



VERGE OF HARM[ING] PHASE 2

DEVELOPING AN EVIDENCE-BASED FRAMEWORK FOR SUPPORTING YOUNG PEOPLE WHO HARM

SafeLives

We are SafeLives, the UK-wide charity dedicated to ending domestic abuse, for everyone and for good.

We work with organisations across the UK to transform the response to domestic abuse. We want what you would want for your best friend. We listen to survivors, putting their voices at the heart of our thinking. We look at the whole picture for each individual and family to get the right help at the right time to make families everywhere safe and well. And we challenge perpetrators to change, asking ‘why doesn’t he stop?’ rather than ‘why doesn’t she leave?’ This applies whatever the gender of the victim or perpetrator and whatever the nature of their relationship.

Last year alone, 11,500 professionals and First Responders received our training. Over 90,000 adults at risk of serious harm or murder and more than 100,000 children received support through dedicated multi-agency support designed by us and delivered with partners. In the last six years, almost 5,000 perpetrators have been challenged and supported to change by interventions we created with partners, and that’s just the start.

**Together we can end domestic abuse. Forever.
For everyone.**

We are extremely grateful for the support of the Rayne Foundation and the Queen Anne’s Gate Foundation, who have made this work possible.



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Executive summary

Background

Meecham, Smith and Taylor (2023) found when supporting young people who harm, four elements are fundamental to successful support: that the approach needs to be holistic, in an environment where the young person feels safe, the practitioner's response needs to be supportive rather than just punitive and, the relationship between the young person and the practitioner is an important foundation for support. Their early intervention model incorporated three phases: beginning, middle and end however, data showed that little attention is given to the beginning and end phases of support compared to the middle, but these are vital elements to enhance the main support sessions. In this research, a larger proportion of young people surveyed had demonstrated harmful behaviours with a family member than with an intimate partner highlighting a need to consider what appropriate support looks like for young people who are harming in either a romantic or family relationship.

Aims and methods

Phase 2 aims to deep dive into the three stages of the early intervention model to discover the detail of 'what works' in delivering support to young people who harm and develop this into a best practice framework for practitioners working with young people demonstrating harmful behaviours.

This was an exploratory qualitative research design study offering a multi-method approach to data collection. Data was collected from practitioners who deliver support to young people using harmful behaviours and young people, aged 10-18, who have received support for harming in an intimate or family relationship.

Findings and discussion

Appropriate training, knowledge and understanding are essential to work successively with young people who harm

- Data from practitioners revealed when working with young people who harm, they are often dealing with complex situations. Therefore, they receive training across a variety of areas that equips them with a range of knowledge and understanding to successfully support these young people.
- Practitioners told us training can involve specialist accredited courses which gives them tools to work with young people, training which can help them respond mindfully to young people and training to understand the root causes of a young person's behaviour, which is essential to making successful change.
- Due to the high rates of referrals where young people have multiple needs, practitioners would like more training around mental health and psychological first aid to help them respond to challenging situations.
- Although practitioners felt domestic abuse training, especially around its impact, is considered important to understanding a young person's behaviour, dedicated training should still be undertaken for supporting with child and adolescent to parent abuse.
- There is a need for external agencies to be trained in understanding young people who harm and its complexities to provide a consistent approach, prevent escalation and encourage earlier intervention.

KEY FINDINGS

In the beginning phase of support, is essential to gather information from several perspectives to understand the 'whole picture' of young people's lives.

- Data from practitioners shows they undertake several steps of information gathering to ensure they have a comprehensive understanding of the young person's life from various perspectives and do not obtain a biased view of circumstances. This includes exploring information from the referrer, any agencies working with the young person, from the parent/carer where appropriate, and importantly the young person themselves.
- From referrers and agencies, practitioners look to gain understanding of the history of the harming behaviours, the family history and current situation, any risk assessments completed, safety plans developed, and equality, diversity and inclusion information about the young person.
- Practitioners told us they contact parents/carers, and any extended family involved with the young person to get their perspective of what's been happening in the home, consider the family's wellbeing and safety and get to learn about family backgrounds.
- Practitioners explained having a comprehensive understanding is critical to determining initial risk, assess if a referral meets the services programme criteria and if it is a fitting time in a young person's life to deliver support.

In the beginning phase of support, practitioners should clearly communicate to young people what to expect in initial meetings, the provision being offered and issues around confidentiality.

- Data from practitioners and young people showed on initial meetings, young people should be given clear information of the service, and the support being offered.
- Issues around confidentiality and the services' authority should also be covered and young people informed that the support is consent based.
- Young people's data suggests a preference for the first person who contacts them about receiving support to be the same person they have support with.
- Young people said, prior to going into the service, they would like to know who would be there, what they might be asked and details about the support as this helps them prepare emotionally.

In the beginning phase of support, it should be emphasised that support will involve practitioners working alongside young people, how support can help them and how they will work together to achieve this.

- Practitioners explained it is important to make young people aware that they are not part of any statutory service and are working independently for them.
- Practitioners stressed that young people should be reassured on first meetings that they are not in trouble, being blamed or going to be reprimanded by their support worker.
- Practitioners and young people explained that exploring what the young person would like help with, their hopes for support and planning together how this can be achieved helps build the working relationship.
- Data from practitioners and young people highlights young people can be resistant due to negative feelings about support. However, if support workers emphasise their person-centred approach and young people believe they are genuinely there to help them and the support will be beneficial to them, this can encourage engagement.

