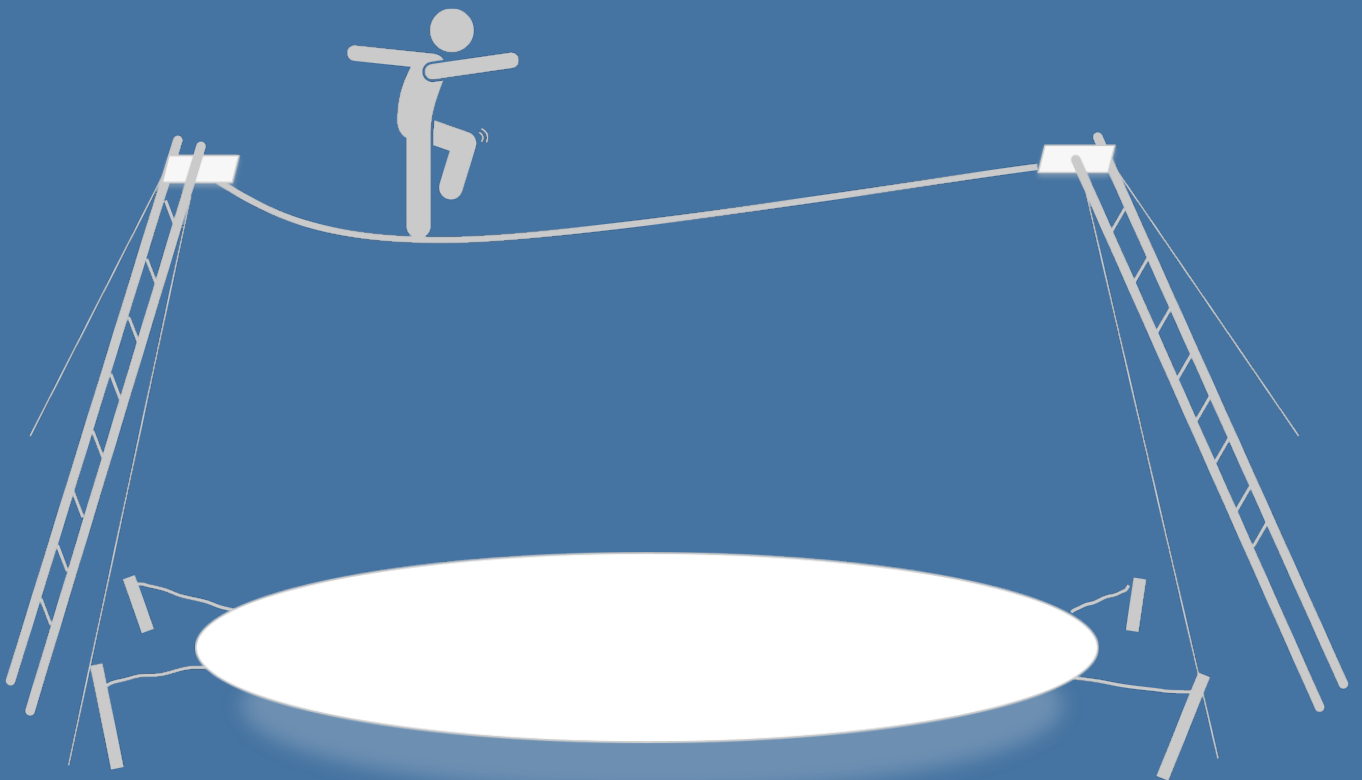
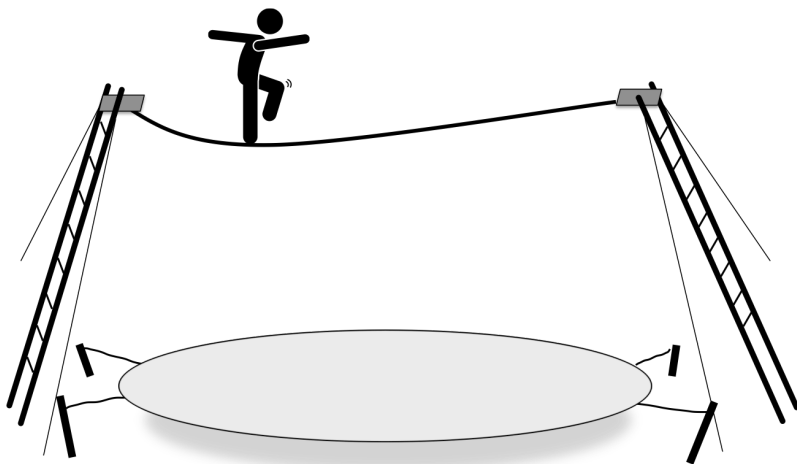


# The tight rope®

Balancing adolescent risk and resilience



Dr Roberta Evans



### **Version 3.2**

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## Who is this book for?

This book has been produced to assist professionals working in statutory and specialist services working directly with young people and their families, in particular within:

- Youth Justice
- Substance Misuse
- Child, Adolescent and Mental Health Services
- Child Protection or Looked After Children teams
- Behavioural support teams in School

It may also be valuable to those working within:

- Parenting or family services
- Youth clubs
- Mentoring or coaching services

The tight rope was designed for experienced practitioners who should feel confident in their ability and qualification to engage young people in specialist assessments. Training and coaching is available for those using the materials in the full toolkit (that includes interactive prompt cards to open dialogue). More information is available at: [www.vlinder.co.uk](http://www.vlinder.co.uk)

## What is in this book?

Chapter 1 provides a brief introduction to the analogy of the tightrope and various applications then outlines it's application in assessment and has testimonies from practitioners

Chapter 2 provides clarity on the term 'young people' and some diversity considerations.

Chapter 3 outlines the specialist fields that overlap to support a holistic model for adolescents.

Chapter 4 presents a detailed breakdown of each dimension of the tightrope; including the references and guidance that support the primary areas for discussion within each area.

Chapter 5 provides concluding comments for practitioners about the role of the worker when applying the tool and considerations for how to evaluate progress following application

A full list of references is available in Chapter 6

# 1. Introducing the tight rope

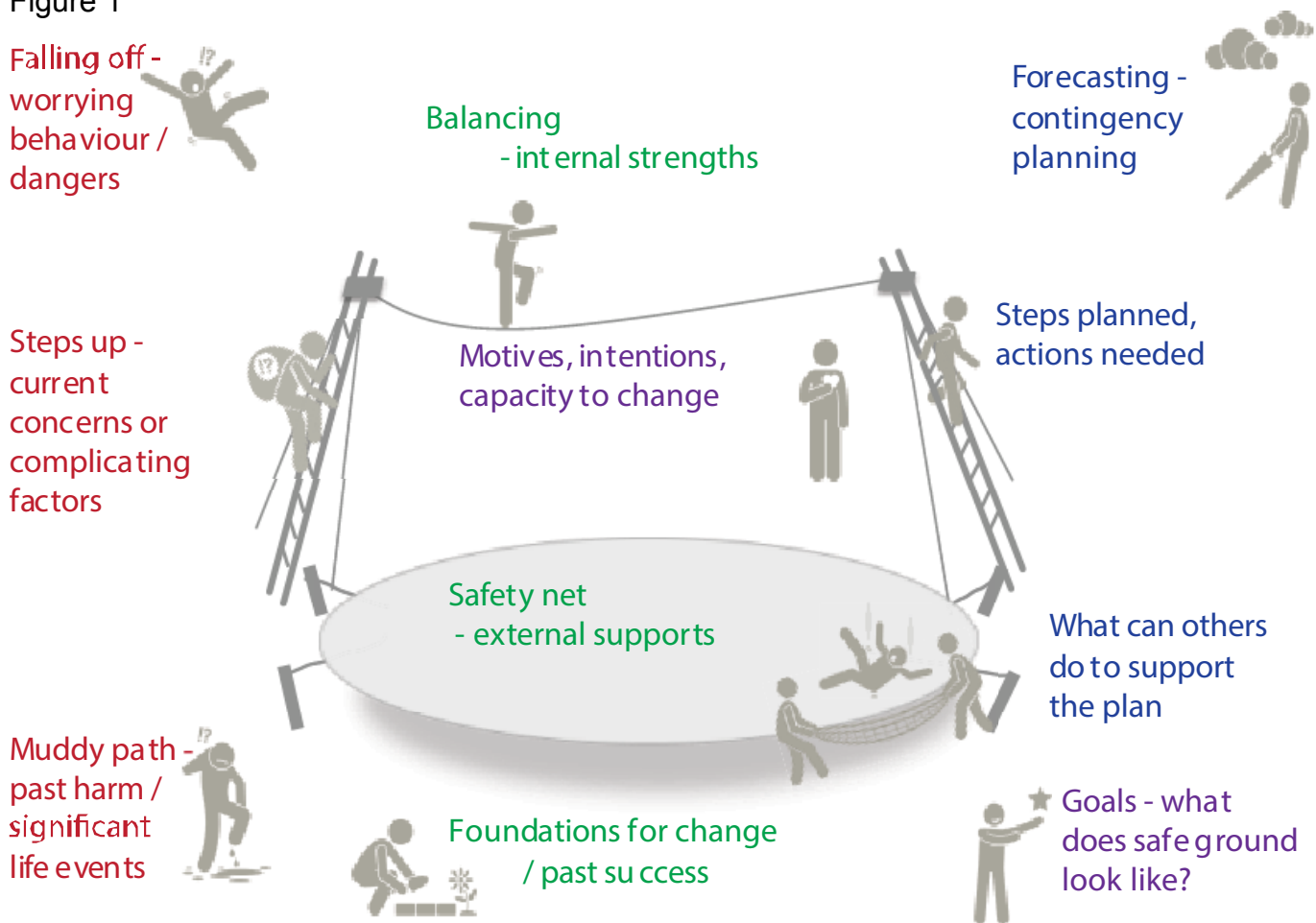
## The analogy

The tight rope is a visual representation (see Figure 1) of risk and resilience that can be applied to various circumstances or situations. If a person (or project/team) is about to embark on a new situation, period of change or development this could feel like walking on a tightrope, a volatile and precarious place. When a number of worries or concerns are also present this can compound the situation and feel as if the tightrope's ladder were higher, becoming more unstable and uncertain. Past experiences can influence the stability of the foundations that the tightrope stands on and it is important to draw on internal strengths and external resources to manage the situation and take the steps needed to be on 'safe ground' or lower tightrope.

The analogy of the tight rope is broken down to allow an open discussion about:

- The skills and attributes a person / project has to help them. These could be the personal internal strengths or the balance beam of skills that help them stay balanced.
- The foundation underneath the tightrope – what makes the path 'muddy' due to negative past experiences or what provides a stability due to positive past experience?
- What we are worried will happen if we stay on a high tightrope – what might 'falling off' look like (future potential harm / dangers / reasons for change).
- The steps up the ladder that represent the things we're worried about currently and indicates how high (or worrying) things are.
- What 'safe ground' looks like. Being on the tightrope can mean different things, it can be exciting, scary, fun and risky, but it's not safe to stay up too high for too long.
- The steps needed to get to safe ground and what steps need to be taken first.
- What is the motivation to stay on the tightrope or take steps to be on safer ground? This will be different for different people.
- The strength of the safety net - is it too tight or too loose? Will it be protective during this time and make it easier to be supported to take the steps needed?

Figure 1



The analogy can be used for any of the following scenarios (not an exhaustive list):

- Discuss the transition from childhood to adulthood with adolescents
- Talk about new beginnings and the transition (moving home / starting new job)
- Map out the risks and strengths of a new project
- Outline the strengths and pressures within a team
- Support a worker that is feeling burn-out to discuss pressures and support
- Discuss a newly qualified worker's journey from student to worker
- Support someone with a health condition to identify their support network
- Discuss the difficulties of parenting a teenager or child with special needs
- Map out your own journey, strengths and behaviours you want to change

The version in this book is designed for professionals working with adolescents involved in risk-taking or self-harm behaviour. Another version is available for managers to consider practitioner resilience (also supported by cards and research informed guidance). Further variations are being designed and can be commissioned.

# 1. Application in practice

## Assessment mapping with the tight rope

What is “assessment”? Search this question in Google™ and the following synonyms are returned:

- Evaluation
- Judgement
- Gauging
- Rating
- Estimation
- Appraisal
- Opinion
- Analysis

The Youth Justice Board (2008) source document for Assessment, Planning, Supervision and Intervention (APIS) outline the tasks of assessment as:

- Collecting, recording and analyzing information
- Estimating future behavior
- Presenting conclusions in formal reports
- Sharing information
- Reviewing assessments

The tight rope is designed to support these processes. As a holistic picture it can help the practitioner and individual weigh up (evaluate / analyse) all the factors present in an assessment. It should enable the assessment to be transparently shared and easy to understand. As highlighted in a toolkit for social workers titled ‘Putting Analysis into Assessment’ (Dazell and Sawyer, 2011): “analysing information in a way that makes the process transparent and able to be explained to a broad audience is no easy task and is challenging for a range of professionals, not just social workers” (p5).



## Stages of assessment

Barlow, Fisher and Jones (2012) outline the Stages of Assessment in Child Protection adapted from Johnson et al (2006) who refer to Carlson (1989). These are outlined below against the areas around tight rope. The tool can be used at each stage to engage a young person in a self-assessment process and action planning alongside clinical assessments and plans. There are various points around the image that would support scoring and review of progress. However, the services using the tight rope would need to establish the relevant 'cut-off' scores. Chapter 5 provides guidance to support professional judgement.

Stage	Social work assessment	Tightrope area
Responding to Referral	(1) Detects the nature of a problem	What might 'falling off' look like?
Assessment	(2) Confirms functioning	Past positive foundations
	(3) Quantifies or measures the severity of dysfunction	How high is the ladder up to the Tightrope? Seriousness of worries.
	(4) Determines the primary locus of the problem	Overall framework – motives can assist to determine (needs to be service established)
	(5) Provides standardised measures and validated clinical cut-off scores	
Case planning	(6) Specifies objectives for change	What does safe ground look like
	(7) Analyses factors that produce problematic behaviour	Muddy path
	(7) Analyses factors that maintain problematic behaviour	Ladder up to Tightrope
	(8) Identifies strengths	Balancing beam
	(9) Identifies resources	Safety net
	(10) Determines intervention sequence	What is the order of the steps down
	(11) Determines level of change adequate for treatment termination	What would '10' on the ground scale look like?
Continue service	(12) Focuses on the behaviour to be changed	What steps up the ladder can be focused on for the steps down?
	(13) Amenable to repeated-measures	Height of ladder, length of balance beam, breadth of safety net, young person on rope/steps, overall ground scale toward safe ground.

The tight rope also supports the requirements of being: Generalizable beyond the treatment setting, Sensitive to change and Easily administered due to the holistic approach of the guidance across services involved with young people, the scoring points around the framework and the feedback from practitioners that young people 'get the analogy' and from managers that everything is in one place without missing anything out.

## The analogy within risk assessment

The tight rope is a structure that can provide an assessment of risk and resilience with various points within the structure that can be scored and later reviewed to indicate progress:

- Internal strengths and skills (length of the balancing beam)
- Current concerns (height of the ladder)
- The resources that support us (breadth or strength of the safety net)
- Capacity or motivation to change (position on the tightrope)
- Past harm / risks / dangers (the muddiness of the path up to now)
- Past positive experiences (stability of the foundations)

This supports the activity of:

- Identifying potential future dangers
- Discussing drivers and motivations for behaviour (past and future)
- Agreeing a plan (identify the steps needed to come down from the tightrope)
- Agreeing actions for others to support positive progress
- Identifying potential threats that might increase volatility and contingency actions
- Reviewing progress against the scales and overall position of safety (ground scale)

The tight rope does not ask for scores or coding but, during the discussion with the young person or parent/carer, the prominence of factors could be visually applied by placing some factors closer or further away. If these are drawn then their size can change according to their strength or prevalence. Using the number of steps to show the height of the rope can give an indication of how volatile a situation is. The prompts around 'worrying behaviour' consider frequency, timeframes and severity of behaviour so as to start making judgements on the level of risk and the type of behaviour that may continue to occur.

Using the path under the tightrope as a scale to mark how far the person is from their past behaviour or how close they are to their goals can help gauge the likelihood of 'falling off' or level of stability. This can be repeated at a later stage and used as a review for progress. The use of scales is promoted in the Signs of Safety model (Turnell, 2012), identified as an effective tool for mapping assessments and plans in a way that is helpful for both workers and the families they work with (Barlow et al, 2012). The scaling of the person's position on the rope would also support the key task of assessing 'capacity for change'.

## Interviewing approaches that would support the tight rope

The ideal application of this tool is to simply use the analogy to create some space to think and discuss and plan. If using the tool within risk assessments and risk management plans it is crucial that all the areas are considered, so as to ensure the strengths are not forgotten and the risks are not overlooked. The visual aspect of using the tight rope should help to see where there may be an imbalance of concerns and identify the breadth of strengths and any gaps in supports. This could be captured with a flipchart or a plain piece of paper and pen. However, a toolkit with prompts and template forms is also available through Vlinder Consultancy Ltd.

The tight rope needs to focus on the strengths within the person to manage their volatile situation, please do not focus on the 'ladder' or 'muddy path' to then devise a plan of steps down. This will be against the aim and purpose of the tool to be strengths-based, resilience-orientated and solution-focused. When workers do this it "can surprise young people with their positive assumptions and invite the development of wanted and empowering identities [that] yields multiple benefits, including being inherently engaging" (Hanson and Holmes, 2014).

There are a number of 'talking therapies' and interviewing techniques available to professionals working with volatile young people. The tight rope is seen to fit with: Cognitive Behaviour Therapy (CBT), Solutions Focused Brief Therapy (SFBT), Motivational Interviewing, Appreciative Inquiry and Narrative Therapy approaches.

A document produced by MIND (2012) explains that CBT is a talking therapy that helps the person explore problems and develop a plan. It allows for future planning, with a focus on the present but also considers how past experiences may impact on the way the current situation is interpreted. CBT is seen to be effective in helping people who are experiencing a wide range of mental health problems (Grazebrooke and Garland, 2005). The Tightrope may assist with starting the conversations that leads to future CBT sessions.

