Kids Company and Barnardo's BASE team in Bristol (see Section 6).</li> <li>Programmes for the parenting of teenagers that have both universal and targeted components - eg Triple P for parenting of adolescents (see Poole et al, 2014; Sanders et al., 2014; and www.triplep.net).</li> <li>Information for services designed by young people, and communicated through media and channels that young people use.</li> </ul> |
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| 7: Equip and support the<br>workforce                    | <ul> <li>Young people can be difficult to engage, due to adaptive features of adolescent development and adaptations to previous life experiences. Sometimes multiple experiences of being 'let down' by the system can contribute.</li> <li>A nuanced view of the risks a young person is facing, including an understanding of any choices they are making and why, can take time to arrive at; but this is essential in order to map a way forward and avoid demoralisation and disengagement.</li> <li>Working with young people experiencing high levels of serious risks can be vicariously traumatising. While such works <i>requires</i> connection with young people, connection can come at a high emotional cost for practitioners.</li> <li>Young people want ongoing relationships. Obviously, these are more likely to occur if organisations are successful in retaining staff over the longer term.</li> </ul> | <ul> <li>Supportive supervision and reflective spaces for those who work with at risk young people.</li> <li>Adolescent 'specialists' are available to draw upon</li> <li>Positive employment conditions (eg career pathways, training opportunities) support retention and development.</li> <li>High-quality learning and development opportunities that use up-to-date research and recognise the complexities of this work.</li> <li>A culture (driven from the top of the organisation) that recognises the complexities to adolescent risk and therefore embeds staff support and facilitates positive team relationships.</li> </ul>  |