KEY
FINDINGS**In the beginning phase of support, and throughout, building a connection between the support worker and young person is key to meaningful engagement and successful change.**

- Data from practitioners and young people revealed the importance of building a rapport with the support worker to young people's engagement and making successful change. Crucially, young people explained that if a support worker doesn't create a connection with them, it would stop them participating with support.
- Data from practitioners and young people shows support workers should get to know a young person as an individual, rather than immediately asking 'why' questions around their behaviours.
- Practitioners and young people suggested getting to know a young person by showing an interest in them for example, their likes and dislikes, hobbies and identities. Practitioners revealed they explore aspects of equality, diversity and inclusion with young people on initial meetings so they can learn about their individual needs and adapt support accordingly.
- Practitioners and young people confirmed having initial meetings in informal surroundings can motivate young people to engage as this makes sessions more relaxed and enjoyable and can help create a balance of power.
- Data from practitioners and young people emphasised that successful connections can be made by creating a relaxed, informal, honest, and non-judgemental environment to help build trust. Young people stressed support workers being approachable, welcoming and considerate to their needs encourages trust in the support worker and makes them feel safe.
- Data from practitioners and young people showed younger adolescents enjoy creative activities in initial meetings to aid discussions about the young person's interests, identities and relationships around them.
- Practitioners and young people recommended steadily building rapport however, practitioners highlighted that the relationship building process can take longer with some young people and this needs to be balanced with the number of programme sessions available.

The beginning phase of support is critical to achieving better outcomes and sustaining change.

- Data from practitioners suggests assessing the readiness of young people for support is key to achieving better outcomes and sustaining change. Data indicates services should not rely on preceding information from parents or referrers but have initial discussions with a young person, prior to their first in person meeting, to evaluate readiness at the earliest opportunity. Those who worked with young people over 18 stressed the importance of a young adult acknowledging their harming behaviours and motivation to change, to undertake support.
- Data from practitioners indicates completing outcome measures at the start of support can highlight the young person's needs and where support should focus. Repeating these measures at certain intervals and at the end of support is also an effective way for practitioners to show young people the changes they have made.
- Data from practitioners also highlighted that empowering young people, from the start, as well as building support networks for them in preparation for endings have positive impacts on outcomes and maintaining change.

KEY
FINDINGS**From the beginning of support, parents are a critical component where there is harming in the family**

- Data from practitioners indicates parents having support alongside or in parallel with their child improves outcomes and sustains change. Practitioners explained that this builds a sense of shared responsibility and results in young people being more committed as they are not being labelled as the problem. This approach also gives parents a better understanding of the child's needs with parents being better equipped to manage situations at home.
- Data from young people, who received support in parallel with their parent, confirmed its benefits. Restorative approaches used were seen as important for young people to be able to express their feelings to parents, and vice versa, to facilitate communication and understanding resulting in positive outcomes for their relationships.
- Data from practitioners indicates a need for parent's readiness to be assessed prior to commencing support. Practitioners highlighted making parents aware of the commitment involved in undertaking support and exploring if support is timely to their personal circumstances and wellbeing. It was noted that disengagement by parents can be a barrier to a young person engaging and poor outcomes.

In the middle phase of support, sessions should be flexible and respond to young people's wants and needs

- Practitioners and young people's data suggests that support is more successful if delivered in response to the young person's needs, schedules and requirements rather than being rigid. Many young people spoke about being uncomfortable with having support in groups. They appreciated support workers giving them a choice of how they received their intervention, taking a relaxed and responsive approach and adapting session content to what they felt they needed support with.
- Data from practitioners showed their referrals involve high proportions of young people with additional needs. Due to this, practitioners often have to adapt their sessions for them to be accessible for young people. This can include shortening sessions, offering visual aids or arranging signers or interpreters. Therefore, practitioners need to be creative with sessions and have a range of options for young people to participate.
- Data from practitioners and young people highlighted that sessions to help young people understand and manage their emotions, understand relationships, understand their behaviour and its impact, and building self-esteem and confidence was content most frequently covered and seen as useful to young

people. Some young people noted being supported with life skills helped build their self-esteem and confidence.

- Data from practitioners noted exploring healthy intimate relationships is important to consider with adolescents, especially as many young people will have experienced unhealthy relationships in their home. For young people, over 18, who have children of their own practitioners also consider parenting and explore young people's own relationships with their parents. One young person did highlight a need to learn about healthy and unhealthy relationships at her age.

KEY
FINDINGS**In the middle phase of support, encouraging reflection and supportively challenging young people's attitudes is an important part of the support role.**

- Data from practitioners noted how they model healthy boundaries with young people by demonstrating respectful and honest working relationships, holding young people to account if they cross boundaries and explaining what and why this is unacceptable.
- Practitioners explained, that due to their histories, some young people may hold undesirable views that need to be supportively challenged in sessions. Practitioners noted that this is achieved by getting young people to reflect on how certain behaviours impact on different people, sometimes using scenarios, to help young people talk about these issues in the third person. It was stressed that if young people are opening up about their attitudes, although disagreeable, it is important not to shut these down but explore why they think this way and offer a different approach to their beliefs.
- With young people over 18, practitioners underlined the importance of setting ground rules in group sessions and showing respectful communication around partners or ex-partners of the young people.