Solution Focused Brief Therapy is a model developed in the United States in the 1980s. The Signs of Safety® is closely aligned with this approach (Bunn, 2013). One main principle of SFBT is that 'exceptional' times within a problematic scenario will be the basis of a potential solution (see UK's training website titled 'BRIEF'). Therefore looking beyond the past concerns or path leading to a 'problem' and looking for the positive aspects of the pathway. The area in AssetPlus titled 'foundations for change' (YJB, 2013) has a similar purpose, as does the Signs of Safety approach of seeking out 'proven safety'. SFBT also works to explore the preferred future instead of focusing on a problem to be fixed, aiming to find strengths and resources to

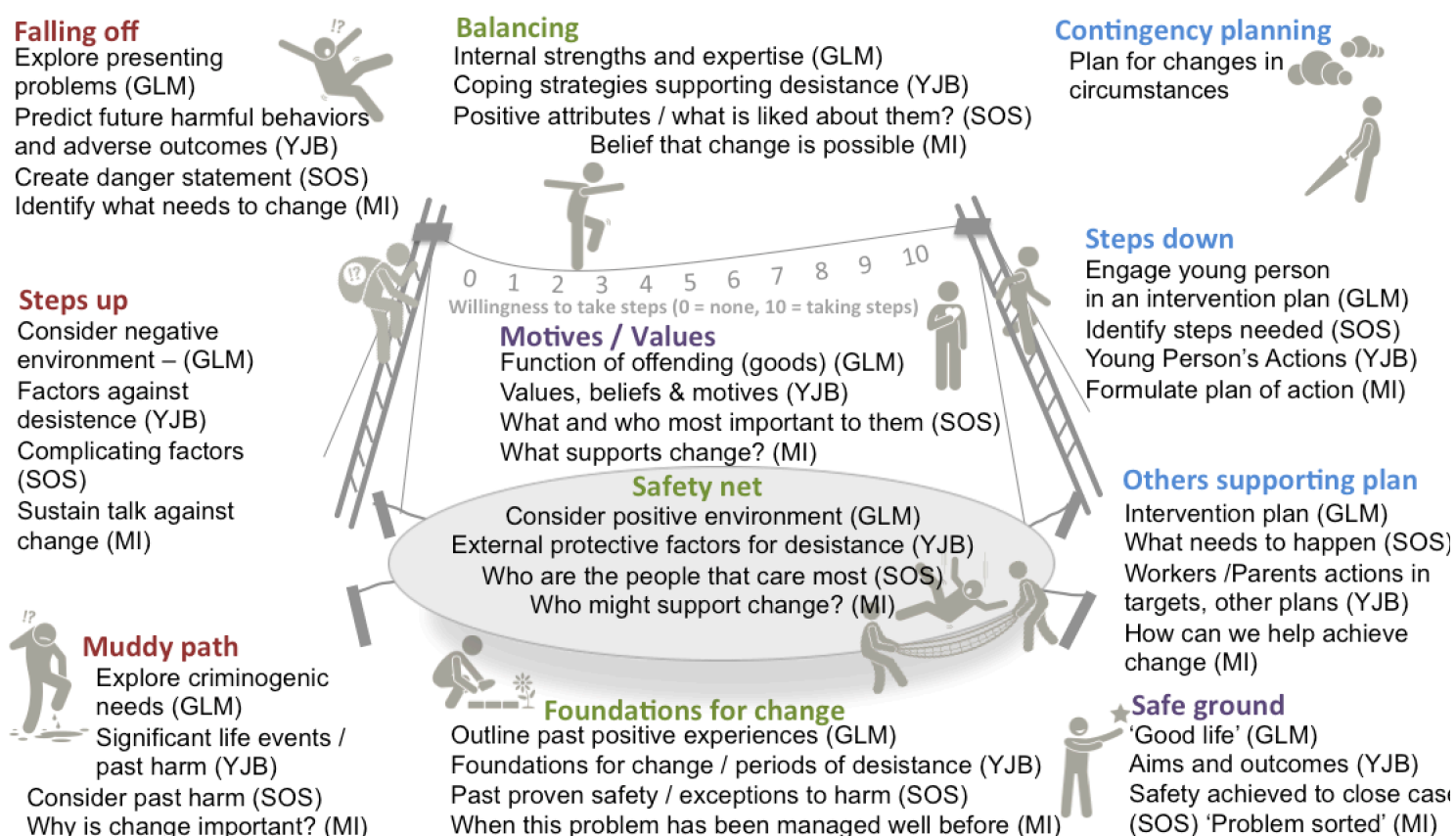
reach the preferred future. This is similar to the 'good life' focus of the Good Lives Model (Ward and Maruna, 2007) and the task of negotiating an agreed safety goal with families using the Signs of Safety model. McNeill (2009) promotes the Good Lives Model as something that might 'work' with offenders. The stages of their framework mirror many of the stages outlined above and provides an approach of tapping in to the offender's values and clarifying which of life's "goods" they were trying to achieve through their behaviour.

The Good Lives model uses the goods from offending as a means for identifying pathways that are pro-social but relevant and more likely to create 'buy in' to the intervention. The tight rope includes a set of prompt cards that look at the 'heart' of the person to explore what motivates them. These include "goods" along with other statements from resilience research.

Motivational interviewing is a person centred counselling style. A summary of the approach is available on the website of one of the founders, Stephen Rollnick. He states that it is a 'collaborative, goal-orientated style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion'.

Figure 2 represents how the Good Lives Model (GLM), Youth Justice Board's AssetPlus (YJB), Signs of Safety® (SOS) and Motivational Interviewing (MI) align with the tight rope:

Figure 2



## Examples of Practice

The tight rope toolkit was developed and piloted between 2014 and 2016 as a working tool for practitioners and the analogy was introduced at a Howard League conference (Evans, 2015). Pilots were undertaken in Youth Offending teams, Child Adolescent and Mental Health Services (CAMHS) and with Social work practitioners. The feedback has been outstandingly positive with the only two areas of improvement being the request for an online version (in process) and for Signs of Safety® practitioners to have the template aligned more with the three columns they were familiar with. Whilst Signs of Safety® is recognized as an innovative approach, it is primarily a child protection model and doesn't fit as well for adolescents who present with a range of risk-taking behaviours (Gibson, 2014). Following feedback from workers attending workshops during 2015 it has since evolved from one that looked at static risks on the left (past harm up the ladder) and dynamic risks on the top right (pressures being faced in the future) to one that has all the worries on the left of the page, all the strengths in the middle and planning on the right. A 'muddy path' underneath the tightrope now represents the harmful or negative past, with the ladder looking at current concerns, which can change in height depending on the number of concerns. Thereby offering an additional direct working tool for child protection social workers that want to use Signs of Safety® with adolescents. Social workers using the tightrope have stated that previously they would do scaling questions as a separate exercise with the families or individuals they work with, identifying this as one of their biggest challenges when they have done 'all of this positive work and then have to scale it' but the tightrope incorporates this naturally and is easier to apply rather than a separate exercise.

The tight rope offers an analogy in itself and also with various points in the mapping process, for example the foundations that the tightrope stands on – whether muddy or lush green or a mixture of mud and straws, the safety net and the need for this to be flexible and strong – not too tight as to 'ping' the young person out for each mistake they make.

One worker who supports young women at risk of sexual exploitation and gangs has regularly used the analogy and together with her colleagues they have used this in practice over 30 times. She and other workers have fed back that the analogy resonated for young people, ranging from 12 years to 19 years and allowed for an open dialogue about early harmful experiences. The workers said that the analogy helped maintain a balanced approach with discussion going between the motivational and strength based areas and the difficult aspects of risk and harm.

## Testimonies

Video testimony from Wandsworth Locality Youth Work Manager (2013)

- “The young people got the analogy”
- “I got more in that tightrope in one session than I’d done in 10 weeks”
- “The girl said ... ‘I want to stick it up on my wall so it reminds me everyday of where I was and where I’m going”
- “My best hopes are to have this tool for supervision, 1-2-1 work with gang members, in youth clubs, triage, teenage parents”

Feedback from young people and their workers who used it, recorded by Wandsworth Locality Youth Work Manager (2013)

- It’s interactive and not long
- It helps them to look at their life
- It highlights what’s good
- They can see what’s going wrong and the patterns
- It’s completed by them for them
- They can identify better choices
- Having it on display can encourage them
- It’s visual and they get it

Feedback forms completed by practitioners following their sessions with a young person (August 2014 and March 2015).

The young people:

- Enjoyed the physical act of choosing cards
- Understood the concept of a tightrope well
- Made a specific request for a piece of work.
- Got the concept quickly and saw how it could be useful to help them reach previously discussed goals
- Were honest and open regarding their particular issues. “I felt the cards and board helped steer the focus away from himself and 'just talking”

Written feedback from workers at a post-implementation debrief session (2015)

- Has helped to engage very closed young people. Good to focus on strengths and not just concerns. Helps young person to 'buy into' plan
- My YP commented on how 'visual' the tightrope model was

Email from Bail and Remand Officer in Hammersmith and Fulham (July 2016):

- “Silly me, I used the Tight Rope tool today. What a can of worms (information) In 10 years I have not managed to gain so much info in one session using such an effective assessment tool. Wow.....”

Email from Practitioner in Lambeth YOS (November 2016)

- For me, it's helped in opening up about the motivation for concerning behaviour, on two occasions they have been able to identify intentions and motivations, which they hadn't previously.
- I think that the model sets it out in a very non-threatening way, which makes it easier for them. It isn't just based on risk, I start with positive, they don't find it as judgemental. Interestingly it's sparked a lot of discussions and further work about healthy relationships.
- I've used it with a variety of people. Age range from 14-17. As a visual image its easy for them to understand it. I've also used it with someone with ADHD, another with learning needs (reading), and both have been fine. I've needed to adapt slightly, but that is the same when using any intervention.



## 2. Working with young people

### What does ‘young people’ mean?

The tight rope is designed to be an engaging and transparent model for discussing risk assessments with young people. Ideally this model would apply to those aged between 14 to 18 years old. Although, it is recognised that maturity has no ‘number’ and therefore this tool can be helpfully used with vulnerable young adults. The youngest would probably be no younger than 12 years old. This is primarily due to the young person depicted as separate from their support networks, in a stage of transition and embarking on independence. If a younger child was presenting to a service with concerning behaviour then the analogy would still be an ideal model to think about their risk and vulnerability in the context of the safety net and positive parenting practices in place to support them.

While the Crime and Disorder Act 1998 places the age of criminal responsibility at 10 years, there are strong arguments for the age to be higher (Bateman, 2012). Prevalence of self-harm among young people tends to be among the mid-teens, 15 – 16 years, (Hawton et al, 2002; Kidger et al, 2012; Truth Hurts, 2006). Coleman and Cater (2005) look at the different motivations and outcomes within different age groups in regard to ‘risky’ drinking in young people, looking at ages from 14 years to 17 years. Therefore, the research supporting the materials in the toolkit are best applied for those aged between 14 – 18 years.

It is important to remember that young people are in a process of development and change. Their circumstances and how they interpret them can change rapidly. In regard to self-harm and risk of suicide McLean et al (2008) note that “risk can change with circumstance”, also, “what is a risk or protective factor for one person may not be the same for another in similar circumstances” (p10). Just as there is no single factor to predict behaviour there is also ‘no single set of factors that promote resilience in the face of all risks’ (Hanson and Holmes, 2014). Just as social capital is unstable and can change over time (Furstenberg and Hughes, 1995).

When considering a suitable term that encapsulates the behaviour or situations that young people may be facing, that is broader than “risk” or “vulnerability” I would like to propose the term “volatile”. This word has both positive and negative connotations, it can have synonyms of ‘unpredictability’, ‘rapid change’, ‘turbulent’, ‘explosive’ and ‘tense’ as well as terms such as ‘capricious’, ‘whimsical’ and ‘sprightly’. Many of which are normal teenage experiences.



## Diversity considerations

The tight rope supports a dialogue about risk or volatile behaviour in a holistic approach that allows personal experiences, perceptions and cultural values to be discussed as resources and values whilst acknowledging past harm and identifying strengths; A conversation that transcends across assessments with most young people and their parents/carers. In the safety net section is a prompt titled 'my religion/values' and one motives card is 'culture and routines'.

The prompts provided in this model are designed to act as a tool to aid discussion and serve as titled: 'a prompt'. Most of the references against the prompts derive from primarily UK studies, due to the development of the tool being in the UK. References also include studies from Scotland, the USA, Canada, Australia and New Zealand. Where possible a note is given if the research referenced is indicating a gender or ethnic specific risk, strength or protective factor.

Studies on offending based on self-report surveys are usually based on students attending school and therefore may miss a number of young people not engaged in education. However these studies show that offending rates by school pupils are similar across all ethnic groups (Armstrong et al, 2005). Yet young people from Black and Ethnic Minority ethnicities are over-represented in the youth justice system (YJB, 2004). Practitioners need to be mindful of the different and worse experiences of the youth justice system that young people from Black and Minority Ethnic groups experience (Sender, Littlechild and Smith, 2006).

The research on self-harm and suicide risk has provided a number of studies that have considered differences in pathways and motivations based on diverse backgrounds. A summary of the more vulnerable groups at risk of self-harm and/or suicide is provided by the Mental Health Foundation in their study 'Truth Hurts' (2006) and outlines that the groups most at risk of self harm are those who hold feelings of rejection socially or within their families. They specifically identify particular groups, often those facing discrimination or social isolation:

- young people in residential settings like the armed forces, prison, sheltered housing or hostels and boarding schools
- lesbian, gay, bisexual and transgender young people
- young people experiencing problems to do with sexuality, race, culture or religion
- young Asian women
- young people with learning disabilities

McLean et al (2008) provide a report from Scotland and note that certain groups with elevated suicidal risk are those:

- who have been sexually abused
- lesbian, gay, bisexual and transgender young people
- prisoners

In their report on child sexual exploitation in gangs and groups, Berelowitz et al (2013) highlight a number considerations in regard to presenting diversity needs it is important to consider that this includes (among a number of other indicators outlined above):

- few friends their own age
- learning difficulties
- unsure of their sexual orientation

NICE guidance (2007) states that those at particular risk of substance misuse are “those from marginalised and disadvantaged communities, including some black and minority ethnic groups”.

### **Gender specific considerations:**

There appears to be a 4:1 ratio for the number of boys that offend compared to girls and the same ratio for the number of girls that self-harm compared to boys. Kidger et al (2012) note that “although more girls self harm in teen years, the gender difference is less striking in adults”. In regard to alcohol misuse NICE (2010) note that girls (who often mature earlier than boys) who drink at an earlier age “may be more likely to take risks with their sexual health, while boys are more likely to have accidents or experience trauma” (p35)

It seems that the research about offending and about self-harm consider the same elements of ‘risk factors’ and ‘protective environments’ that would mean this model is suitable for both boys and girls. However, workers will need to be mindful that boys are more likely (although certainly not exclusively) to act out through offending or aggression to others while girls are more likely (but not exclusively) to turn actions inward through self-harm.

## Technology aspect

NSPCC (2013) highlight that “children have greater access to information about sex through technology and this has had an impact on their attitudes to sex and sexual behavior”.

The rise in technology has also resulted in a broader platform for bullying and access to sexual or graphic material. New forms of communication and socialisation, sexual experimentation and exploitation are coming with new terms such as ‘Cyberbullying’ and ‘Sexting’. As outlined by Pitts (2015): “An area of sexual offending that is definitely growing is ‘sexting’”.

A blog on Psychology Today (2013) notes that one in four teenagers are sexting, with 48% receiving sexual content. There has also been a proliferation of YouTube™ videos that document young people’s threats to each other (for example gang related) and of giving personal disclosures and testimonies about their experiences of self harm and the reasons for this (often titled “If you only knew me”, after a ‘vlog’ was posted by a teenager in America). Many of the stories outline how they were convinced to share images through a device and of then being bullied at school or online, to the extent that they then turned to self-harm.

Hanson and Holmes (2014) outline how the activities of adolescent development make both boys and girls ‘susceptible to sharing images with strangers online, who then use these as leverage in blackmail and abuse’. An NSPCC study (Ringrose et al, 2012) provides helpful information and advice from a small qualitative study looking at ‘sexting’ among young people. This outlines that the threat from peers is more of an issue than ‘stranger danger’ and the coercion or bullying, particularly of boys to girls is a real concern. This is amplified by the vast modes of technology available to young people and access to social sites and networks, which also increases the sexual pressures on young people, including young children. Hanson and Holmes (2014) point out however that access to moderated forums and online communities can also act as a support.

Berelowitz et al (2013) discuss the use of technology in child sexual exploitation. They refer to their previous studies and highlight that this can occur “without the child’s immediate recognition; for example being persuaded to post sexual images ... without immediate payment or gain”.

They also state that an indicator of a child already being sexually abused includes:

*Evidence of sexual bullying and/or vulnerability through the internet and/or social networking sites (p108)*

### 3. An holistic tool for adolescents

Approaching adolescence can be a time of imbalance and taking risks while becoming independent from adults and growing into adulthood. It can be a time of testing limits, experimenting, working out friendships as well as making the most of opportunities, building an identity, learning and having fun. The brain of an adolescent is re-wiring and certain areas are less developed (such as the frontal lobe in charge of decision making). This development can lengthen, become complicated or delayed if the person has experienced abuse or neglect.

The tight rope analogy can be applied in a number of settings but has been specifically developed and designed for use with young people/adults involved in or at risk of:

- Violence/offending, and/or
- Substance misuse, and/or
- Self-harm

This chapter will outline how these presenting behaviours overlap. Not least because the assessment tools used within these different specialist fields all consider the presence of the other behaviours. For example, the Youth Justice Board's assessment framework assesses the young person's likelihood of re-offending and risk of causing serious harm to others but also assesses their vulnerability to being harmed by others or from their own actions (YJB, 2008). Within the core profile are sections on substance misuse and emotional and mental health, which includes questions on risk of self-harm or suicide. The vulnerability screening section also asks about self-harm, along with questions in regard to whether the child or young person has experienced abuse or neglect and if their own behaviour puts them at risk. In May 2014, the Youth Justice Board has released 'change tools' to support AssetPlus for teams to start using as part of the implementation of the new framework. These include screening for mental health concerns and alcohol misuse.

The manual for the structured assessment of violence risk in youth (SAVRY) developed by Borum, Bartel and Forth (2000) has a coding system for assessing the risk and protective factors in relation to youth violence. These codes include offending history, self-harm and substance use difficulties as factors for risk of future violence. Berelowitz et al (2013) produced a report on child sexual exploitation in groups and gangs. They provide an Appendix of indicators that a young person is at risk of, or is likely to have been a victim of, sexual

exploitation. There are several indicators, including: involvement in offending, self-harm and thoughts or attempts at suicide, drug or alcohol misuse (Berelowitz et al, 2013, p108).