Throughout all phases of support, it is important to continually assess and review risk both for the young person, anyone else at risk of harm and the support worker.

- Data from practitioners showed risk is assessed from the point of referral and is consistently reviewed throughout support being regularly updated in case management meetings, safety plans and communicated to parents, other victims and external agencies involved with the young person.
- With younger adolescents, risk was often assessed through the practitioner's expertise using information gathered and checking in with the family, agencies and the young person throughout support about any new incidents.
- It was noted when young people are on waiting lists, risk is reviewed regularly through weekly check-ins.
- Data from practitioners showed that considering the safety of professionals is an important factor in supporting young people who harm with protective practices put in place and risk management plans addressing the safety of workers, especially where any high-risk behaviours are seen in young people.

Young people can find endings difficult so ending support well involves preparing young people ahead of time about when and why provision will close

- Data from practitioners and young people revealed young people can find support ending difficult. Part of successfully preparing young people for this is for support workers to take a step-down approach, instructing young people right from the start about the sessions they are being offered and when support is due to end.
- Practitioners noted the first stage of a step-down approach is developing transition plans, with the young person, considering if they need further sessions or would benefit from ongoing support from other agencies. Young people confirmed they felt sad and nervous about support ending and wanted to be prepared by their support worker and be given adequate notice of this.
- Both practitioners and young people spoke about having open and honest conversations not only about when support will end but also, why the service is closing support. In the research, practitioners and young people talked about having a celebratory aspect to their final session but this simply involved a modest event of doing something nice with the support worker or group they received support with.

In the end phase of support, reviewing and reinforcing young people's learning is key to sustaining change

- Practitioners' data revealed they review the young people's learning and/or recap on learning essential for the young person to continue change in the last sessions. Going over changes the young person has made was also considered a powerful way to inspire their confidence and give them the belief that they can continue improving post support. An important element to reinforce with young people, is reminding them of the support networks they have around them and identifying trusted individuals the young person can talk to. Embedding learning is not only important in the young person but also with parents to provide them with information to go forward to help behaviour change continue.
- Young people corroborated this approach saying they wanted to review their learning, be made to feel proud of their achievements and for support workers to positively reinforce that they could take their learning forward in the future. Young people also spoke about wanting to see, and feel, the changes they have made so they believe the support has been beneficial to them.

In the end phase of support, providing an ongoing safety net for young people helps ease anxieties and manage ongoing risk

- Conversations with practitioners identified they offer young people some form of ongoing contact with the service however, this can range from being able to touch base with their support worker if needed to a more structured transition of support. It was acknowledged that, with both young people and parents, there are anxieties that once support ends, problems will reoccur and there is a need to reinforce strategies in any post support offers so young people and parents do not become reliant on services.
- Part of providing a safety net includes providing ongoing safety plans for the young person, family, and any victims that have been harmed. Also signposting the young people and/or parents to other agencies and providing them with contacts for ongoing support networks.
- Data from young people showed they overwhelmingly wanted a safety net around them going forward including some form of drop-in or follow up option from the service and contact to other agencies highlighting a need for services to have a more organised approach for young people to transition to complete independence.

Recommendations



1. As relevant training and information is key to successfully supporting young people who harm, an early intervention support model should include a 'preparation' phase prior to beginning support.



2. The 'preparation' phase should include information on where professionals can access relevant training, knowledge, tools and information that can assist them in their work and help them understand the complexities of working with young people who harm.



3. The beginning phase of a framework should set out a process that covers four main elements; gathering information, getting to know the whole person and whole family; building a chemistry and thinking about outcomes.



4. A framework should include an information gathering checklist, "do's and don'ts" on how to approach and engage young people in initial sessions and highlight best practice for outcomes.



5. A framework should provide examples of activities professionals can use to build relationships and get to know young people.



6. A framework should include links to risk assessments and screening tools that can be used where young people are harming in either family or intimate relationships.



7. A framework should offer a list of core content to cover with young people and considerations for adaptations to deliver content.



8. A framework should offer templates not only of 'what' content, approaches or tools should be used when supporting young people who harm but also 'why' these are important to cover.



9. A framework should offer examples of how professionals can encourage young people to reflect on their behaviours.



10. A framework should give recommendations on working with parents where there is harming in the family.



11. A framework should provide a list of safety procedures to keep practitioners protected when supporting young people who harm.



12. A framework should provide clear steps on how to prepare young people for ending support.



13. A framework should provide links to national support services for young people to provide ongoing resources.



14. A framework should offer 'top tips' on how to work with young people who harm.

Introduction

The Verge of Harm[ing] project is a programme that has explored why and how young people begin to use harming behaviours in relationships and what support for young people who harm should look like. This second phase involves the exploration of a model of support, developed in phase one, and looks to progress this into a best practice framework for practitioners working with young people who harm.

To achieve this, we are partnering with Respect and are supported by five frontline sites across the UK who have an active support offer for young people who harm.

The services supporting this project are:

The Wish Centre provide support to children and young people aged from 9 to 19 years old who need help managing conflict in relationships using the Parachute programme which is a 10-week programme. They provide support for CAPVA using Respects Young People's Programme (RYPP) with children or young people aged between 10 and 16.

New Era (Victim Support) provide support to children and young people under the age of 17 years old. They provide support for CAPVA using Respects Young People's Programme (RYPP) and IPV using Respects Dating Detox toolkit. Both programmes run from 6-8 weeks.

MyCWA (Cheshire Without Abuse) provide support to children and young people aged from 8 to 25 years old. They provide support for CAPVA using both Respects Young People's Programme (RYPP) and Tandem. They provide support for IPV in groups and one to one sessions. They provide support for 6-8 weeks.

SAFE! provide support to children and young people aged from 8 to 18 years old. They provide support for CAPVA using the Building Respectful Families programme. This is a restorative programme that involves both the parent and the child/young person. This programme runs from 8-10 weeks.

Harbour provides support to children and young people up to the age of 25 years old. They provide support for CAPVA for young people under 18 years old using the Respect Young Peoples Programme (RYPP). They also support those from 18 to 25 years old for IPV using the Chance to Change 27-week programme.



Background

In 2022, SafeLives carried out the first phase of the Verge of Harm[ing] project. This research project aimed to explore the use of harm in young people's romantic/dating relationships and the implications for support. This research project was guided by the following aims:

1. To explore why and how young people begin to use abusive behaviours in their relationships
2. To better understand what it means to be on the 'verge of harming'
3. To explore what support for young people who harm should look like

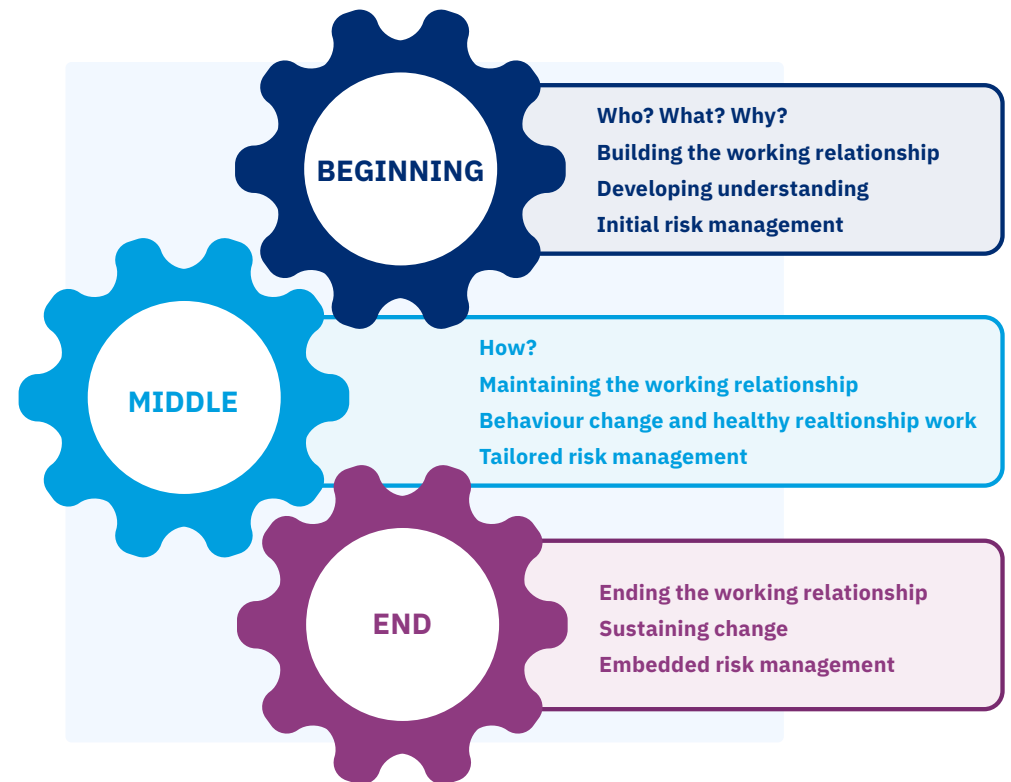
Data was collected from both young people and practitioners using a mixed methods approach. This included the use of surveys, interviews, workshops and focus groups.

In relation to support, the project found that four elements of support were found to be fundamental to successful support with young people who harm. Conversations highlighted the **approach** to support needed to be holistic, and in an **environment** where the young person feels safe. The practitioner's **response** to the young person's behaviour needed to be supportive rather than just punitive. Finally, the **relationship** between the young person and the practitioner is an important foundation for support, especially for those with complex or limited support networks. However, young people told us that current approaches to supporting young people are not working.

The findings led to the development of the early intervention support model (See Figure 1). The early intervention support model involves three sections: beginning, middle, and end. From conversations with practitioners and young people, it was highlighted that although current support provisions give little attention to the beginning and end phases of support, compared to the middle, the beginning and end phases of support are vital elements to enhance the main support sessions.

Therefore, phase 2 will respond to these concerns and will deep dive into the three stages of the model to discover the detail of 'what works' in delivering support to young people who harm to provide a structure for practitioners across various agencies and sectors.

Figure 1: Early intervention support model



In Phase 1, 30% of the young people surveyed had demonstrated harmful behaviours in relationships. However, while 41% had harmed in a romantic relationship, 47% had harmed a family member and 12% in both. Consequently, Phase 2 sought to explore what appropriate support looks like for young people who are harming in either a romantic or family relationship.

Phase 2 of the Verge of Harm[ing] project

Aims and Methods

Aim

To develop the Early Intervention Support model into a best practice framework for practitioners working with young people who use harmful behaviour.