A factsheet by Alcohol Concern (2011) states that “risky alcohol use often presents as one of a cluster of risks” and discusses how alcohol is often implicated in accidents, suicide and violence causing death in the 16-25 age groups.

NICE public health guidance (2007) is aimed at reducing substance misuse among vulnerable and disadvantaged children and young people. The groups identified as being at particular risk include young offenders (including those who are incarcerated), those identified with mental health problems and those who are already misusing substances.

When looking at the pathways to these behaviours the research in regard to these specialist areas outline very similar ‘factors’. The Royal College of Psychiatrists (2010) report provides an appendix with a flowchart for the pathways to self-harm and suicide (p135). This shows a number of factors that can have an influence on suicidal behaviour, often leading to or mediated through mental health problems (exposure to trauma, life events, socioeconomic factors and structural factors, individual factors such as personality, family factors such as parental separation, social supports and cultural factors). Farrington (2007) presents a similar model for considering the compounding and mediating factors toward the point at which a young person may make the decision to offend. Alcohol Concern’s Factsheet (2011) outlines risk factors to alcohol misuse including ‘chaotic home environment, parents who misuse drugs or alcohol or suffer from mental illness, school failure, low economic status and friendship with deviant peers’.

Furthermore, similar ‘vulnerable’ groups are identified across all the studies whether they are in regard to offending, substance misuse or self-harm. These are similar to those listed by Berelowitz et al (2013):

- truant or are absent from school on a regular basis or excluded
- are, or have been, homeless, moved a lot, estranged from family or missing from care
- are, or have been, looked after or fostered or involved with child safeguarding agencies
- have had an accident or injuries or have changes in appearance
- regularly attend genito-urinary medicine (GUM) clinics or repeatedly seek emergency contraception or are involved in commercial sex work
- present with poor mental health or behavioural conduct disorders
- have parents or family members who misuse substances or present with mental health problems
- experienced bullying or vulnerability through the internet and/or social networking sites
- have other health, education or social problems at home, school or elsewhere

## Balancing act

Onset is not destiny. Thornberry (2005) supports this argument in regard to persistent youth offending and Hawton and Harris (2008) highlight that onset of self-harm does not mean risk of suicide. The Health Advisory Service (2001) reminds us “one-off and experimental use of drugs and alcohol cannot in itself be seen as indicative of having caused actual harm or being related to any personal disorder”. Vlugter (2009) states that there are “notable differences in personal, family or social needs among those young people that have high levels of offending compared to those with low levels of offending” (p117). Across all the specialist areas is the message that no single factor predicts future behaviour and argue that it is about the compounding nature of ‘risk factors’ that means the probability is increased for self-harm (SCIE, 2005b), problems with alcohol and/or drugs (National Treatment Agency for Substance Misuse [NTA], 2007; Alcohol Concern, 2011) or with offending (West, 1982; Farrington, 2007). Conversely, Bartley (2006) reminds us that “early adversity does not necessarily lead to maladjustment” and supports a focus on building resilience, the ability to overcome adversity and ‘beat the odds’. It is also important to consider the frequency and timeframes of factors (Borum et al, 2000; NTA, 2007; Kidger et al, 2012).

The level by which ‘protective factors’ are present or lacking is a further consideration. McLean et al (2008) note that a lack of resilience factors (things that can maintain balance) is a better predictor of suicidal behaviour than the amount of exposure to stressful life events. Glover (2009) encourages assessing for resilience and looking for: secure attachments, self-esteem and self-efficacy. Britton and Noor (2006) state that “an assessment must include problems, strengths, and identification of goals and personal plans as a first step” (p8). Hanson and Holmes (2014) state that “most resilience occurs when promotive factors feed into and enhance one another, setting up positive spirals and pathways”. The ‘Good Life Model’ (Ward and Fortune, 2013) presents an argument that “correctional programs should aim to increase individuals’ awareness of their core values and assist them to translate this awareness into concrete intervention plans”. It is also important to understand that the factors that lead to the behaviour are not the same as those that will influence desistance (Graham and Bowling, 1995). Furthermore, in regard to offending, it is a normal part of adolescence (Pitts 2003b) and most grow out of crime (Sampson and Laub, 2003; Goldson, 1997). Homel (2005) notes “risk factors are essentially common sense notions” (p7). Muncie (2001) promotes a system that supports “basic principles of respect, protection, informalism and rights”. The tight rope aims to help build a balanced picture of strengths and risks.

## 4. A closer look at the tight rope

### Ten dimensions

As a visual representation of risk and resilience the tight rope has ten dimensions that are each represented with a vector<sup>1</sup> as follows:

1. Balancing strengths (a person balancing on the rope)
2. The worrying behaviour or danger (person falling off the rope)
3. Motives and values (a person holding their hand to their heart)
4. Future goals (person holding up a star)
5. Past concerns that increase instability (person on muddy path)
6. Past positive foundations (person building bricks / growing flowers)
7. Compounding dynamic concerns (person carrying bag of worries up the ladder)
8. External support (people holding a safety net and catching someone)
9. What needs to happen (person walking down steps)
10. Contingency planning (person holding an umbrella and looking at clouds)

### Templates and prompts

In eight of the dimensions there is a list of sixteen research led prompts to guide a professional's assessment. The prompts are presented in this book as just a list next to references. The full toolkit has these printed on cards with the visual images outlined above. Workers can also use the lists as a starting point to map out on flipchart, paper or whiteboard. In any case, the prompts must be used only as a guide.

Each subsection of this chapter will have:

- An introduction and some guidance on how to encourage an open discussion
- A list of the prompts aligned with the relevant references.

Some subsections have further information with summaries from wider guidance if there are specific considerations in regard to specialist fields.

**The templates on the next three pages can be used as a record or quick guide for discussion. These can be copied but must not be amended and must maintain the copyright / trademark symbols and references on all print outs or copies.**

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<sup>1</sup> The vector images were created by Leremy Gan  
tight rope®

tight rope mapping

Worries?

What might 'falling off' look like?

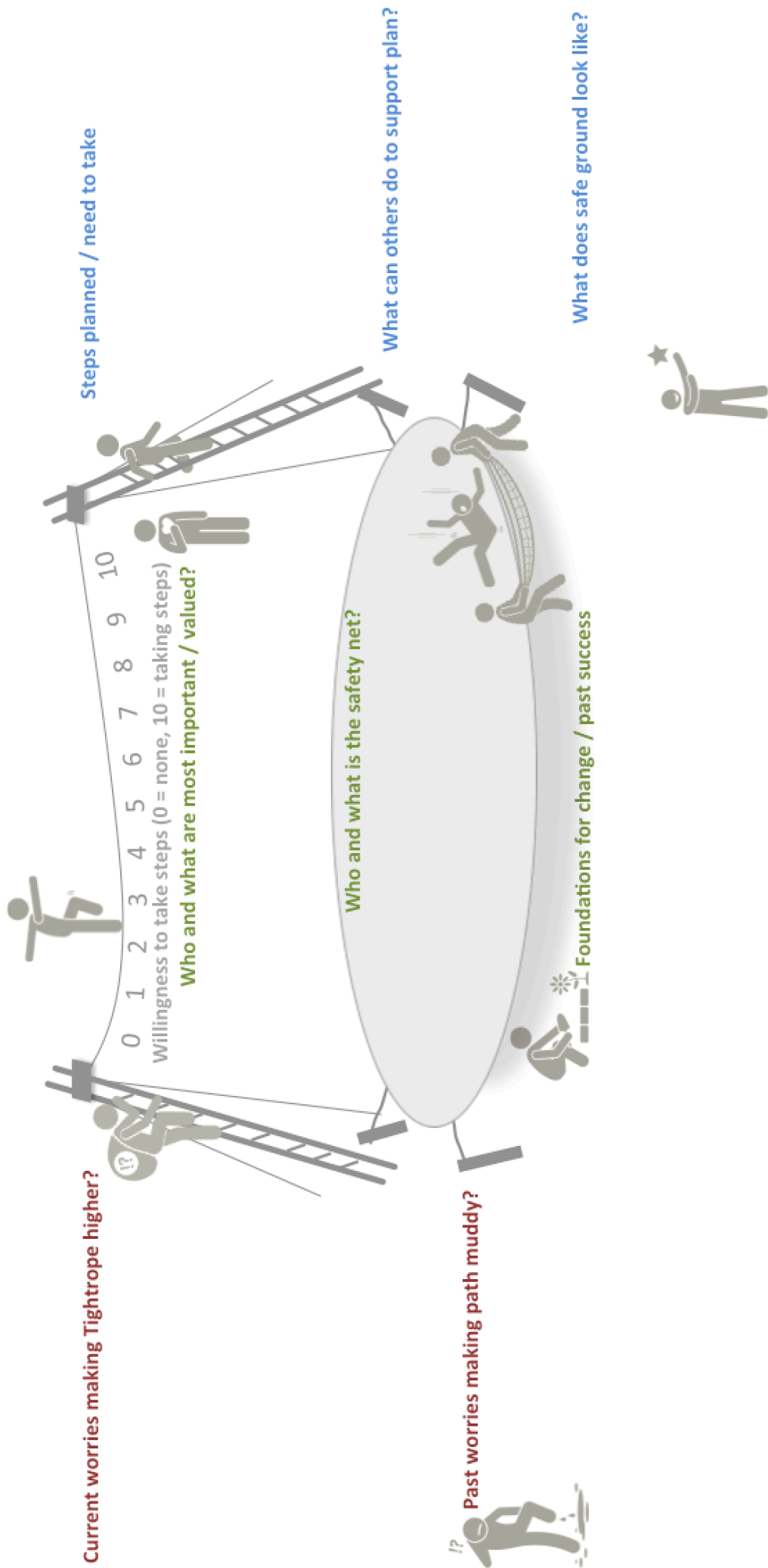


Working well?

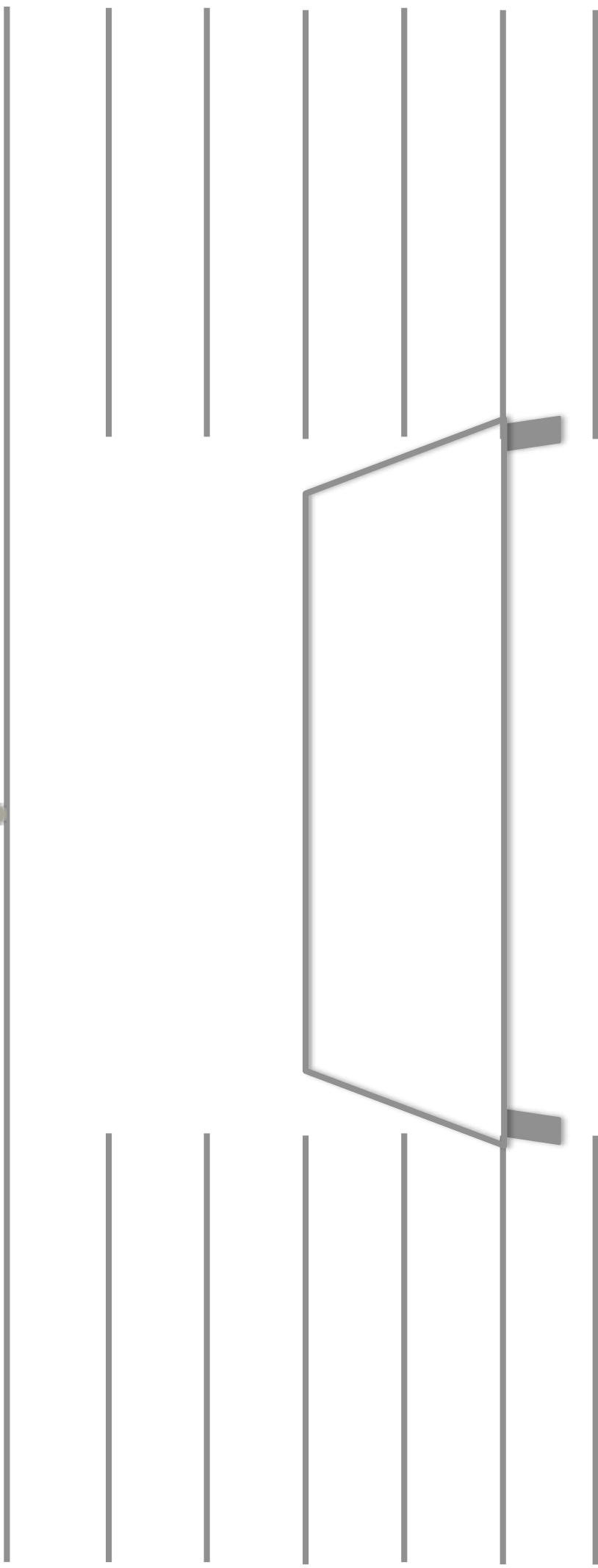
Strengths to stay balanced?

Needs to happen?

Contingency planning







0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

## Worries?

### What might 'falling off' look like?

What has happened that we are worried will happen again, that might hurt you or others? Do you mind if we talk about [insert behaviour]? What do you worry you might do again? If things keep going the way they are, what's the worst that might happen?

### Current worries making Tightrope higher?

Are their things happening in your life or in your family that make this problem harder to deal with? What is that like for you? Are there situations or people that makes things more 'worrying' or 'risky'? What makes it difficult to take positive steps? Might these be things that make the Tightrope higher? How high is the Tightrope?

### Past worries making path muddy?

What has happened, what have you seen, that makes you / others worried?

Can you say when this first began? What are others concerned about? Let's try to identify problems that are no longer present and now in the past.

## Working well?

### Strengths to stay balanced?

What's the best way you cope with stress / worries / change? What are your best attributes? This is what I like about you .... what would [important person] say they like about you?

How important is it to take steps?  
How confident are you to do this?

0 1 2 3 4 5 6 7 8 9 10  
Willingness to take steps (0 = none, 10 = taking steps)  
What number best reflects how ready you are?

### Who and what are most important / valued?

What are the best things about your life? Who / what would you say are most important to you? What have you gained from [problem / behaviour]? What motivates you?

### Who and what is the safety net?

Who do you call on for help?  
Who are the people that care most about you?  
What are the best things about how they care?  
Who is there for you no matter what?  
Who helps you learn and grow?  
Who looks out for you?

### Foundations for change / past success

Are there times when the 'falling off' behaviour could have happened but you or others stopped it happening? Have there been times when problems has been dealt with well or were even a little better? How did that happen? What are you most proud of? What are your best memories?

## Needs to happen?

### Contingency planning

What might be in the future that we need to think about, plan for or be aware of?  
What needs to happen if things get worse (or better)?

### Steps planned / need to take

What is the smallest next step you could take toward your goals? What do you think are other steps that should happen to get this worry sorted out? What would need to happen for the scale to move just 0.1 point up from [number chosen on scale]

### What can others do to support plan?

How can I help you get past some of the difficulties you are experiencing? What do others need to do to support the plan?

### What does safe ground look like?

What would you or others need to see that would mean the problem is sorted? What would '10' look like? If you make changes, how would your life be different from what it is today? What would a 'good life' look like?

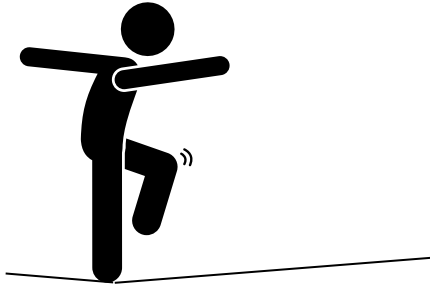
Where on the path are we when it comes to how safe or stable the situation is now? Are there different judgements for different people?

0 1 2 3 4 5 6 7 8 9 10

Scale of safety/stability (0 = still in place of worries, 10 = on safe and stable ground)

tight rope® © 2016 Vlinder Consultancy Ltd

Wording adapted from Ward & Maruna (2007), Signs of Safety (Turnell, 2012), AssetPlus (YJB, 2013) and Miller and Rollnick (2013)



## 1. Identifying 'Strengths that help me stay balanced'

Research on resilience, desistance, social capital and adolescent transition has been drawn together to form a holistic list of statements that increase adolescent resilience. These range from behaviours that are protective against risk-taking, motivating factors and feelings

### **After discussing the tight rope analogy ...**

Encourage the young person to think about what strengths they have to stay balanced. Ask them how this strength helps them in different situations.

Suggested questions:

*How have you managed change before? What do you do to cope with difficulties?*

*What would you say are your best attributes?*

*This is what I like about you .... what do others say they like about you?*

The more resilience present the more likely they will be able to manage different situations. However, remind the young person that many of these can be learnt and built upon. They are things that young children have had to learn through relationships in various contexts.

associated with self-esteem and self-efficacy.

### **Be mindful of your own reactions to the young person's presentation**

Often volatile young people will have the ability to push the buttons of their workers, perhaps testing the limits to see how much they can trust the worker to do their job as a professional and whether they will receive unconditional support (key to developing relationships). This may be coupled with a charm that can throw any professional into confusion. Young people often have a tenacity and determination that could, if steered in the right direction, help them in so many ways. Encourage them to draw on these skills and put them into positive action.

Also be aware of the level of hopelessness and lack of purpose that those who are at risk of self-harm may exude. These young people may also mask their vulnerability through their attempts at being 'likeable' or 'compliant' and they may require support to increase their resilience through feeling ok to make decisions for themselves.