Objectives

1. To deep dive into the three stages of the Early Intervention model to examine its serviceability and identify any gaps in knowledge¹.
2. To assess the practical application of the Early Intervention model including testing resources from Respect's young people's programmes.

Research questions

1. How do practitioners work pre, during and towards ending their working relationships with young people?
2. How do practitioners assess and manage risk throughout the working relationship?
3. What do young people need pre, during and towards the end of their support to ensure and sustain behaviour change?
4. What content do young people need in their support to ensure and sustain behaviour change?

Recruitment of participants

Practitioners from the 5 services, who directly support young people using harmful behaviours, took part in focus groups and interviews. Young people were also recruited through the services. Young people had to be between 10 and 25 years old and near to completion or, had completed a support intervention for using harmful behaviours in intimate or family relationships to take part in the research.

1. We defined the beginning stage as the time from when a referral is received to the time when sessions begin. The middle phase of support as the time when young people are regularly engaging in support sessions and the end phase of support as the time between when support sessions are coming to an end and the young person is being closed to support.

Data collection: conversations with practitioners and young people

Practitioner's data collection

Focus groups

Five online focus groups were conducted over Microsoft Teams, one in each of the 5 services, and took place between March and July 2024. Each focus group lasted approximately 90 minutes. Information sheets and consent forms were sent to practitioners prior to the focus group to gain informed consent. The focus groups were recorded and later transcribed.

Interviews

Ten online semi-structured interviews were conducted over Microsoft Teams, two in each of the five services, and took place between June 2024 to September 2024. The interviews looked to address any gaps identified from the focus group data and explore specific areas in greater depth. Each interview lasted approximately an hour. Information sheets and consent forms were sent out to practitioners prior to the interviews to gain informed consent. The interviews were recorded and later transcribed.

Young people's data collection

A range of methods were offered to young people to take part in the research.

Interviews

Nine young people, aged 10 to 18 years, took part in interviews between July 2024 to October 2024. Eight interviews were conducted online over Microsoft Teams and one interview took place in person. Young people were offered for their support worker or parent/carer to be present during the interviews. In five of the nine interviews, a young person had support present. Before the interviews commenced, it was highlighted that the support worker or parent could not answer questions on behalf of the young person. Information sheets and consent forms were sent to the young people via the services to gain their informed consent. For those under 16, parental consent was also sought via the services. In one case, the consent of the young person was gained verbally before the start of the interview. All interviews were recorded and later transcribed.

Qualitative survey

A qualitative survey for 16–25-year-olds, reproducing the interview questions, was developed and distributed through the services and SafeLives contacts. One young person aged 18 responded to the qualitative survey in November 2024.

Creative Workshops

Two creative workshops were conducted, in person, and involved 9 young people aged 10 to 15 years. In both workshops, a young person's support worker was present. Informed consent was gained from the young people prior to the workshop commencing. Each creative workshop lasted 60 minutes. Firstly, a practitioner from Respect tested sessions from their Dating Detox toolkit and Building Skills in Emotional Identification resource. In one workshop, the session looked at jealousy and in the other, the session was based on relationship building between the support worker and the young person. Whilst sessions were delivered, two members of the research team from SafeLives collected observational data. In the second half of the workshop, led by the SafeLives researchers, young people were asked to visually create their feelings and ideas about endings, answering three questions.

- How can young people feel about ending their support?
- What does a good ending to support look and feel like?
- How would you like to celebrate completing your support with the service?

Young people were offered various creative resources to do this. Whilst the young people were creating their pictures, the researchers asked the young people to describe their portrayals and the meaning of them.

See appendices for demographics and full details of the focus groups, interviews, qualitative survey and creative workshops.

Ethical considerations

Practitioners

Information sheets, provided to practitioners, gave full information of the project aims, what to expect from focus groups and interviews, anonymity and confidentiality, the right to withdraw, and how the information provided would be used, so they could give their informed consent. This information was also reviewed at the beginning of each focus group or interview. Practitioners could withdraw their data up to two weeks after they had participated however, it was highlighted to those taking part in focus groups that we may not be able to accurately identify and remove all relevant data. Contact details of the project team were given, so practitioners knew who to contact if they needed to raise a concern.

Young people

Steps were taken to minimise any concerns or risks to young people. Clear, comprehensible information was provided to young people prior to involvement ensuring they knew what to expect in the interviews and workshops, how the data would be used, about the right to withdraw and issues surrounding anonymity and confidentiality so they could give their informed consent. This information was also included in the introduction of the qualitative survey. Practitioners recruiting young people for the interviews and workshops also ensured their understanding of the research.

Considering the sensitive nature of what young people had received support with, no questions in the data collection asked them about their harming behaviours or experiences. Questions only considered how support should be delivered to young people, to reduce any emotional impact. Young people could also have their support worker or parent join them in interviews, if requested. Post interviews and workshops, young people's support workers were also available to them if needed. Further, the creative workshops and interviews were designed to last no longer than an hour in-line with SafeLives internal guidance around data collection with young people.

2. The Changemakers are a group of dedicated young people who share a passion to end domestic abuse and tackle the social challenges facing today's youth. Working alongside professionals in the field, Changemakers use their voices to shape national campaigns and co-create services for young people impacted by domestic abuse.