## Research informed prompts for discussing current strengths to help stay balanced:

Prompt Statement:	References:
1. <b>Positive outlook</b>	Boeck et al (2006) – positive outlook key to social capital; Know where I am going and approaching new tasks with positive frame of mind supports resilience (Chrisp et al, 2011); Grotberg (2003) – “Sure things will be all right”; Newman (2004) – capacity to re-frame adversities builds resilience (finding the good in the bad); Chrisp et al (2011) – finding ways to feel better when low; able to apply peaceful problem solving and try to find a win-win solution.
2. <b>Able to manage self</b>	Bandura (1995), Goodman (2004), Dowling (1993), Gilligan (2000), Newman (2004); Glover (2009) - “self-efficacy” key to resilience; Davey et al (2003) –reduces offending; Rich (2011) – coping skills important for reducing sexually harmful behaviour; Truth Hurts (2006) – feeling able to help self supports recovery from self-harm; McLean et al (2008) – self control and self-efficacy essential for self-harm reduction; Borgen and Amundsen (1995) – supports adolescent transitions. Factor of resilience in areas of: keeping safe, loving self, expressing self and knowing where going (Chrisp et al, 2011)
3. <b>Have skills can use</b>	Graham and Bowling (1995) – importance of work / education (Employability) to counteract persistence in offending Ward and Maruna (2007) – tap into skills to motivate change. Chrisp et al (2011) – Contributing; can talk about the kind of work they might like to do; can apply what learnt to something new.
4. <b>Know where to get help</b>	Briggs (1998) - important for social capital. Chrisp et al (2011) – resilience factors: can talk about feelings, know where to get help (even with strong feelings), able to ask others for help.
5. <b>Feel ok about myself</b>	Key factor for resilience; Rutter (1989), Bynner (2001) – self-esteem; Davey et al (2003) – high self-worth reduce risk of offending. Chrisp et al (2011) – strategies to manage feelings, being able to love self.
6. <b>Can plan and problem solve</b>	Quinton et al (1993) – reduce reoffending; Glover (2009); McLean et al (2008) – importance of self-efficacy in reducing self harm; Chrisp et al (2011) – resilience supported when able to set goals, break down into steps and review, use experiences to change plans.
7. <b>Flexible to try new ideas</b>	Borgen and Amundsen (1995) – important for positive adolescent transition; McLean et al (2008) – social adjustment skills mediate against suicide risk; Chrisp et al (2011) – resiliency from being able to try new ideas and learn after mistakes.
8. <b>Trust others with my feelings</b>	Bryant (1985) – source of support for adolescence, Rich (2011) – attachment protective for sexually harmful behaviour; Grotberg (2003); Glover (2009) – resilience building; Chrisp et al (2011) – ‘expressing myself’ and ‘being heard’ are key resilience factors; being able to speak to someone about growing up, risks and emotions.
9. <b>Clever</b>	Farrington (2007), Lösel and Bender (2003), Bender et al (1996), Lösel and Bliesener (1994), Stattin et al (1997) – intelligence reduces risk of offending; Alcohol Concern (2011) – protective for misuse
10. <b>Caring</b>	Grotberg (2003) – building resilience (Glad to do nice things for others and show concern)
11. <b>Funny</b>	Glover (2009) Sense of humour helps with resilience

<b>Prompt Statement:</b>	<b>References:</b>
12. <b>Likable / lovable</b>	Bourdieu (1984) and Rutter et al (1998) – social capital. Grotberg (2003) – resilience (feeling like someone people can love or like) Positive temperament reduces risk of reoffending (Moffit et al, 1996); substance misuse (Alcohol Concern, 2011), suicide (McLean et al, 2008). *many are resilient but not ‘likeable’ or ‘reasonable’ (Newman, 2004)
13. <b>Sociable</b>	Bourdieu (1984) –social capital; Chrisp et al (2011) – resilience (living together / social awareness); Rutter et al (1998) – reduce reoffending
14. <b>Can respect myself</b>	Grotberg (2003) – resilience; Able to walk away from situations and keep safe (Chrisp et al, 2011); Can stay safe online; know my behaviour can have effect on others and myself.
15. <b>Can respect others</b>	Grotberg (2003); Chrisp et al (2011) – resilience: can discuss values / beliefs of others in positive way, can listen to others even if disagree, can understand another’s point of view and respect their decisions; know can have effect on others.
16. <b>Can take responsibility</b>	Glover (2009); Grotberg (2003) – willing to be responsible for what do; Chrisp et al (2011) – can talk about mistakes and ways to do differently, can take responsibility for actions whether good or bad outcomes. Borum et al (2000) –reduces risk when compliant.

### *Further considerations:*

Grotberg (1995) as part of the International Resilience Project outlines three areas of resilience: I have, I can and I am. These can be aligned to the safety net, past positive foundations and internal strengths. She states that although not all the outlined features are required, resilience results from a combination of features from each of these areas.

Although social capital can assist a person to navigate through life and is helped if they are ‘likeable’ and ‘reasonable’ (Bourdieu, 1984) note that resilience is also key to overcoming adversity and many are resilient but not ‘likeable’ or ‘reasonable’ (Newman, 2004). The demanding and challenging behaviour sometimes portrayed by young people involved in statutory services may inadvertently mask the protective factors that can aid their journey through adversity and in growing up. A ‘hard’ outlook or problematic attitudes are “protective given the realities of their lives” (Bartley, 2006:9). Many young people ‘in the system’ may have low family or community social capital but have an audacity that sees them through. For these young people they may need to learn to trust others and be less self-reliant, requiring adults who can be trusted and relied upon.

McLean et al (2008) note that high levels of reasons for living, future orientation and optimism protect against depression (a pathway factor for self-harm). Furthermore, being in control of emotions, thoughts and behaviour can mediate against suicide risk associated with sexual abuse among adolescents. They also report that hopefulness is protective against suicide among African-American women exposed to poverty and domestic violence. Although in relation to gender specific non-UK adult population, this is worth noting in regard to the coping strategies of the mothers of young people at risk of self-harm as they also note that “positive maternal coping strategies can have a protective effect on female adolescents” (McLean et al, 2008).

Although intelligence is considered a protective factor, Bartley (2006) reminds us “high ability in early life is not able to protect against the effects of childhood economic disadvantage” (p9). Evidence suggests that it is the compounding effect of several interwoven factors, impacting on the young person’s perception of themselves, their situation and their choices that appear to be most significant as to how they may behave. The ability to respond well to critical unpredictable life events appears to have a strong bearing on whether an individual is drawn to or avoids risk-taking behaviour. Factors such as an internal locus of control and self-efficacy sit alongside nurturing and supportive environments (Glover, 2009). Young people need to have opportunities to build social capital and the knowledge of how to make use of them (Schaefer-McDaniel, 2004). Rutter et al (1998) highlight the need for young people to have opportunities for developing social and reasoning skills. UK programmes to promote resilience are looking at ways that children can be supported in building assertiveness and decision making as well as learning to relax (Glover, 2009). Bartley (2006) reminds us “it is never too late to learn”.

The Wakefield Risk and Resilience Competence Framework (Chrisp et al, 2011) provide a detailed summary of the factors that support resilience from ages 0 - 19. They have grouped these into eight main areas of: self awareness; self-management; responsible decision-making; effective communication; social awareness; risk awareness; information management and self-efficacy. Their framework provides a detailed and comprehensive list of personal resilience factors that should be demonstrated at each age to know a young person is growing up well. The activity of mapping out a young person’s risks and resilience against the tight rope could in itself promote some of the key tasks of resilience (see Appendix A).



## 2. What might falling off look like? (worrying behaviour)

These statements are drawn from assessment tools for violence, self-harm and substance misuse. There is also reference to guidelines of 'seriousness'. Having identified strengths within the young person you could now consider what it is we are worried will happen and discuss why change is important. Specifically, what might realistically happen in future that is harmful to themselves or others. This discussion has to recognise previous behaviour in order to predict future behaviour. It is also important to consider timeframes, frequency and impact.

Discuss what 'falling off' might look like and what is the worst that could happen.

Suggested questions:

*Do you mind if we talk about [behaviour]?*

*What has happened that we are worried will happen again, that might hurt you/others?*

*If nothing changes, what's the worst that might happen?*

If discussing the prompts:

Encourage the young person to think about why these aspects indicate that the behaviour is more worrying and seek out specific examples to confirm whether they are relevant to specific specialist areas or not (offending, substance misuse or self-harm).

Explore some of the terms, for example 'vulnerable victim' and why particular time frames (month, daily) or ages (before 14 years) are included.

Many of the statements talk of harm related to self or others so seek clarification on whether the chosen card is relevant in both or different instances. Clarify whether the behaviour they are talking about has occurred in the home and against a family member or if the behaviour occurs somewhere else and with/against strangers.

The prompts are worded as past tense but you may need to clarify if these are still current and how recently they occurred.

### **BE MINDFUL OF DISCLOSURES**

Ensure that the young person fully understands your duties in regard to confidentiality and the sharing of information, particularly your duty to act if they disclose information that means that someone (either themselves or someone else) has been significantly harmed or is at risk of being harmed.



## Research informed prompts for discussing what we are worried about:

Prompt statement	References
1. <b>'Binge' or 'heavy' drinking</b>	Britton and Noor (2006) – drinking to get drunk is 'harmful'. Alcohol Concern (2011) – YP should not exceed adult recommended limits (12 units in week or 3 units at time is <i>harmful</i> drinking). YJB (2008b) – binge drinking indicates need for substance misuse intervention. Coleman and Carter (2005) – heavier drinking increases risk of potential harm (e.g. unsafe sex, drug use and fighting).
2. <b>Smoke / take drugs</b>	Class A drug use indicates need for substance misuse treatment (Youth Justice Board, 2008b). Sentencing Guidelines Council – link to drugs or alcohol aggravating factor in offending.
3. <b>Harm self</b>	Kidger et al (2012) – self harm serious if resulted in hospitalisation; AUDIT tool – injury as result of drinking assessed as a risk concern; Borum, Bartel and Forth (2000) – history of self-harm and suicide attempts indicator risk of violence
4. <b>Hurt others</b>	Sentencing Guidelines Council – serious injury aggravates offence
5. <b>Carry or use weapons</b>	Sentencing Guidelines Council – aggravating factor in offending; Kidger et al (2012) – cutting most common self-harm (increased suicide risk if repeatedly)
6. <b>Hateful actions</b>	Sentencing Guidelines Council - Racist or discriminatory motive aggravates offence. NSPCC (2013) - sexual behaviour more concerning if linked with homophobia or racism; Kidger et al (2012) – punishing self common in self-harm
7. <b>Target vulnerable</b>	Sentencing Guidelines Council – aggravates offence; The NSPCC (2013) indicates that sexual behaviour is more concerning if it occurs with someone two years younger and/or with a disability;
8. <b>Steal or take from others</b>	Sentencing Guidelines Council – high value loss aggravates offence; Robbery or Burglary more serious than theft. Aggravated if many other behaviours present.
9. <b>Behaviour is with others</b>	Borum, Bartel and Forth (2000) – violent peer group increases risk of serious violence; Sentencing Guidelines Council – aggravates offence; Coleman and Carter (2005) – increases 'risky' drinking, particularly for younger age groups.
10. <b>Sexually active while young</b>	Formica (2008) - increases risk of abusive relationship; NICE (2007) – early sexual encounters influences substance misuse. Chrisp et al (2011) pre 16.
11. <b>Black out</b>	Head trauma linked to violence / offending (Williams, 2012; Hughes et al, 2012) Overdosing linked to risk of suicide (Kidger et al, 2012; Hawton & Harriss, 2008); AUDIT tool - blackout indicator of seriousness of alcohol misuse.
12. <b>Go missing</b>	Sharp et al (2004) – absconding linked to gang membership, Berelowitz et al (2013) – missing episodes often present in those sexually exploited;
13. <b>Truant</b>	Graham and Bowling (1995) – truancy linked to offending; Alcohol Concern (2011) – school truancy linked to substance misuse; Berelowitz et al (2013) – truancy often present in young people who have been sexually exploited;
14. <b>Being homeless</b>	Yoder et al (2003) – homelessness factor for offending; Berelowitz et al (2013) – often present before child or young person sexually exploited; Importance of family support highlighted for self-harm and other behaviours
15. <b>Not using help on offer</b>	Borum, Bartel and Forth (2000) – non-compliance or violence during intervention increases risk.
16. <b>Repeating behaviour</b>	Borum, Bartel and Forth (2000) – 3 times violent or 5 times non-violent offending is risk of serious violence; Repeated self harm increases risk of suicide (SCIE 2005a; Kidger et al, 2012; McLean et al, 2008, Hawton and Harriss, 2008), Self-harming more than 1 x month indicator of risk of suicide (SCIE 2005a and Kidger et al 2012); AUDIT tool – monthly frequency lowest level of risk in assessing alcohol misuse. Chief Medical officer (if 15-17 years old) drinking should be no more than once a week.

## Guidance supporting worrying behaviour, broken down into specialist areas

### Age of onset

As noted above, it is important to consider timeframes, frequency and impact to determine the 'seriousness' of behaviour. Furthermore, the age of onset will be an important consideration in determining the likelihood of repetition. The most common **"risky age"** for onset is **14 years** (Alcohol Concern, 2011; McLean and Beak, 2012; Borum, Bartel and Forum, 2000).

McLean and Beak (2012) state that onset at 14 years is a predictability factor of later violent offending or longer criminal careers. Borum, Bartel and Forth (2000) also give 14 years as a risk factor for serious youth violence but highlight that if onset of offending is before age 10 years then this is even more concerning. The Chief Medical officer recommends no alcohol use before age 15 years.

Some specific 'seriousness' aggravating factors for offending, self-harm and substance misuse are outlined below.

### Offending:

The Sentencing Guidelines Council outline the areas that will mean an offence is 'more serious' due to aggravating factors of:

- *Planning*
- *Weapons*
- *High value loss*
- *Serious injury*
- *Targeted vulnerable victim*
- *Racist or other discriminatory motive*
- *Group attack*
- *Unprovoked*
- *Link with drugs or alcohol*
- *Offended on bail*
- *Recent and relevant previous convictions*

## **“Serious harm”**

The Youth Justice Board recognises that “all offending by young people causes harm – either to specific victims or to communities – and that such harm needs to be taken seriously” (YJB website) but they also state that a small proportion of young people will require specific risk management in regard to their risk of serious harm to others. They define Serious Harm meaning: *‘death or injury (either physical or psychological) which is life threatening, and/or traumatic and from which recovery is expected to be difficult, incomplete or impossible’*. (YJB ASSET Core Profile Guidance).

The assessment for risk of serious harm requires the worker to consider past and current behaviours of harm, the nature of the behaviour, methods and planning involved, the targeting or vulnerability of victims, attitudes, intentions and future opportunities.

## **Youth violence**

The manual for the structured assessment of violence risk in youth (SAVRY) developed by Borum, Bartel and Forth (2000) has a coding system for assessing the risk and protective factors in relation to youth violence. The coding outlines level of frequency and time periods to assess if the factor is more or less significant. The coding for indicating the seriousness of the young person’s actions includes:

- *committed three or more acts of violence*
- *five or more occasions of non-violent offending*
- *first known violent act was prior to age 11 years (Low = no known acts prior to 14 years)*
- *involved in a gang, or primary peer group is criminal or antisocial*
- *poor compliance to intervention*

They define “violence” to mean: *‘an act of battery or physical violence that is sufficiently severe to cause injury to another person or persons (i.e. cuts, bruises, broken bones, death etc.), regardless of whether injury actually occurs; any forcible act of sexual assault; or a threat made with a weapon in hand’* (Borum et al, 2000:15)

The factors include a history of self-harm and suicide attempts that are coded as ‘medium’ for history of self-harm or suicidal gestures with no clear suicidal intent and ‘high’ as having history of serious self-harm (i.e. requiring medical care or hospitalisation) or suicide attempts.

Although these provide an indication of future risk of violence, the research looking at self-harm and suicide also advise that frequently repeated 'minor' acts of self-harm will increase the risk of suicide, this is explored below.

The SAVRY coding also considers the level of substance use difficulties in relation to how much the young person is experiencing adjustment problems as a result of their substance use or if aggression has occurred whilst under the influence of drugs or alcohol. The levels of harmful or hazardous substance use are also explored below.

The other risk and protective factors are referenced alongside other research in regard to past and current concerns and strengths.

### **Sexually problematic behaviour:**

The NSPCC (2013) indicates that sexual behaviour is more concerning if:

- It occurs with someone two years younger and/or with a disability ('vulnerable victim')
- Linked with homophobia and racism (referring to Durham, 2006) as can act to reinforce misplaced aggression and ideas about male domination ('hateful behaviour')

*The NSPCC study recommends both young people demonstrating sexually harmful behaviour and those subject to sexually harmful behaviour by their peers should be viewed as victims.*

### **Self-harm:**

The studies on self-harm indicate that there are different intentions and motivations in regard to self-harm and risk of suicide (Kidger et al, 2012; Hawton and Harriss, 2008; Truth Hurts, 2006; SCIE, 2005a and 2007). Although trends can change and more research may indicate otherwise, it appears that cutting is the most common form of self-harm (Kidger et al, 2012) and overdosing is the most common method of attempting suicide (Hawton and Harriss, 2008; Kidger et al, 2012). Therefore if the young person is presenting with self-harm concerns it is important to ask them what form of self-harm they engage in and what it is they wanted to achieve. Several authors highlight the link between Mental Health problems, depression and low self-esteem with self harm (Royal College of Psychiatrists, 2010; Truth Hurts, 2006; Kidger et al, 2012; McLean et al 2008) and the NICE guidelines (2004) outline the importance of

trained mental health practitioners being involved with the primary care of young people who present with self-harm or suicidal attempts.

The following are indicators that self-harm is more serious and may lead to suicide:

- *Planned to kill self*
- *Self-harming more than 1 x month*
- *Overdosing*
- *Coupled with substance misuse (McLean et al, 2008)*
- *Repeated Self Harm*

Although self-harm does not mean the person is intending to kill themselves (Hawton and Harriss, 2008), when considering the factors that make the behaviour more worrying, repeated self-harm increases the risk of suicide and / or starting to consider suicide (Kidger et al, 2012).

### **Substance misuse – differentiating between reasonable, hazardous or harmful drinking:**

As noted by Allan (2010) “substance taking is never a risk-free activity”. Duff and McNab (2004) outline the following statistical indicators when assessing young people with, or at risk of developing, problematic substance misuse:

- frequency of use
- types of drug used
- reasons for drug use
- route of administration
- current spending on drugs

The Alcohol Use Disorders Identification Test (AUDIT) asks questions in regard to:

- Frequency
- Quantity
- Times of heavy drinking
- Self control changes
- Impact of drinking (failing expectations, injuries, blackouts)
- Morning drinking
- Feeling guilty
- Concern from others



### 3. Exploring 'what I really want or value'

This dimension draws from The Good Lives Model (Ward and Gannon, 2006; Ward and Maruna, 2007; Ward and Fortune, 2013) and resilience and developmental research. This section can be revisited throughout the mapping exercise, to encourage the young person to think about what values inform their behaviour, help them understand their past and what they want from their future. The purpose is to support the young person to maintain these values but achieve them through more positive behaviour. By acknowledging and drawing on the personal values of the young person there is more likely to be 'buy in' to any change.

Encourage the young person to think of what they enjoy doing and why.

Suggested questions:

*What are the best things about your life?*

*Who / what would you say are most important to you?*

*What have you gained from [problem / behaviour]?*

*What motivates you?*

Give examples (e.g. community links might be loyalty to sports / youth club)

If the young person is struggling to think of what they positively value ask them to think about a time when they have felt let-down and describe what they hoped to receive from that situation.

Use this time to discuss what their harmful behaviour may be attempting to achieve.

#### **Be mindful of dismissing values that may not obviously fit with the behaviour**

These values are those held by the young person, therefore it is important that they choose those that fit for them. Even if their behaviour appears contradictory to the value they hold, accept it and work with it. Encourage the young person to use their own words to come up with values or areas of motivation. This section does not mean ignoring or condoning harmful behaviour that may support the values they seek. Look at how they can access what they want through positive or pro-social behaviour.

## Research informed prompts for discussing motives and values:

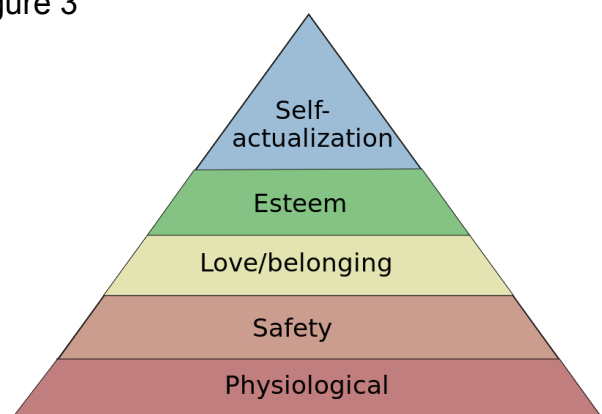
Prompt statement:	References:
1. <b>Making decisions for myself</b>	Bandura (1995), Goodman (2004), Dowling (1993), Gilligan (2000) - Davey et al (2003) - “self-efficacy” key to resilience; McLean et al (2008) – mediates risk of self-harm; Borgen and Amundsen (1995) – supports adolescent transitions. Ward and Gannon (2006) – ‘excellence in agency’ (autonomy) is a primary good. Chrisp et al (2011) – “working it out”, “expressing self” and “knowing where I’m going” all important for resilience; Sense of personal control key stage of development (Erikson, 1950)
2. <b>Feeling ok in myself</b>	Chrisp et al (2011) – loving self. Ward and Gannon (2006) – ‘inner peace’. Linked to sense of competence, belonging, safe exploration / activity.
3. <b>Health / Life</b>	Resilience theories (good health is a primary and basic need), Ward and Gannon (2006) - ‘Life’ is a primary good, Chrisp et al (2011) – keeping safe, understanding the value of food and exercise support resilience (Chrisp et al, 2011)
4. <b>Giving to others</b>	Taking responsibility, contributing to household promotes resilience (Newman, 2004); Mental Health Partnership (2013) – five steps to wellbeing include ‘give’; opportunity to make a difference and knowing impact on world (Chrisp et al, 2011)
5. <b>Recognition</b>	Resilience through praise, acknowledgement and good expectations; ‘Being heard’ and ‘knowing where going’ key to resilience (Chrisp et al, 2011). Developing sense of purpose key stage of development (Erikson, 1950)
6. <b>Doing well at something</b>	Newman (2004) - Development of skills and mastery of tasks build resilience; Ward and Gannon (2006) – excellence at work and excellence in play both primary goods, linked to Recognition; sense of competence - key to development (Erikson, 1950)
7. <b>Cultures and routines</b>	Ward and Gannon (2006): (linked to ‘spirituality’ – a primary good) Newman (2004) - Family routines and rituals support resilience; positive sense of self and confidence in culture / diversity supports resilience (Chrisp et al, 2011)
8. <b>Belonging</b>	Mental Health Partnership (2013) – five steps to wellbeing include ‘connect’; “living together” area of resilience (Chrisp et al, 2011). Getting help where belong important (Putnam, 2000); Ward and Gannon (2006) – ‘community’ a primary good; Sense of belonging early stage of emotional development (Barrow et al, 2001)
9. <b>Being close to others</b>	McLean et al (2008) – highlight importance of positive connections for those at risk of self-harm; Positive relationships and living together (Chrisp et al, 2011). Linked to friendship.
10. <b>Having fun</b>	Ward and Gannon (2006) – ‘pleasure’ and ‘excellence in play’ both primary goods; During development children seek excitement and incidence (Barrow et al, 2001)
11. <b>Being creative</b>	Ward and Gannon (2006) – ‘creativity’ a primary good; Being heard and expressing self (Chrisp et al, 2011; Barrow et al, 2001)
12. <b>Having enough information</b>	Briggs (1998) - knowing how to get help is key for social capital. Ward and Gannon (2006) – ‘knowledge’ a primary good; Mental Health Partnership (2013) – five steps to wellbeing include ‘keep learning’ and ‘take notice’. Getting informed key to resilience (Chrisp et al, 2011).

Prompt statement:	References:
13. <b>Friendship</b>	Ward and Gannon (2006) – ‘friendship’ (including intimate, romantic relationships) a primary good.
14. <b>Escape</b>	Relief from terrible feelings (Kidger et al, 2012; Truth Hurts, 2006). Escape from problems (Coleman and Cater, 2005); Ward and Gannon (2006) – inner peace (including freedom from emotional turmoil)
15. <b>Loyalty</b>	Linked to friendships, closeness and belonging – can be motivator for behaviour even when negative outcome (no.9 in compounding concerns)
16. <b>Being active</b>	Freedom to explore and learn linked to resilience and stages of development (Barrow et al, 2001; Erikson, 1950); Mental Health Partnership (2013) – five steps to wellbeing include ‘being active’.

### *Further considerations:*

As outlined in other sections, the impact of poverty and deprivation cannot be ignored. Maslow’s *Theory of Human Motivation* (1943) – Figure 3 – is still a relevant text today as it provides a foundation and simple summary of the areas of human motivation that align with the ‘goods’, ‘values’ and ‘motives’ outlined above. Maslow highlighted that it is difficult to achieve areas of actualisation and inner peace when the basic physiological needs of food, sleep and shelter are not being met. Some young people may say that their behaviours and their needs are motivated by a need for safety or financial gain. Although ‘health / life’ is within the list of prompts, there is not one for ‘money’. This is because it is important to encourage a discussion about what ‘money’ would provide – a sense of health and life, recognition, doing well at something through acquiring it, access to fun or escape? Similarly, it will be important for you to acknowledge when you will need to first advocate for the basic needs of food, warmth, shelter and sleep before embarking on a journey toward the achievement of goals within the area of ‘esteem’ or ‘self actualisation’ with the young person.

Figure 3







#### 4. What does safe ground look like? What is the goal?

This section does not include any prompts. The goal needs to be personally tailored to each individual. It needs to be based on what they wish to achieve, what they are motivated by and what they would like to change or sustain.

*Ensure this section includes a clear statement of the goal and that it includes an outline of how the young person is safe and not hurting anyone.*

##### **Help the young person to consider goals that support stability, safety and wellbeing**

Discuss what 'safe ground' would look like – what do they want to achieve?

Suggested questions:

*What would you or others need to see that would mean the problem is sorted?*

*What would '10' look like? What would you like to see different about your current situation?*

*What will be different if you complete ...?*

*If you make changes, how would your life be different from what it is today?*

*What would a 'good life' look like?*

The tight rope can be used as a coaching tool to review progress to goals.

#### **BE MINDFUL OF MAINTAINING A BALANCE BETWEEN REALISM AND HOPE**

It is important that the goal feels motivating and also achievable. If the young person is struggling to think of a goal then visit some of the other areas of the tight rope to determine whether change is needed and any actions required to achieve change. If the young person is discussing goals that appear far-fetched and unrealistic then avoid dampening their motivation by not acknowledging them – instead breakdown the steps needed to achieve those goals and support a belief that anything is possible – even if the road will be long and require hard work.

## Scaling examples

Below are some examples of scaling that have been adapted from Resolutions Consultancy and with permission from the 'Signs of Success' project developed by the William Strikker Group in the Netherlands. These could be used to make judgements in regard to safety, success or engagement and could be used for the scale at the tight rope base.

### Stability scale

Rate the situation on a scale 0 – 10, 10 means: (YP name) has a good level of stability, routine and structure in their life that they are managing to make a success from their situation. And 0 means: (YP name)'s life is a mess and he/she is struggling to maintain or make steps toward the future he/she wants.



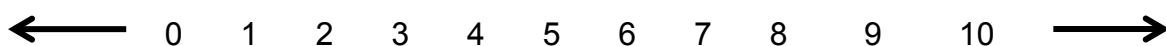
### Working relationship scale

Rate the situation on a scale 0 – 10, 10 means: (YP name) and the important people around him/her are co-operating with the worker / team. (YP name) feels respected and has faith that they are supported by their worker(s). And 0 means: (YP name) and the important people around him/her do not trust the worker(s) and there is no cooperation in the intervention.



### Justice scale

Rate the situation on a scale 0 – 10, 10 means: (YP name) is not coming into contact with police/courts. The chance that he/she will be accused of a crime is very small. And 0 means: We know for sure that (YP name) will come into contact with police/courts and will be accused of a crime.



### Risk of harm to others scale

Rate the situation on a scale 0 – 10, 10 means: (name) has not physically or emotional harmed anyone for more than 1 year and has no plans to harm other. The chance that he/she will harm another is very small. And 0 means: We know for sure that (name) has plans to harm another person or is actively involved in behaviour that is or could be harmful to others.





## 5. What makes the path 'muddy'?

This section is to help establish what has happened in the past that may help explain current risks or concerns, represented by muddy patches on the pathway. Although it helps to have an understanding of the chronology or significant life events that explain why the young person is in a particular volatile situation, please don't use these prompts in isolation in order to "dig up the dirt" (pun intended) on the young person's history. It is more important to cover the positive foundation section – if this feels like grasping at straws think of how straw helps firm up mud!

Discuss how the pathway under the tightrope (up to this time of change / volatility) could be filled with muddy patches and how these would make the foundation more 'wobbly'.

Suggested questions:

*What has happened, what have you seen, that makes you worried?*

*Can you say when this first began? What are others concerned about?*

*Let's try to identify problems that are no longer present and now in the past.*

If using the prompts:

Encourage the young person to think about whether there are any they recognise as being part of their past (a pathway) or a reason for continuing concerning behaviour (a step up).

When it comes to reviewing the picture they may be able to see how some things can be shifted down to be part of the path. This may be something that then motivates them to remain on 'safe ground' and not take steps up, or have excuses, for why they may offend or misuse substances or harm themselves or others.

### **Be mindful of creating excuses that allow for continued risky behaviour**

Although a young person's behaviour may be 'understandable' due to a number of past concerns that provides an understanding of the reasons for the situation, it does not mean it is 'acceptable' or to be excused in order for it to be repeated. Having a discussion with a young person about the difference between the terms 'understandable' and 'unacceptable' and how their behaviour could at times be seen as both may provide a way of acknowledging their past experiences and also allow the focus to move on to their current strengths and supports that can overcome any of the factors that are still a current pressure or concern.

**\*\*Don't forget to talk about past positive foundations and exceptions to past harm.**

## Research informed prompts for discussing past significant events / past harm:

Prompt statement:	References:
1. <b>Lived in poor area</b>	Webster et al (2006), Armstrong (2004), Pitts (2003a), Thornberry, Krohn, et al (2003), McCord et al (2001), Hill et al (1999), Brooks-Gunn et al (1997) – Neighbourhood deprivation linked to offending; McLean et al (2008) and Royal College Psychiatrists, 2010 – linked to self harm (deprivation and isolation); Alcohol Concern (2011) – link to substance misuse.
2. <b>Did same as friends</b>	Thornberry (2005), Sharp et al (2006); Armstrong et al (2005) – close link to offending; NSPCC (2013) – sexually harmful behaviour. Truth Hurts (2006); Krigder et al (2012) – males may be curious if friends self harm. Hawton et al (2002) identify as risk of self-harm for both. Berelowitz et al (2013) – if friends being sexually exploited then indicator of risk of sexual exploitation. Alcohol Concern (2011) – friendship with deviant peers linked to substance misuse. Coleman and Cater (2005) – girls often motivated to use alcohol if feeling socially pressured. Friends can amplify one another's negative feelings through circular negative discussion (Hanson and Holmes, 2014)
3. <b>Did same as family</b>	Farrington (2007), Rutter et al (1998) – parent/carer with a conviction link to risk of offending. Hawkins et al (1995) – parents condoning offending; Truth Hurts (2006) and Hawton et al (2002) – self harm / suicide of someone close link to onset of self-harm. Alcohol Concern (2011); NICE (2007) – family members who misuse drugs or alcohol linked to young person's substance misuse
4. <b>Bullied/used</b>	Exploitation. Pitts (2008) highlights many YP are reluctant gangsters; Berelowitz et al (2013) – association with gangs increases risk of gang related child sexual exploitation (CSE). Bullying. Rutter et al (1998), Olweus (1993) – related to offending. NSPCC (2013) – those who were abused and felt powerless wanting to dominate others. Truth Hurts (2006) –being bullied link to self harm
5. <b>Too much pain to deal with</b>	NSPCC (2013) / Rich (2011) – acting out experiences on others (sexual harmful behaviour); Kidger et al (2012) - relief from terrible feelings linked to self harm; Truth Hurts (2006) - self-harm because no other way of coping with problems and emotional distress in their lives. Coleman and Cater (2005) – escape from problems a motivation for intoxication
6. <b>Arguments with others</b>	Eitle et al (2004) – offending; Hawton et al (2002), SCIE (2005a), Truth Hurts (2006), Hawton and Harriss (2008) – link to self harm; Alcohol Concern (2011) – family conflict linked to substance misuse
7. <b>Times anxious or low</b>	Farrington (2007), Tremblay et al (1994)– Mental health linked to offending; SCIE (2005a) – self harm prevalent if anxiety or depression present; NICE (2007) – Mental Health influences substance misuse
8. <b>Struggled to like myself</b>	Low self-esteem: Kidger et al (2012), Hawton et al (2002), Truth Hurts (2006) –linked to self harm; Berelowitz et al (2013) – indicator of risk of sexual exploitation. NICE (2007) - influences substance misuse

Prompt statement:	References:
9. <b>Hurt by others</b>	Farrington (2007) – past abuse linked to future offending; Social Exclusion Unit (2001) – Poor experience of care linked to offending. Truth Hurts (2006) – experience of abuse linked to self-harm. NSPCC (2013) - history of abuse can contribute to a child displaying harmful sexual behavior. Borum, Bartel and Forth (2000) – youth violence risk if young person experienced injuries from abuse. Berelowitz et al (2013) – history of abuse is an indicator of risk of sexual exploitation (also living in residential care); McCrory, De Brito and Viding (2011) – Childhood maltreatment significant risk factor for psychopathology.
10. <b>Did what I want</b>	Rutter et al (1998), Farrington (1991), Farrington (2007) – “poor parenting”, Vlugter (2009) – <i>inconsistent</i> supervision linked to offending. Alcohol Concern (2011) – chaotic home linked to substance misuse; Berelowitz et al (2013) – chaotic household indicator of risk of sexual exploitation.
11. <b>No help given</b>	Hagan (1993) – school / ‘helping agencies’ made situation worse for likelihood of offending. McAra and McVie (2007) argue for diversion out of system. Vlugter (2009) – several parents sought help before young person offended.
12. <b>School or study problems</b>	Schaefer-McDaniel (2004) and Maguin et al (1995) – lots of changes in schools linked to offending; Vlugter (2009) – special education needs and exclusion linked to onset of offending. Hawton and Harriss (2008), Truth Hurts (2006), Royal College Psychiatrists (2010), SCIE (2005a) and Kidger et al (2012) - poor GCSEs / study stress linked to desire to die in self-harm; Alcohol Concern (2011) – school failure, including exclusion, linked to substance misuse
13. <b>Immaturity</b>	Pitts (2003b) – youth offending normal part of growing up; NSPCC (2013) – technology access increases risk of sexually harmful behaviour; Berelowitz et al (2013) – particularly if attending school with others being sexually exploited
14. <b>No money</b>	France and Utting (2005), Thornberry (2005), Arthur (2005), Rutter et al (1998), Eitle et al (2004) – Family financial stress / poverty (all linked to offending); Royal College Pshychiatrists (2010) and McLean et al (2008) – linked to self harm (for older age groups); Alcohol Concern (2011) – low economic status linked to substance misuse.
15. <b>Labelled</b>	Esbensen et al (1993) – negative labelling impacts on social capital; Bernberg et al (2006) – if labelled a gang member increased likelihood of becoming gang member; McAra and McVie (2007) – negative system impact on likelihood of offending
16. <b>Lost someone</b>	Eitle et al (2004) – link to offending; Borgen and Amundsen (1995) – impact on career paths; SCIE (2005a) – experience of stressful life events linked to self harm; McLean et al (2008) – loss of someone (particularly if by suicide) linked to self harm; Truth Hurts (2006) and Royal College Psychiatrists (2010) – parental separation / divorce linked to onset of self harming; Berelowitz et al (2013) – recent loss / bereavement indicator of risk of CSE

## *Further considerations:*

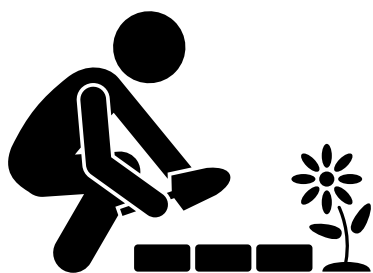
McNeill (2003) asks workers to not narrow the focus too much on 'what works' in tackling 'risk factors' or correcting 'deficits' but instead consider the importance of the relationships in the young person's life and the reality of their life. Otherwise we run the risk of not motivating young people and even producing defiance or dangerousness. Haines and Case (2012) strongly advocate and evidence support for a 'Children First' model, which has focus on 'children first, offender second' and is characterised by a rights/entitlements ethos and focus. It is important to consider the reality of the young person's day-to-day life and their local context (Muncie, 2001; Smith, 2004). Self-report studies show that friend's involvement in problematic behaviour is the 'strongest contributor' to the likelihood of offending.