Authentic voice

“We’ve walked through fire to get our voices back; we’re not going to give them up now.”

- URSULA, SAFELIVES PIONEER

SafeLives are committed to placing people with lived experience at the heart of all we do to end domestic abuse. We believe engaging the expertise of victim-survivors is fundamental in ending domestic abuse for everyone, and for good. We are committed to consulting survivors nationally to build a wide and diverse voice, while also providing a platform for their independent and authentic voice.

Associate expert by experience

To ensure that the Verge of Harm[ing] Phase 2 project was led by victim-survivor voice, a young associate expert by experience, in the age range under study, worked alongside the researchers throughout this project. She has chosen to be referred to as Genevieve. Genevieve's role was broad and involved consultation and co-creation at various stages, including co-creation of the young people's interview schedules and creative workshop tools, and development of the themes from young people's interviews.

It can sometimes be the case that victim-survivor's identities are reduced to solely that of a survivor, and we therefore feel it is important to acknowledge both the insight offered by Genevieve as a survivor of abuse, as well her expertise as a qualifying researcher and academic. We are incredibly grateful to have had her input on both phases of this project.

A young person from the Changemakers² was also consulted in the creation of the creative workshop tools and co-coded a sample of young people's interviews working with the researchers to consider final analysis themes.

Analysis

Interviews and focus groups

Data analysis began after the initial focus group and this process continued until the final focus group and interviews were completed with practitioners and young people (Charmaz, 2014). Data was recorded and fully transcribed and stored in a password-protected folder only accessible to the research team working on the project (Creswell et al., 2007). Following the process suggested by Braun and Clarke (2008), data from discussions were analysed using thematic analysis. Transcripts from the practitioners focus groups were coded by two researchers, separately. Transcripts were read several times and during this process initial thoughts and ideas were noted down then, initial codes relevant to the research questions were identified. When focus groups were completed, both researchers spent several days together discussing, organising and finalising codes and incorporated them into sub-themes and final themes. Each final theme was defined and named to give a clear indication of the essence of the theme. Due to time constraints, with interviews, one member of the research team coded the practitioner interviews, while another member of the research team coded the young people's interviews following the same process as with the focus groups. A Changemaker also took a sample of the young people's interviews to cross-code. When the initial coding of interviews was completed, both researchers again met several times with our associate and Changemaker to discuss, amend and finalise codes and incorporate them into sub-themes and final themes.

Creative workshops

During the creative workshops two researchers separately scored observational data and took notes whilst Respect's sessions were being delivered. The observations included identifying whether the young people were keen to take part in group discussions, identifying whether young people showed signs of boredom, identifying whether young people understood what they were being asked to do etc. The observations were rated on a scale of "Yes", "Somewhat", "No", "N/A" with additional notes to substantiate ratings. After each creative workshop the researchers compared and agreed on the final ratings of each observation. From the visual drawings about endings and the researchers notes, where young people explained their representation and meanings, ideas were collated into categories.

Qualitative survey

Responses from the qualitative survey were read, sorted and categorised into groupings.

Findings: Focus groups, interviews and qualitative survey

This section will present themes from the analysis of focus groups and interviews with practitioners and the analysis of interviews and qualitative survey with young people. The themes are organised under four categories: the training and understanding needed to support young people who harm and the beginning, middle and end phases of support.

Training and understanding needed to support young people who harm

What practitioners told us

Theme: “Setting practitioners up for success”

The first theme demonstrates the importance of appropriate, up-to-date education and awareness to support practitioners to operate effectively in this field of work. Practitioners described the training and knowledge they find critical to their roles when supporting young people who harm. Some practitioners highlighted the need for staff to be trained prior to supporting young people so they are not training whilst trying to do the job. Also important is ensuring training is embedded in practice and training needs are identified and responded to, so knowledge stays up to date. Many practitioners described the benefits of accredited programmes such as the Young Person’s Violence Advisor (YPVA) training, the Respect Young People’s Programme (RYPP), Respect’s Dating Detox programme and CRAFT training. They explained these programmes giving them lots of different strategies and tools to work from so they can offer more flexible and bespoke support to young people.

“I think useful for this one is we’ve had some training sessions just in specific programmes...It just gives you ideas for, kind of, what to do for different ways of looking at it. And I think, that having the training in multiple programmes that I like that it, kind of gives you, a kind of, bigger toolbox I suppose, because obviously each child is different” (Practitioner, FG3)

Several practitioners mentioned training that can help them communicate and respond mindfully to young people such as trauma informed practice, verbal de-escalation, therapeutic parenting, empathetic behaviour management and restorative approaches. Some practitioners stressed the importance of

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acknowledging that young adolescents can be struggling with their emotions rather than dismissing their behaviour as 'naughty' or 'trying to get their own way'. Others highlighted the shame young adolescents can feel around their actions and believe people just see them as angry or aggressive. Practitioners frequently noted the importance of understanding the root causes of the young people's behaviour. One practitioner highlighted how training that takes trauma into account can help in "understanding how that might affect how someone responds to a service or a professional" (Practitioner, FG4).