The Youth Justice Board (2008) source document for the Key Elements of Effective Practice in Assessment, Planning, Intervention and Supervision refers to a number of well-known studies, including the Rochester Study (Eitle et al, 2004) and this highlighted the types of life stressors that are particularly important for young people, and should be areas that workers take particular note of when assessing (and reviewing) a young person's situation:

- Having a big fight or problem with a friend
- Death of someone close
- Being suspended or expelled from school
- Breaking up with a boyfriend or girlfriend
- Failing at school

Truth Hurts (2006) found that "Young people who self-harm mainly do so because they have no other way of coping with problems and emotional distress in their lives". With the rise in technology comes new ways for young people to express themselves, socialise and connect. It provides new ways for bullies to harm others and the vulnerable to be exploited. There are various forums and network sites for young people to access a world of potential abuse, as well as protection or comfort. Young people use sites like YouTube™ to give testimonies. One such phenomena has been self-disclosing videos about self-harm. These start to have similar themes and background stories. The young people (usually girls) who have turned to self-harm as a mechanism for coping with their experiences often tell stories that entail:

- Divorce of parents or disruption in care / contact with family
- Mistreated by boyfriend / girlfriend (feeling manipulated, hurt and lied to)
- Convinced to share pornographic image of themselves and this being distributed
- Being bullied at school (about these images or generally about how they look)
- Arguments at home
- Feeling depressed



## 6. Past positive foundations

This dimension draws from research on 'resilience', 'desistence' and 'social capital'. These are closely associated with 'attachment', 'self-esteem' and 'self-efficacy' that all support positive foundations for change.

Encourage the young person to think about times when they have resisted harmful behaviour. Even if they engage in harmful behaviour on a daily basis, breakdown their days to identify gaps. Discuss times before their behaviour was worrying.

Suggested questions:

*Has there been times when this problem has been dealt with or was even a little better?*

*How did that happen? Are there times in the past that offer hope for the future?*

*How were you able to not [insert behaviour] for [insert time frame]?*

The young person may talk about times with friends, at school or at home as positive when your view on what was occurring means that it was concerning. Tease these situations out and identify what was positive and supportive about it – how did the situation make them feel, were they able to connect to others, did they feel proud of themselves or did others show praise for them? If their behaviour was concerning this still helps to identify their motives for actions.

### Be mindful of pessimism and hopelessness

You may need to draw on information from other sources to gather a picture of positive past strengths. Ask parents/carers for times when they have felt proud of the young person's actions or have seen them make good choices. Ask the school about achievements and milestones. Acknowledge every small positive.

It can be easy to focus on the worrying behaviour and focus on these as the problem to be fixed. Identifying how and when a young person has managed ok (or survived up until now) will help provide some indications of areas of foundation for change.

## Research informed prompts for discussing past positive foundations / resilience

Prompt statement	References
1. <b>Long gaps between 'bad times'</b>	Sentencing Guidelines Council (recent relevant offences aggravate); Self harm – close proximity and frequency increase risk (SCIE 2005a, Kidger et al, 2012, Hawton and Harriss, 2008). YJB (2012; 2013) – focus on previous periods of desistence.
2. <b>Positive times at home</b>	Schaefer-McDaniel (2004) – social capital Smith (2004), Rutter et al (1998) – reduces risk of offending Living together functions support resilience (Chrisp et al, 2011)
3. <b>Usually behave self</b>	Sentencing Guidelines Council – mitigating factor when the offence is the first offence or little offending history; Resilience model – being able to accept rules and social norms develops self-efficacy
4. <b>Help I've had</b>	Briggs (1998) – importance of knowing who can help and how to access; Hagan (1994) – importance of positive system experiences; Knowing where to get help (Chrisp et al, 2011)
5. <b>Handled loads in past</b>	Schaefer-McDaniel (2004), Newman (2004), Rutter et al (1998) – “Resilience” building; Webster et al (2006) – managing crisis; learning from mistakes / overcoming adversity (Chrisp et al, 2011)
6. <b>Finished school / project</b>	Rutter et al (1998) – achieving important for boys, completing for girls; Farrington (2007), Graham and Bowling (1995) – being in education protective; Bartley (2006) - a person who leaves school with some qualifications is more likely to have good mental health, a stable family life and a secure job with prospects. Being able to talk about achievements and previous learning and how they help with future choices supports resilience (Chrisp et al, 2011).
7. <b>Certificates Qualifications</b>	
8. <b>Time worked / had a job</b>	
9. <b>Positive times at school</b>	Coleman (1990) – support social capital; Newman (2004) – builds resilience; Chrisp et al (2011) – supports ‘Living Together’
10. <b>Positive times with friends</b>	Bender and Losel (1997), Putnam (2000) – bonding social capital (feel belong), binding social capital (involved in positive activity)
11. <b>Good memories</b>	Mental Health Partnership (2013) – five steps to wellbeing include ‘connect’;
12. <b>Something proud of</b>	Bandura (1995), Goodman (2004), Dowling (1993), Gilligan (2000) - “self-efficacy” Davey et al (2003) - can manage situation Can take responsibility, describe how manage self, how have learnt from past and know where going (Chrisp et al, 2011)
13. <b>Praised for something</b>	Catalano and Hawkins (1996) – positive expectations. Bynner (2001) – self esteem (core part of resilience)
14. <b>Good choices I've made</b>	Farrington (2007); McLean et al (2008) – problem solving skills for offending / self-harm reduction; Coleman and Carter (2005) apply substance misuse harm-reduction strategies; Rutter et al (1998) – importance of intelligence and navigating choices; Chrisp et al, 2011) - making sensible decisions and wise choices and solve problems builds resilience; Grotberg (2003) – “I can control myself when I feel like doing something not right or dangerous”.
15. <b>Admit when harmed (self or others)</b>	Pleading guilty reduces seriousness of offence (Sentencing Guidelines Council); Truth Hurts (2006) – telling someone about self harm aids recovery; Learn from mistakes (Chrisp et al, 2011) Resilience – saying sorry develops empathy and self-esteem
16. <b>Done charity work</b>	Schaefer-McDaniel (2004) – benefit of volunteering (when wanted to do it); Mental Health Partnership (2013) – five steps to wellbeing include ‘give’; Sense of purpose (Chrisp et al, 2011).





## 7. Compounding current concerns 'steps up'

This section draws from research on dynamic risk factors that impact on adolescent transition. The separation of past and current concerns to identify those that are linked to 'onset' and those that are linked to 'persistence' is often difficult due to the fact that many studies had a backward looking longitudinal approach to find 'correlations' or links to behaviour, which do not always indicate 'cause'. There is also ongoing research into looking at the different types of events that may have a different impact at a different time in a child's life.

Encourage the young person to think about what might make change difficult.

Suggested questions:

*Are their things happening in your life or in your family that make things harder to deal with?*

*What is that like for you?*

*Are there situations or people that makes things more 'worrying' or 'risky'?*

*What makes it difficult to take positive steps?*

*Might these be things that make the tightrope higher? How high is the tightrope?*

If drawing these on a flipchart or piece of paper then consider how high they are and what is the priority concern to put at the top of the ladder.

*A previous version of this tool had the dynamic risks symbolised by a wind-sock to demonstrate pressures but this did not support a review of risks. Furthermore, the future pressures are unknown. You could still draw storm clouds or wisps of wind to discuss the areas that they are worried about in the future – and discuss how it is important to have strong balance and support to face these unknown factors that may blow them off course.*

### Be mindful of feeling overwhelmed

For some young people the ongoing concerns may feel too difficult to overcome, however, the concerns are dynamic, unlike the past concerns discussed in the pathway to the situation. Also talk through how the influence of these will be much less once the young person has taken steps closer to 'safe ground' – as this should then reduce the height of the Tightrope and support a more stable situation. They could then view them as a motivation to keep moving down from the volatile situation and toward a positive future goal.

## Research informed prompts to discuss 'Current concerns' making the tightrope higher

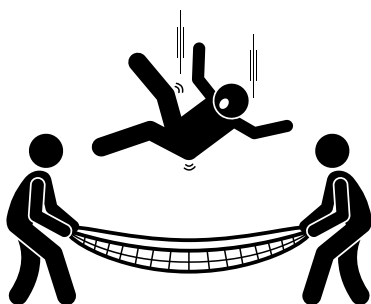
Prompt statement:	References:
1. Pressure from friends	Rutter et al (1998), Thornberry and Krohn (1997), Armstrong et al (2005), Vlugter (2009) – peer influence linked to higher levels of offending. NSPCC (2013) – sexually harmful behaviour risk; Coleman and Cater (2005) – increases 'risky' drinking, particularly for younger age groups.
2. Unsafe where I live	Kosterman et al (1996), Putnam (2000) – impact on social capital. Truth Hurts (2006) – current abuse linked to ongoing self-harm Berelowitz et al (2013) – gang neighbourhood or gang association indicator of risk of sexual exploitation.
3. Live in poor area	Bellair and Rosigno (2000) – job market, Fagan (1990), Huff (1990) – neighbourhood deprivation contributes to presence of gangs, Vlugter (2009) – social problems linked to ongoing offending. Skogan (1990), Hagan (1994), Hope (1996), Bottoms and Wiles (1997) – impact on social capital / opportunities.
4. Lots of worries, stress or mess	Eitle et al (2004), Thornberry et al (2003) – Depression / Life stressors linked to offending; SCIE (2005a) –unbearable memories of stressful life events linked to on-going self harm; Hawton and Harriss (2008) – pressure of life problems linked to self harm; Coleman and Cater (2005) - escape from problems for intoxication.
5. No money for basics	France and Utting (2005), Thornberry (2005), Arthur (2005), Rutter et al (1998), Eitle et al (2004) – Family financial stress (all linked to offending); Royal College Pschiatrists (2010) and McLean et al (2008) – linked to self harm (for older age groups)
6. Plan to do again	Thornberry et al (2003), Hill et al (1999), Fagan (1990) - offending Rich (2011) – poor moral reasoning linked to sexually harmful behaviour; Coleman & Carter (2005) - Those seeking 'buzz' from substance misuse likely to have higher incidence of harmful outcomes; Kirdger et al (2012) – thinking about killing self and belief that self harm makes feel better
7. My strong emotions	Loeber (1990 and 1996), Loeber and Hay (1996), Olweus (1979) – aggression linked to offending; Lahey et al (1999), Craig et al (2002), Hill et al (1999) – conduct disorders Linked to self harm: SCIE (2005a) – severe anxiety; Truth Hurts (2006) – too much hurt, anger or pain; McLean et al (2008) – aggression, anger, irritability, hostility and anxiety. Nathanson (1992) shame can turn into isolation, aggression, self-harm
8. I'm often 'hyper'	Rutter et al (1998), Craig et al (2002), Hill et al (1999) – "Hyperactivity" linked to offending. McLean et al (2008) – ADHD link to self harm
9. Loyal to others	Fitzgerald et al (2007), Esbensen et al (1993) and Patterson et al (1998), Hughes et (1997) – weakens motivation to change Battin-Pearson et al, 1998 – gang influence Sharp et al (2004) – gang membership
10. Don't like school / work	Graham (1998), Coleman (1990), Bowker and Klein (1983), Hill et al (1999), Maxson et al (1998), Thornberry et al, 2003), Vlugter (2009) – link to offending. Esbensen and Deschenes (1998) – lack of attachment key for girls Rutter et al (1998) - Poor numeracy and literacy Berelowitz et al (2013) – not attending school indicator of those being sexually exploited.

<b>Prompt statement:</b>	<b>References:</b>
11. Arguments at home	Rutter et al (1998), Smith (2004) – link to offending. Vlugter (2009) – witnessing or experiencing abuse linked to higher levels offending; Hawton et al (2002), SCIE (2005a), Truth Hurts (2006), Hawton and Harriss (2008) – link to ongoing self harm triggers.
12. Can't control myself	Rutter et al (1998) – low self-control linked to offending; Rich (2011) – poor self regulation risk for sexually harmful behaviour; AUDIT tool – risk of alcohol dependence; McLean et al (2008) – sense of self control and self-efficacy key to reduce risk of suicide
13. Hard to stop and think	Farrington (2007), Graham and Bowling (1995) – poor consequential thinking linked to offending. Esbensen and Weerman (2005), Rutter et al (1998) – “Impulsivity” linked to offending; McLean et al (2008) - impulsivity and low problem solving skills linked to self harm
14. My drug or alcohol use	Bjerregaard and Smith (1993), Hill et al (1999), Thornberry et al (2003), Vlugter (2009) -substance misuse linked to ongoing offending; Sharp et al (2004) – frequent drinking link with gang membership; Hawton et al (2002), McLean et al (2008) – linked to act of self harm; Berelowitz et al (2013) – often present for those who are being sexually exploited
15. Easy to get weapons	Bjerregaard and Lizotte (1995), Lizotte, Krohn et al (2000), Thornberry, Krohn, et al, (2003) – linked to further offending
16. Easy to get drugs	Hill et al (1999), Rutter et al (1998) – link to offending YJB (2008b) – substance misuse in context of family history of substance misuse indicates need for treatment

### *Further considerations:*

A key area not to be ignored is the impact of poverty, particularly because “poverty usually wrecks the chances of good health and well-being” (Bartley, 2006). It is not just about ‘not having enough money’ but about ‘being excluded from the normal social interactions in society’ (ibid). Although having the personal attributes to support change are important and recognised within Desistance theory, many criminologists (and desistance theorists) argue that the discourse cannot ignore the impact of child poverty, abuse or the multiple forms of deprivation often experienced by those facing a system of interventions (Arthur, 2005; Armstrong, 2004; Muncie, 2001; Webster et al, 2006;). Therefore, the factors that consider the wider social influences sit alongside personal and family experiences.

Narrative Therapy also uses externalising to remove the problem from the person (Denborough, 2014) and this can be seen with the structure of the tightrope representing the problems / solutions, separate from the young person on it. Reinforcing that “the person is not the problem, the problem is the problem” – allowing for these to be identifying in a non-blaming way.



## 8. Building 'the safety net'

This dimension draws from research on 'resilience', 'social capital' and studies about the impact of parenting and family factors on children and young people. These are closely associated with the factors that can support 'attachment', 'self-esteem' and 'self-efficacy'. The safety net is about what is currently in place to act as a supportive and protective environment.

Encourage the young person (or their parents/carers) to think about how flexible the safety net is and why it is important that the safety net is not too tight or too loose.

Suggested questions:

*Who can you call on for help? Who are the people that care most about you?*

*What are the best things about how they care? How do they help you grow up well?*

*Is the net flexible and strong?*

Ask them how much they rely on any particular support network or protective factor – is it being stretched too thin? Are there any gaps? Is it wide enough and strong enough to manage a fall from very high up?

Remember that you as the professional will be able to provide at least one of the cards! Use this time to discuss how the young person sees the services they have access to, whether they can find other networks that they can trust and rely on, particularly when the services they are involved in will have time-limited involvement, legal constraints and resource implications.

### Be mindful of the different levels of influence of relationships

There are some important considerations in regard to protective factors: the level of influence parents/carers have on their adolescent son or daughter once the behaviour has commenced, how much the young person's behaviour then influences the level of parental control and how excessive control can make situations worse.

Although there is a statement with "people who expect good of me" this needs to be explored to ensure this is not putting too much pressure on the young person, as this could be a contributing factor to volatile behaviour.

Your role as the worker involved with the young person cannot be underestimated and can aid in the development of other supportive long-term relationships.

## Research informed prompts for discussing the safety net:

Prompt statement:	References:
1. <b>Adults who check where I am</b>	Farrington (2007), Smith (2004), Rutter et al (1998), Graham and Bowling (1995), Schaefer-McDaniel (2004), Stouthamer-Loeber et al (1993), Osgood and Anderson (2004) – good communication, supervision and monitoring reducing risk reoffending; Alcohol Concern (2011) – supportive family environment and clear boundaries
2. <b>People who care about me</b>	Smith (2004), Deater-Deckard et al (2005) – important for Black young men to feel cared for (more than parenting methods).
3. <b>Safe place, where I belong</b>	Schaefer-McDaniel (2004) – social capital; Hill et al (1999), Rutter et al (1998) - attachment to neighbourhood; Chrisp et al (2011)
4. <b>Teacher / boss get on well with</b>	Coleman (1990), Schaefer-McDaniel (2004), Rutter et al (1998), Sprott et al, 2000 – to help reduce risk of reoffending; Newman (2004) – mutually trusting relationship with teachers important for resilience
5. <b>Positive role model</b>	Osborn (1990), Garmezy (1987), Gilligan (2000) – “pro-social modelling”, Coleman (1988) – parent working helps social capital. Alcohol Concern (2011) – systems that encourage positive values protective. Know someone look up to – resilience (Chrisp et al, 2011).
6. <b>My carer has support</b>	Putnam (2000) – bonding social capital Encourages young person to get support – builds resilience.
7. <b>Someone to talk to</b>	Coleman (1990); Schaefer-McDaniel (2004); Rutter et al (1998); Chrisp et al (2011) – resilience. Truth Hurts (2006) – telling someone about self-harm reduces risk of suicide; Furnivall (2013) – number to call; McLean et al (2008) –access to treatment reduces risk self-harm;
8. <b>People I can trust</b>	Bryant (1985) – for adolescent development; Truth Hurts (2006) and Mental Health Strategic Partnership (2013) - peer support for reducing risk of ongoing self harm; Newman (2004) – a reliable adult supports resilience; Alcohol Concern (2011) – supportive or caring relationship with at least one adult protects against substance misuse.
9. <b>Good family support</b>	Forehand et al (1991), Barrera et al (1993), Lay et al (2005) – reduce reoffending; Alcohol Concern (2011) – strong family bonds protective
10. <b>Positive things to do</b>	Smith (2004) – reduce risk of reoffending; McLean et al (2008) – social support; Mental Health Strategic Partnership (2013) – positive connections important for self-harm; Chrisp et al (2011) - resilience
11. <b>People expect good of me</b>	Catalano and Hawkins (1996); Bartley (2006) – encouragement from teachers or parents supports resilience. Hanson and Holmes (2014) - authoritative parenting protects against risks.
12. <b>Good neighbours</b>	Putnam (2000) – and feeling safe to walk down the street Gladwell (2000) – better to be in a troubled family in a good neighbourhood than a good family in a troubled neighbourhood
13. <b>My religion / values</b>	Johnson and De Li et al (2000), Bourdieu (1977) – social capital; Know what makes me who I am – resilience (Chrisp et al, 2011)
14. <b>Rules - I can negotiate</b>	Smith (2004); Furnivall (2013) – excessive control may make risk of self-harm worse. Newman (2004) – fair sanctions important.
15. <b>People who love me, no matter what</b>	Grotberg (2003). Importance of unconditional love for attachment (Newman, 2004); Truth Hurts (2006) – respectful and non-judgemental support important for self harm;
16. <b>Good school / workplace</b>	Graham (1988) – if well organised; Bartley (2006) – if stimulating and challenging. Truth Hurts (2006), McLean et al (2008) –supportive school or full time employment reduces risk of self harm. School where feel belong, valued and accepted (Chrisp et al, 2011)

## *Further considerations:*

The references in this section refer to a number of popular authors on resilience. One of which is Edith Grotberg (2003) who developed a list of statements starting with I AM, I CAN and I HAVE that are associated with good levels of resilience if identified by an individual. The last of these three lists refers to the positive protective environment:

I HAVE ... People who:

- I can trust, and who love me no matter what.
- set limits for me so I know when to stop before there is danger or trouble.
- show me how to do things right by the way they do things.
- want me to learn to do things on my own.
- help me when I am sick, in danger or need to learn.