"I think that sometimes professionals aren't aware how much shame the young people feel around their actions. They, they think that they're just, sort of, angry and aggressive, and trying to get their own way, and... But actually, there's a lot of guilt and shame, and so it's really hard for them to talk about things with other people outside the family" (Practitioner, FG4)

"I think, again, just to reiterate, more training on looking at why these behaviours happen...we all look at it as the only way to manage the behaviours is to look at the cause, and the root of the behaviours, and to understand that behaviour is a communication, and it's young people trying to express how they're feeling, because they haven't been taught that better way of communicating, and it's up to us to listen, teach them better ways to communicate, and also look at what's going on underneath the surface, and what the issues are for them to be behaving in that way" (Practitioner, FG5)

Additionally, many practitioners spoke about how training on Adverse Childhood Experiences (ACEs) and the impact of domestic abuse (DA) on children and young people can be beneficial to understand the 'whole person', to plan their support appropriately. Some went on to explain how attachment is impacted by DA with one practitioner highlighting how attachment difficulties can present very much like special educational needs (SEN) (e.g., ADHD or Autism) and it would be useful to receive training to differentiate between the two. Others highlighted the extent their cases involve young

people who are self-harming and how this can be a coping strategy of those that have experienced DA in the home.

"Some of the training that I found really beneficial when I started was training about ACES so, childhood adverse experiences. And then you then begin to understand why some young people present the behaviours that they do, and it's not always necessarily they're misbehaving; there's so much more underneath that, and unless we look at what's underneath that, we're not going to manage the behaviours" (Practitioner, FG5)

Many practitioners spoke about the lack of training in external agencies (e.g., police, teachers, social workers, schools) which results in inconsistent responses to complex issues associated with young people who harm. They explained that not understanding the root causes of behaviour results in professionals responding in ways that doesn't benefit young people or produce behaviour change. In crisis responses, this lack of awareness can also make situations worse. Several practitioners highlighted the lack of training in external agencies is preventing early interventions, with young people only receiving support when the harmful behaviours escalate. This means specialist services find it more challenging to make a difference and do not always achieve an accurate reading of outcomes.

"A lot of staff at schools maybe don't have that training, or understanding, or experience, because a lot of students will say ...you know... teachers aren't listening to them, and they're just sort of giving them the consequence of detention, or suspension, or whatever, but they're not really... understanding, or wanting to understand that root cause" (Practitioner, FG5)

When considering general DA training there were some varied opinions. Several practitioners, who were part of a DA service, felt it was good to have an in-depth knowledge around DA while others felt it was good to have a general understanding for awareness and to recognise signs but, for young people who harm, understanding the

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impact of DA is considered the most important. Several practitioners acknowledged it is good to be professionally curious about DA, to have local contacts to DA professionals/services and know about different processes (e.g., Maracs). There was agreement between practitioners in one focus group that training around recognising the signs of coercive control is particularly useful, as it is challenging to identify in young people, due to the normalisation of abuse in the media. One practitioner noted as young people have excessive access to the internet, it can be important to address this in support. Additionally, several practitioners highlighted the need for specific training on Child and Adolescent to Parent Violence and Abuse (CAPVA)³ as there are gaps in professionals' knowledge, with the issue not being well understood or widely talked about. It was noted that CAPVA training should be considered separately to DA and intimate partner abuse (IPA) as if practitioners are trained in DA, they can feel they understand CAPVA whereas the approaches are very different due to the parent/child dynamic.

“You know, this is still quite a concealed issue. It’s still something that, like, you know, across the board, people don’t have a great deal of understanding around...So I think that that’s probably one of the biggest challenges is like lack of understanding and lack of resources for, you know, for parents to kind of feel that they’re like heard, understood, and acknowledged around this. You know, whether that’s training in schools, children, social care, child and adolescent mental health, police, all of that kind of stuff, you know, we are finding ourselves like advocating for a lot of the time because many, many times when people come to us, it is really quite a last resort.” (Practitioner, Interview 7)

Other key areas that many practitioners saw as important to have training and awareness on were mental health, SEN and neurodiversity due to the high rates of referrals received where young people are experiencing mental health issues and/or have a diagnosed condition or, are on a waiting list for diagnosis. A few practitioners spoke about young people they see in high-risk situations where there is severe self-harm or suicidal

thoughts. Some practitioners expressed a need to have in-depth training around mental health and psychological first aid so they know how to approach and communicate with a young person if they notice signs of distress so they can deal with any immediate risk and be able to offer appropriate coping strategies. A few practitioners highlighted the difficulties of accessing mental health services for young people but noted the importance of researching the availability of local services and having national 24-hour helplines (e.g., The Mix) that they can give to young people.

Some practitioners highlighted that as neurodivergence can be genetic, having an understanding can help understand the ‘whole family’. It was mentioned there is a need to be aware of neurodivergent characteristics, markers and terms (e.g., masking) as a lack of awareness can result in children being misunderstood and parents blamed for the situation which is not always due to a parental problem or style. Additionally, one practitioner noted agencies usually put parents on parenting groups which, as well as not addressing the issue, are often run for neurotypical parents and are unsuitable for a neurodivergent family.

“Very often, the, the answer...is you put parents on parenting groups, and actually, it’s not a parenting issue, and the parent, then, becomes almost vilified about, you know, “It’s your fault,” and therefore, “just change your parenting style and this will happen...because a lot of the groups that are run are actually for neurotypical parents, and actually...you’ve got a neurodivergent father or mother parenting a neurodivergent child, and that’s really challenging” (Practitioner, FG4).