There is much debate in regard to the various factors that influence a child or young person's behaviour, including individual, family and social factors. There is a lot evidence on the importance of 'good parenting' and 'good schools'. In the Edinburgh Study of Youth Transitions and their research on parenting and youth delinquency David Smith (2004) notes that 'good parenting' needs to involve positive communication and allows room for negotiation. Farrington (2007) highlights developmental theories that specifically explain how poor parenting could be linked with youth offending (control, strain, social learning and attachment theories). According to social learning theory, children learn or repeat behaviour (through imitation, modelling and reinforcement) that will give them what they want in the shortest possible way and this could include the use of abusive or illegal behaviour, which is likely to continue depending on whether the parent reinforces negative or rewards positive behaviour (Hay et al, 2006). It is believed that criminal behaviour is learnt through the socialisation process (Davies et al, 2005) and effective or ineffective parental control can be discerned by studying patterns of interactions (Smith, 2004). Smith (2004) notes that attachment (as well as social learning) theory is one of the best explanations for why poor child-rearing methods link to later delinquency. He reports that parental monitoring and the extent to which a child shared information about their whereabouts were the dimensions most strongly related to delinquency. Hanson and Holmes (2014) highlight that authoritative parenting, demonstrated by 'love and warmth paired with actively communicated boundaries and high expectations', protects against the experience and impact of risks (p22).

Although the influence of parenting styles on the behaviour of young children is widely accepted, there is less agreement about how these influence the behaviour of older children or how amendments to parenting styles will influence an older child's behaviour (Vlugter, 2009; Evans, 2012). Furthermore, parenting is less influential after a child offends and one study has shown that the child's delinquency is more likely to influence the parent's reduction in warmth and monitoring (Kerr and Stattin, 2003). This study argues that parental monitoring is actually influenced by an adolescent's delinquency – not the other way round – in that the parent's reaction to and relationship with the child could be influenced by the child's behaviour. How workers treat parents will also impact on their willingness for 'intervention' (Evans, 2014).

Furthermore, it is important to consider how a child internalises the normative status and context in which discipline is used as this is related to how they may later externalise aggressive behaviour. This is particularly important when considering the role of discipline within different cultures and differentiating between discipline and abuse (Deater-Deckard et al, 2005). Furnivall (2013) in an IRISS Insight report notes that excessive control and removal of implements may make risk of self-harm or suicide worse. The tight rope allows a discussion to occur about the flexibility of the safety-net. Making sure it is strong enough to 'catch' the young person should they 'fall' but not too tight otherwise they may bounce out and also not too loose otherwise they crash to the ground. The school environment is an important factor for positive outcomes. A 'good school' is one that is 'stimulating and challenging' with 'well organised out of school activities' (Bartley, 2006). Teachers have an important role in providing support, building confidence in young people in their ability and in aiming for higher aspirations (Bartley, 2006). Praise and fair sanctions are also key aspects of building resilience (Newman, 2004).

Professionals also need to broaden their questioning to include inquiry about the use and presence of media within young people's lives and consider how this is accessed, who their 'friends' are, how they may feel about their relationships, expectations of behaviour, pressures, bullying, sense of self-worth and decision-making.

More than having somewhere safe to live or access to support it is important for young people to have a sense of belonging to that place or service and to know how to access the support and help they have available to them (Schaefer-McDaniel, 2004). Several authors note the particular significance of how the stress caused by poverty, unemployment or neighbourhood deprivation can undermine how effectively parents are able to fulfil their parental role (Arthur, 2005; Henricson, 2001; Drakeford and McCarthy, 2000; Smith, 2004; Pitts, 2003a; Ghate and Ramella, 2002; Thornberry 2005). Parental 'laxness' in socially disadvantaged neighbourhoods is often not a deliberate choice (Wilson, 1987). The significant impact of poverty upon family 'risk factors' are also highlighted by Hay et al (2006:346). Bartley also notes that "a supportive family environment may not be sufficient to enable young people to cope with attending underfunded schools, or experiencing neighbourhood violence" (p9).

The ideas of reducing responsibility to individuals and of targeting families can be identified in early childhood development theories. Bronfenbrenners's (1979) ecological model (see Figure 4) places the child in the centre with the family as the primary influence on the child's development. Surrounding the family, depicted through expanding circles, are the other factors (for example extended family, school, community members, as well as cultural factors) which are deemed to influence the child, although to a lesser degree and often via the family. The theory is that a child's development is best nurtured within a strong family, held up by the community and then the state. From a supportive focus the state is considered to be responsible for ensuring that communities are well resourced to support families to fulfil their role. From a deficit focus the target becomes the individual as the initial source of concern and the responsibility for dealing with this lies first with the family. An alternative ecological model for considering the 'root causes' and the areas of influence is one using an image of a flower (see Figure 5).



Figure 4 (Bronfenbrenner's ecological systems theory)

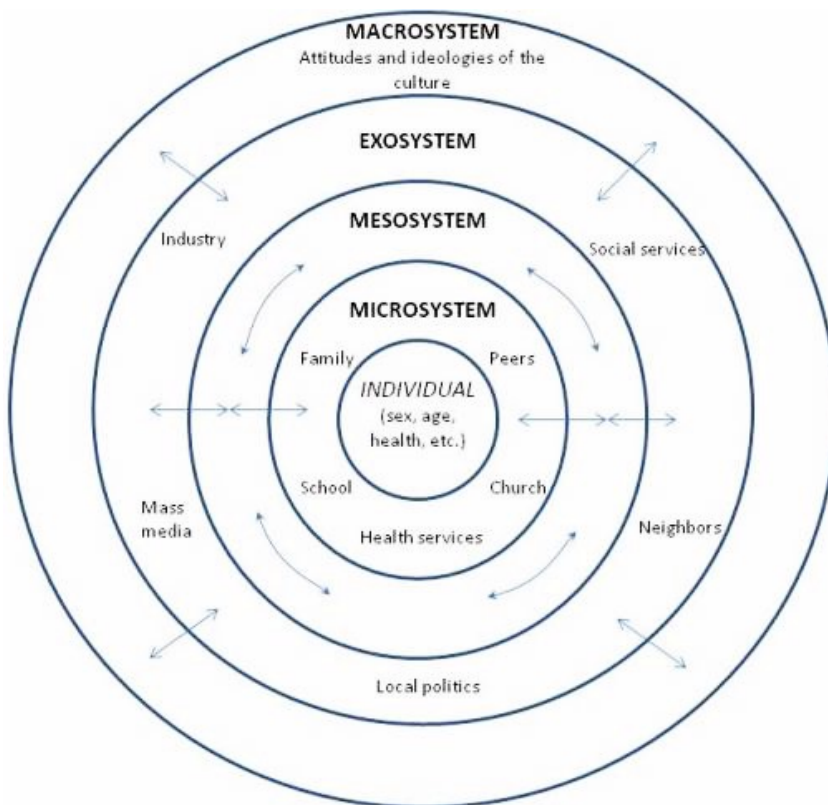
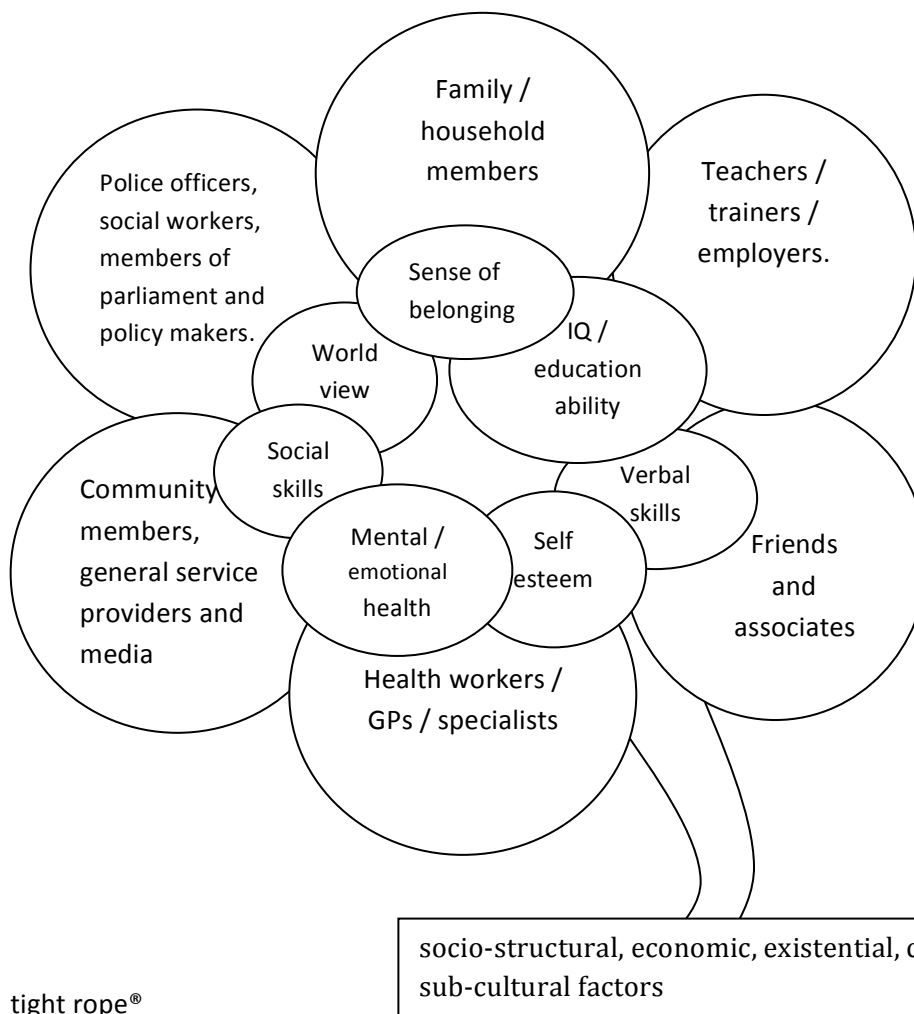


Figure 5 (Alternative ecological view of the influence and areas for 'nipping it in the bud')







## 9. Choosing the 'Next Steps'

This dimension draws from Mental Health guidance, theories of resilience, social capital, desistance and positive adolescent development.

### **First talk about the goals wanting to be achieved**

Suggested questions:

*What would you or others need to see that would mean the problem is sorted?  
What would '10' look like? What would you like to see different about your current situation?  
What will be different if you complete ...?  
If you make changes, how would your life be different from what it is today?  
What would a 'good life' look like?*

### **Then discuss the steps needed to achieve them**

*What is a reasonable first step toward your goals?  
What do you think is the next step that should happen to get this worry sorted out?  
If you were to decide to change, what would you have to do to make this happen?  
What would need to happen for [choose scale] to move up from [no.] to [higher no.]?*

Encourage the young person to identify their own goals and actions. Then consider the order in which steps need to be taken.

Reflect on whether the steps are sufficient to bring them to a safer, more manageable level of behaviour that is not too volatile or risky.

### **Be mindful of realistic goals whilst maintaining aspirations**

It is important to keep aspirations and dreams high whilst also mapping out the achievable first steps to achieve these. If some steps seem unrealistic consider having some noted as a future goal, then breaking down the steps needed to achieve that into manageable chunks.

For those involved in substance misuse and self harm the first goal is often a reduction in harm, rather than complete abstinence. So the length of the tightrope may need to be drawn shorter, to show that although they may continue with the behaviour, which increases their risk, they are also able to quickly access the first steps to reduce the risk.

## Research informed prompts for steps to help move forward / recover / be safe

Prompt statement:	References:
1. <b>Learn to deal with stress</b>	Schaefer-McDaniel (2004) – social capital Borgen and Amundsen (1995) – important for positive adolescent transition. Furnivall (2013), Mental Health Partnership (2013), Kidger et al (2012) and Truth Hurts (2006) – coping strategies to deal with emotions / managing distress important to reduce self-harm.
2. <b>Make most of new chances</b>	Learning from mistakes can reduce reoffending - Graham and Bowling (1995); Farrington (2002) – supports desistence from offending. Mental Health Partnership (2013) – five steps to wellbeing include ‘take notice’;
3. <b>Avoid certain people</b>  4. <b>Keep / make positive friendships</b>	Graham and Bowling (1995), Rutter et al (1998) – ‘forming’ important for girls, ‘avoiding negative’ important for boys. Bender and Losel (1997), Reiss and Farrington (1991), Buysse (1997), Fergusson et al (2002) – assists in avoiding further offending. McLean et al (2008), Truth Hurts (2006) and Mental Health Strategic Partnership (2013) – positive support and positive connections aid increase in wellbeing. Newman (2004) – positive friendships build resilience; Ward and Gannon (2006) – are a primary ‘good’
5. <b>Learn or build on a skill</b>	Rutter et al (1998) – achieving in education important for boys; Newman (2004) – range of extra-curricular activities and mastery of tasks builds resilience; Truth Hurts (2006) – doing something enjoy or good at aids recovery from self-harm; Ward and Gannon (2006) excellence in work a primary good. Mental Health Partnership (2013) – five steps to wellbeing include ‘keep learning’
6. <b>Move away</b>	Fitzgerald et al (2003), Pitts (2003b and 2008), Pitts and Bateman 2005, Reiss (1995) – neighbourhood impact on offending and ability to ‘grow out’ of crime. Homelessness / inappropriate living a ‘step-up’ factor. Being aware of impact of neighbourhood (Chrisp et al, 2011)
7. <b>Have a plan for next time</b>	Bandura (1995) and McLean et al (2008) – self-efficacy supports behavioural change; Being able to plan and review success (Chrisp et al, 2011 “Knowing where going” area)  Coleman and Carter (2005) promote harm reduction strategies for substance misuse (including planning night in advance – having a buddy, eating first, carrying condoms)
8. <b>Attend school / college or a course</b>	Rutter et al (1998) – attendance (rather than attainment) important for girls in reducing risk of exclusion Graham and Bowling (1995) – truancy / not in education increases risk of offending. Putnam (2000) – positive activities are binding social capital; *Good supportive school important for all areas.
9. <b>Resist doing ‘risky stuff’</b>	Farrington (2007) – self-control (offending) Truth Hurts (2006) – “5 min rule” (resisting to cut or self-harm for 5min at a time) can aid in building self control. McLean et al (2008) – sense of self-control aids recovery from self-harm; Able to walk away (Chrisp et al, 2011)

Prompt statement:	References:
10. <b>Get support, where I belong</b>	Bender and Losel (1997), Putnam (2000) – bonding social capital (sense belonging most important), Borgen and Amundsen (1995) – access <i>relevant</i> information Kidger et al (2012) - Seeking help when self harm reduces risk of suicide. Truth Hurts (2006) – telling someone about self-harm aids recovery / reduces risk of suicide; Mental Health Partnership (2013) – five steps to wellbeing include ‘connect’; Getting informed, get help (Chrisp et al, 2011)
11. <b>Have counselling / therapy</b>	NSPCC (2013) – for past abuse / treatment for sexually harmful behaviour; Rich (2011) – therapy reduces chance of further sexually harmful behaviour; Borgen and Amundsen (1995) - for losses experienced, NICE (2004) group psychotherapy for young people repeatedly self-harming. SCIE (2005b) – group therapy potentially effective support for those that self-harm NICE (2010) brief intervention for young people with alcohol-related harmful behaviour.
12. <b>Be flexible – have lots of options</b>	Borgen and Amundsen (1995) – important for positive adolescent transition to be flexible. Use experiences to manage plans and try new ideas (Chrisp et al, 2011) Coleman and Carter (2005) – recommend harm reduction strategies for those planning to use substances again
13. <b>Volunteer or work for charity</b>	Schaefer-McDaniel (2004) – value in volunteering (where person wants to do it) builds social capital; Mental Health Partnership (2013) – five steps to wellbeing include ‘give’; Borgen and Amundsen (1995) – importance of work experience in positive adolescent transition; Newman (2004) – Ability or opportunity to make a difference on world around us builds resilience. Sense of purpose and opportunity to make a difference (Chrisp et al, 2011)
14. <b>Be ok with myself</b>	Truth Hurts (2006) – reduces risk of self-harm Supports above areas in regard to having positive outlook, reducing anxiety, dealing with stress. Borgen and Amundsen (1995) – managing ‘self talk’ important for coping with stress; Loving self and identity (Chrisp et al, 2011)
15. <b>Get active</b>	Truth Hurts (2006), McLean et al (2008) – being active / involvement in sports aids recovery from self harm Mental Health Partnership (2013) – five steps to wellbeing include ‘being active’. Understand the value of food and exercise (Chrisp et al, 2011 – Know where going).
16. <b>Reduce / stop drug or alcohol use</b>	Rutter et al (1998), Myner et al (1998), Bjerregaard and Smith (1993), Hill et al (1999), Thornberry et al (2003) – reduces likelihood of reoffending.



## Evaluating willingness to change

This scaling question provides a point of reflection during a discussion about the Tighrope and also helpful review tool. It also allows for exploration of what might increase someone's motivation to move forward and consider the next steps.

Turnell (1998) had proclaimed early on in his introduction of the Signs of Safety® model and the use of straightforward 0-10 scaling questions, "regardless of how ideas are generated, it is critical that the case worker canvas the capacity, willingness and confidence of family members".

Encourage the young person to think about how willing they are to take the first steps to change their behaviour.

Suggested questions:

*What number best reflects how ready you are to change?*

*How important is it to take steps? How confident are you to do this?*

Use the following guide to mark where they might be on a scale of 0 to 10

0 = don't see anything wrong with what has happened and no need for change

3 = know there are things to change but plan to continue anyway

5 = want to make changes but still need time to think about it

7 = decided it is time to make changes but not sure if will succeed

9 = made decision to take steps and ready to take the first step

10 = already taking steps to positive future goals

## Be mindful of the cycle of change

For some young people the first steps down will feel like a goal and an achievement in themselves and the first stage may be to increase confidence and motivation to get to the point of taking those first steps. Support is crucial for young people during transitions (Bartley, 2006).

The cycle of change (see Figure 6 below) needs to be kept in mind. Anyone attempting to make change is likely to slip along the way. Recovery, desistance or abstinence can be a long complicated process. The level of commitment from the young person to make change will be key. Your role will be to explore *their* desire, ability, reasons and need to change, as outlined in Motivational Interviewing (Miller and Rose, 2009), discussed earlier.

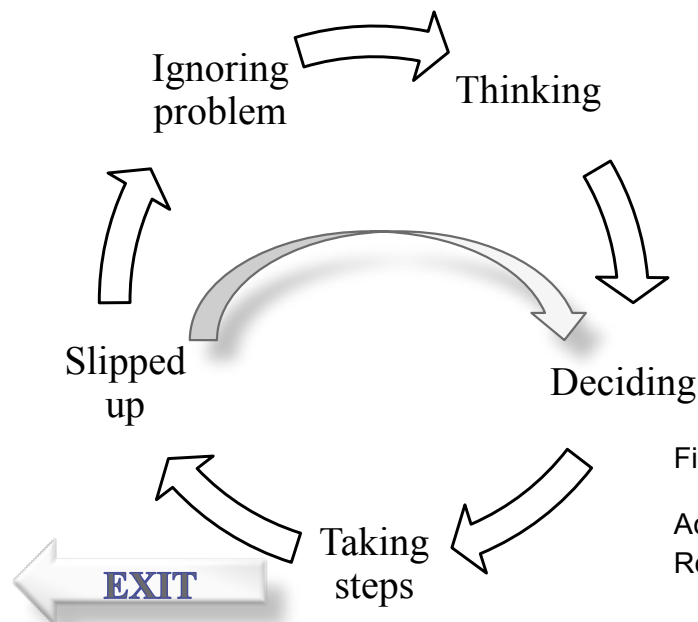
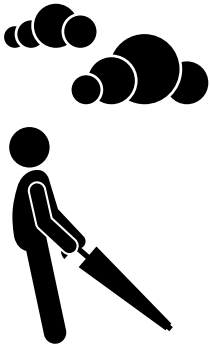


Figure 6

Adapted from Miller and Rollnick (1991)

When this scaling question is asked will depend on the flow of the conversation with the young person. It may be helpful to consider it after discussing their motives and intentions having already mapped out their past concerns and strengths before moving on to their current strengths and concerns. It may also be helpful to feedback positively about their motivation at the end of the session if they appear to be fully engaged in the plan of action and future steps required to change.

Miller and Rose (2009) advocate for the individual to produce the arguments for change and have found that the strength of ‘commitment language’ will indicate the likelihood of change. More importantly, the more this language increases during the session the more likely change will occur. The tight rope may require more than one session to discuss, reflect and plan. Therefore, having spoken about a young person’s motives and how they might achieve these through more positive means this may be a nice break-point in a session. Providing some “home-work” (a skill used in Brief Solution Focused Therapy) for the young person to return to the next session may also be helpful. This could be to bring back a phone number of a relevant organisation that may give them more information about an area they are interested in, talking to a family member about positive past experiences to help build up the picture or taking note of at least one time when they have managed a situation more positively than they might have before.



## 10. Contingency planning / workers actions

This section doesn't have any prompts (guidance for specialist areas is provided below) as the worker's actions will be similar to the areas in the safety net and contingency planning is about planning for unknown events that might increase risk or volatility.

This section is to ensure that the behaviours that the young person needs to adopt are separate to any worker or service actions (for example programmes that might be delivered or controls and monitoring that is required).

### **First scale overall safety / volatility**

Using the scale of 0 = still in place of worries, 10 = on safe and stable ground.

Suggested questions

*Where on the path are you when it comes to thinking about how safe or stable the situation is now? How close are you to ending the current intervention safely?*

Note down different judgements from different people.

### **Next consider worker actions to support the goal**

Suggested questions:

*How can I help you get past some of the difficulties you are experiencing?*

*What do others need to do to support the plan?*

### **Then consider any contingency planning**

Future threats and unexpected events can be likened to a pressure or gust of wind that will mean the young person is in a more volatile situation. Identify the resilience skills that they can draw on and the safety net they can call on for support.

## **BE MINDFUL OF RESCUING RATHER THAN ENABLING**

If worker's actions dominates this side of the tight rope then how engaged is the young person in this process and how likely are they to take steps toward safe ground?

## Guidance on interventions for self harm / risk of suicide in young people

Recovery takes a long time and sometimes reduction is the first step as there is no 'quick fix' (Truth Hurts, 2006).

Social Care Institute for Excellence (SCIE, 2005b) state that:

*No form of treatment has been found to be effective in stopping or significantly reducing self-harm among children and young people, but ... **self-help groups and peer support programs** have been proposed as potentially effective means of providing some sort of help to children and adolescents who self-harm*

NICE (2004) provide guidelines in regard to management of self harm by young people:

*"Initial management should include advising carers of the need to remove all medications or other means of self-harm available to the child or young person who has self-harmed.*

*For young people who have self-harmed several times, consideration may be given to offering developmental group psychotherapy with other young people who have repeatedly self-harmed. This should include **at least six sessions**. Extension of the group therapy may also be offered; the precise length of this should be decided jointly by the clinician and the service user". pp30-31*

The Mental Health Partnership (2013) highlights the importance of maintaining a non-judgemental response to disclosures and also of working with the young person to identify what help they need.

SCIE (2005a) note that

*"the divergent attitudes of young people to self-harm, especially the view that self-harm can be seen as something which is helpful and not needing of any intervention, raises legal and ethical issues for professionals"*

The Truth Hurts (2006) report produced by the Mental Health Foundation and Camelot Foundation uses the words of a young person to state that what they need is "**acceptance, care and interest**". The report recommends offering reduction or minimisation strategies, such as using ice cubes or red pen in place of self-harm, as these provide **safe alternatives** to cutting. This also provides the non-judgemental support important for recovery.

## Guidance on interventions for substance misuse problems

The NICE guidelines (2010) offer clear guidance on the stages of assessment, advice and intervention. These recommend routinely assessing whether the young person is able to consent to interventions or treatment and whether parents/carers should be involved. They recommend the AUDIT tool for further assessment, which offers a coding system to differentiate between hazardous and harmful drinking.

Britton and Noor (2006) offer advice on using open ended questions to develop a conversation with the young person in order to get enough information about their knowledge and use of drugs, alcohol or solvents. Workers need to ask more than just a question of 'do you use drugs?' (ibid:12) and not stigmatise or ostracise a young person on the identification of substance related needs.

There appears to be a staged approach in regard to interventions, based on the level of concern and taking into account the age of the young person. **Brief intervention** is considered most beneficial. These range from offering:

- an empathetic opinion about the significance of the concern
- appropriate advice and information
- to arrange an extended brief intervention (provided by appropriately trained professional), more appropriate for young people older than 15 years
- referral to CAMHS or service for treatment
- for 16 and 17 year olds who do not respond to discussions about further help then provide information on local specialist addiction services.

Consent for referrals and treatment should be sought in all cases. See p21 of NICE guidance in regard to circumstances for referrals. Britton and Noor (2006) highlight that consent is not required when giving advice and information as this is not treatment.

Coleman and Carter (2005) also recommend harm reduction strategies and supporting the young person to think about how they can plan a night out in advance so that the impact is less harmful. For example: eating beforehand, having someone to walk home with, carrying condoms.



## Guidance on interventions with young people who offend

Graham and Bowling (1995) found that the most influential factors of desistance from offending were completing education and living with a partner (for females) and continuing to live at home with parents, performing well at school and not having delinquent peers (for males). McAra and McVie (2007), reporting on findings from the Edinburgh Study of Youth Transition and Crime, state that young people are more likely to desist from offending when they are not formally processed through the youth justice system and argue for a 'maximum diversion approach' (p338). Bartley (2006) states that it is important to "recognise the variety of pathways leading to economic, social and emotional independence and maturity" (p12).

When considering 'what works' in the rehabilitation of offenders, McNeill (2009) states that to "achieve safer communities we need better integrated citizens" and promotes the role of those working with offenders to both enable **constructive reparation** by offenders and **advocacy** so that they can access social goods and resources.

The Good Lives Model (Ward and Fortune, 2013) promotes the process of tapping into the 'goods' that the offender has attempted to secure through offending behaviour and create a joint plan for achieving them through pro-social means. Regardless of the focus of intervention plans, it is important that young people and their parents/carers feel engaged in the process in order to secure participation and achieve desired outcomes (YJB, 2013). Their views need to be thoroughly considered throughout the intervention with regular discussion and allowing a sense of 'ownership' and contribution to the plans (YJB, 2012).

A report on participation by NACRO (2008) reflects on how the 'captive audience' of a young person on a court order makes building a relationship of trust difficult but argues that even those who commit the most serious crimes have a right to participate and have a voice at each stage of their involvement with the service. They link positive participation to positive outcomes:

*"Whether the youth justice systems works for individuals effectively can depend on their involvement in assessment, planning, implementation and review. The more that participation principles are adhered to, the better the chance of success" (p6)*

# 5. A fool with a tool is still a fool

## Role of the practitioner

The tight rope is designed to be transparent about risk but with a focus on strengths that help to minimise those risks. The sessions with the young person need to be a safe space to discuss past harm or current worries in a way that is motivational and forward focused. It will be important for practitioners to not see this as their opportunity to 'get all the dirt' on the young person (don't just look at the muddy path) or to manipulate what the young person will do on their plan. Those working with individuals will "need the skills to effectively engage" and be able to view the family or individuals "as relevant and vital in the process of building safety" (Lohrbach et al, 2005).

Gitterman and Germain (2008) support the use of analogy among various other approaches to engage individuals. They state: "when clients are stuck in their perceptions, thinking and verbalisations, the ... worker can use a parallel situation, an analogy, to achieve release". However, these will always require "participatory practice" based on an "inquiring approach". Woodcock Ross (2011) also says "care must be taken to ensure that the language and analogies used are age appropriate and sufficiently contemporary ...[to]... not appear completely out of touch with the everyday interests of young people" (p49).

Barlow et al (2012) highlight the importance of achieving a balance between tools that offer scores or coding to support risk assessments or decision making and those that augment the intuitive based process of professional judgement, as championed by Munro (2011). The National Treatment Agency (2007) states that closed questions on forms may help with measuring severity of concern, however they and others (Barlow et al, 2012) support the use of descriptive assessment to validate the measurements and professional judgements.

*"Often a conversation with a young person will elicit more information ... than a formal form filling exercise"*

Britton and Noor (2006: p9)

McNeill (2009) discusses the practitioner as having a crucial role in building capacity for change, along with developing or deploying motivation and opportunities for change. He uses an analogy of weaving these functions like three strands of a rope, which the practitioner would use to pull the person through change. Applied to the tight rope, the rope between the ladders is not used to pull the person but to aid balance. The practitioner has the challenge of weaving the strands with the right amount of tension to support the person towards those first steps of change.

The practitioner would also be part of the rope in the safety net. The prompts include external protective factors that promote resilience (adults that can be trusted or people who expect good of them), social capital (people who can help or someone to talk to) as well as safety or supervision (being monitored). The Assessment Framework for children in need (Department of Health et al, 2000) refers to the Hardiker model for analysing services and identifies one of the roles of the state is as a 'safety net' but that this is a 'last resort'. People providing the services on behalf of the state (the corporate parent) will still need to ensure that they are providing a safety net that supports the young person in their development, increases their resilience (self-esteem, efficacy and attachment) and which is not too tight, or too loose. Practitioners also need to consider their own part within the muddy past or safety net and be confident to discuss these honestly.

Newman (2004) points out that rather than paid professionals the factors that children identify as having helped them 'succeed against the odds' were:

- help from members of extended family
- neighbours
- informal mentors
- positive peer relationships

Therefore the role of the professional is to create, encourage and nurture these relationships.

A summary of guidance in regard to interventions and work practices for the specialist areas of offending, substance misuse and self-harm is offered at the end of Chapter five, following guidance on the worker's actions and contingency planning. However, Hanson and Holmes (2014) warn against services labelling young people according to risks or risky behaviour and encourage practitioners to support adolescence resilience by promoting the development of positive identifies.

Visually, the tight rope encourages 'a child centred approach' as championed by Munro (2011) with the character on the rope based in the centre of the page. The young person's engagement in the analysis process must remain the focus and their autonomy and choice acknowledged.

Trevithick (2000) outlines 50 generalist practice and interventional skills of the worker and offers a structured method for identifying the approach (for example: child-centred, cognitive-behavioural, systemic or psychodynamic) to then determine the intervention methods.

The tight rope is deemed suitable for child-centred and systemic approaches and would need to draw on the following skills of the professional:

- Creating a rapport and establishing a relationship
- Open questions alongside closed / what / circular questions
- Clarifying and summarizing
- Prompting or probing
- Giving advice, offering encouragement and validation
- Providing explanations and reassurance
- Using persuasion and being directive
- Reframing and offering interpretations
- Containing anxiety
- Empowerment and enabling skills
- Negotiating and contracting skills
- Working in partnership
- Record keeping skills
- Reflective and effective practice

These are explained in much more detail in a later edition of her handbook (Trevithick, 2012) where she also concludes that the interventions involve "building on the strengths and abilities that services users bring to an encounter" and interventions require cooperation of individuals, "because this is central to the reciprocal relationship that lies at the heart of effective and reflective practice" (p251).

## Avoid duplication

Please use the tight rope as a 'live' document. If you are aware of another worker having mapped an assessment with a young person then avoid repeating this exercise. The use of the tool has been successful with practitioners who found other tools or methods not 'getting through' and the tight rope allowed for the engagement sought. My biggest worry is that young people will get sick of hearing or doing the tight rope because workers misuse or duplicate the use of the tool, my greatest hope is that it will be an analogy that young people own themselves for reflection and planning in a self-motivational approach.

## Evaluating the impact of the tight rope in practice

Glover (2009) highlights the importance for services to understand what outcomes they are attempting to foster in regard to building resilience. They also ask services to consider their capacity (how much time can be spent to support individual or family resilience or accessing resources to support areas of community resilience); the relevance for the young person and the evidence to support the service approach.

The tight rope offers two specific areas for reviewing progress – the scale of motivation / capacity to change and the scale of safety/success. These can't be reviewed without a clear understanding of what 0 and 10 look like. In regard to the motivation scale you first need to confirm that the steps identified toward safer ground are realistic and achievable. If they are then the motivation scale can be measured and later reviewed to understand if the young person's motivation to take those steps has improved. In regard to the safety/success/stability scale you first need to confirm that the goals near 'number 10' are achievable and realistic (also it could be agreed that achieving 7 or 8 is 'good enough'). If they are then the ground scale can be measured and then later reviewed to consider the progress toward the goals.

The Wakefield Risk and Resilience Competence Framework (Chrisp et al, 2011) provide a detailed summary of the factors that support resilience from ages 0 - 19. Where relevant these are referred to within the prompts. Similar to Grotberg (2003) the actual process of identifying factors that support or influence an individual's resilience supports their development and ongoing resilience. Therefore, through the process of a guided discussion with the young person around the tight rope, you as the practitioner, are supporting a process of increasing resilience and as the tight rope is reviewed you could aim to identify their reflections and learning from undertaking the exercise previously – and name them as part of their strengths.

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## About the author

Dr Roberta Evans qualified as a social worker in New Zealand in 1998 and worked in areas of youth justice, child protection, fostering and looked after children before moving to London in 2003. She was a case practitioner in a London Youth Offending Team and the lead Court Officer until 2006, when she became the Parenting Co-ordinator and started her Professional Doctorate in Youth Justice with a thesis on interventions for parents (Vlugter, 2009).

Initially in her role as a parenting worker she was seeking out ways of engaging parents, particularly those subject to an order. She would regularly speak to her mum in New Zealand and reflected on the lack of tools, such that she was used to as a case practitioner. Her mum suggested the use of an analogy that being a parent of a teenager is like being a safety net underneath a trapeze artist. She was reminded of the birthday card her mum wrote for my 16th birthday, which had been inspired by a letter in a book titled "Between Ourselves" (Payne, 1983). Therefore, the analogy was first used in her direct work with parents and she discovered an increase in both empathy and therefore engagement. Eventually she created a workbook for parents titled 'Circus Act', which includes a number of exercises for parents to consider how they manage perceptions, arguments, pressures and quality time based on different circus acts (e.g. hall of mirrors, lion taming, juggling and clown act) supported by information from parenting intervention research. Two years later she became a Parenting Co-ordinator in an Early Years Service and delivered training with the team's family counsellor on Attachment and co-produced materials for parents about the expected behaviours during late childhood and adolescence.

Following the publication of the article based on her thesis (Evans, 2012) she then returned to Youth Justice practice. She became involved in a Pan-London working group to create a template for Integrated Planning followed up with a training programme. The Tightrope resurfaced as an analogy to support workers to explain to young people the different areas of an assessment and risk management plan that used phrases such as 'static and dynamic risks and strengths', 'internal and external controls'. She also established a training company (Vlinder Consultancy Ltd) and in her first year of freelance training she delivered over 20 full-day events on assessments, report writing and integrated planning. In 2013 the Tightrope was used as a training method for workers that were new to assessments and she was also introduced to the Signs of Safety model and was encouraged to look at how the analogy was applicable to any adolescent service. She spent many days reading and refining the Tightrope guidance and in 2014 presented the Tightrope to a Howard League for Penal Reform conference as a holistic engagement and self-assessment tool for services working with 'volatile' young people with a working paper published the following year (Evans, 2015).

At the time, the toolkit included a series of prompts cut into shapes to represent different areas (e.g. slim balancing beam, oblong steps or triangular warning signs) and was piloted as a homemade toolkit with various designs (including Velcro and magnetic sets). In 2016 the areas for discussion were realigned slightly to fit within the Signs of Safety three columns, making the changeable winds of current concerns a discussion point around contingency planning and having the past harm represented by the muddy path rather than steps up the ladder – which became the changeable current compounding concerns. This not only allowed for an alignment that was more user-friendly for social workers in child protection but also allowed for a tool that could be reviewed with the steps being dynamic and changeable.

In 2016 the Tightrope was accepted on the YJB Resource Hub. The process for developing a tool for managers to engage workers in a guided discussion about their resilience also started. In 2017 the toolkit was published with 16 bright and easy to use cards for 8 areas around the form and the Tightrope was registered as a trademark. Dr Evans continues to deliver training and work in Youth Justice.

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