“Like statistically, a lot of our families have been dealing with these situations for sort of three to five years as a minimum, you know, because they’ve been told you need to go on a parenting course. It’s your fault. You know, oh, it’s because of the house is chaotic. Oh, it’s because of, you know, like a variety of different reasons. That’s almost kind of like quite judgmental or blaming from other organisations” (Practitioner, Interview 7)

3. Respect uses the term Child and Adolescent to Parent Violence and Abuse (CAPVA) to describe the dynamic where a young person (8 years -18 years) engages in repeated abusive behaviour towards a parent or adult carer.

BEGINNING

The beginning phase of support

What practitioners told us

Four themes were produced in relation to the beginning phase of support. These are, “Having all the pieces of the puzzle”, “Building a chemistry”, “Managing expectations” and “Shaping better outcomes”.

Theme: “Having all the pieces of the puzzle”

This theme considers the need for practitioners to have detailed information of cases from several perspectives (i.e., from the referrer, agencies working with the young person, parents/carers and the young person themselves) to understand the ‘whole picture’, determine any initial risk and assess if the referral meets their programme criteria.

Most practitioners spoke about firstly contacting the referrer to acknowledge working with the young person and to verify or gather any missing information on the referral. Practitioners described the key information required before they start their work which included who the young person is harming, what behaviours are they using, their family situation, the risk assessments completed, safety plans developed, any plans with other agencies, and any safeguarding concerns. All equality, diversity and inclusion (EDI) information should also be gathered at this point. A few practitioners mentioned investigating the young person’s learning style, neurodivergence, domestic abuse, and trauma with the referrer. In the interviews practitioners expanded on

what would concern them in a referral they received. This included use and access to weapons, dealing or running drugs, dependency on drugs/alcohol, gang involvement, reports of strangulation/non-fatal strangulation, pregnancy, mental health needs and the young person being harmed themselves. All practitioners agreed about the importance of taking a multi-agency approach, liaising with any other agencies involved with the young person and making plans to attend meetings around the young person, to share and update information which feeds into regular risk assessments and safety plans. For children and younger adolescents, the main contact was school but other agencies mentioned included social care, police, CAHMS, youth offending team, mental health, drug/alcohol services, young carer’s service and housing. If the young person has children of their own, practitioners also attend any safeguarding meetings for the child.

With young people under 18, practitioners described contacting the parent or carer to introduce themselves, explain the service, gain or confirm parental consent, and seek their perspective of the situation. A few practitioners mentioned contacting any involved extended family or carers (e.g., grandparents, foster parents or care homes) to gain additional insight. Some practitioners emphasised the importance of ensuring the safety of others involved with the young person, assessing if anyone else is at risk. Several practitioners explained why it’s important to consider the whole family when supporting a young

person. Firstly, to check in on the wellbeing of all individuals in the family (e.g., parents, siblings) ensuring a comprehensive approach to safeguarding so this can be incorporated into the young person’s safety plans and additional support can be offered to anyone who needs it. Secondly, to understand any additional, or undiagnosed, needs of the young person and get the parent’s views on how best to communicate, how to encourage engagement, and their interests to consider for the initial meeting with the young person. Thirdly, to examine and take account of any additional needs in the family or intergenerational trauma. As one practitioner mentioned, “considering neurodivergence is genetic, so there’s often other people in the family that are neurodivergent but not diagnosed, and maybe don’t even understand their own neurodivergence yet, so I think professionals need to be much more aware of this, ‘cause family dynamics can be really tricky when you’ve got, quite often, a household full of neurodivergent people all triggering each other and escalating each other” (Practitioner, FG4). Finally, a few practitioners also highlighted the importance of talking to parents to understand different ethnic backgrounds or communities, exploring the parent’s own childhood, to help the practitioner comprehend their values for their children which can further assist in supporting the young person.

Several practitioners stressed the importance of considering the young person’s perspective. It was explained that parents/carers can have a particular view

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of the situation which can influence a professional's insight of what's happening at home but by exploring both sides, practitioners can get to a middle ground of what's happening. There was agreement that checking in with young people encourages engagement as they are having their voice heard which builds relationships.

“I’m a big believer in child voice, and lots of professionals can feel as though they get child voice by speaking to the parent. I don’t believe that is an adequate way of getting child voice, because [the] parent often...has their own spin on what’s being said” (Practitioner, FG2)

Regarding the young person's viewpoint, (for those <18) some services spoke to the young person before they came into support. Some practitioners have a contact call with the parent where they explain the service, ask the young person what they'd like support with, about their interests, give the young person a choice of where and when they'd like sessions to be, as well as explaining confidentiality, safeguarding and ultimately, gain their consent. However, practitioners in one service noted, if a young person is over 13, they contact the young person separately from the parent/carer to give them the opportunity to share their perspective in confidence. For other services, they covered this information and gained consent from the young person on the first face to face meeting. Some practitioners also mentioned collecting outcomes data on this initial meeting so they can review

with the young person at the end of support, to show change. However, a few practitioners mentioned change may not be accurately measured as they don't get to root of problem for several weeks.

Several practitioners who support young people over the age of 18 talked about taking the same multi-agency approach but explained they undertake an in-depth information gathering assessment with the young person themselves. One practitioner noted they fully explain the assessment process to ease anxieties which explores relationship history, abusive history, but also examines their accountability for the abuse and motivation to change. Also mentioned was exploring their childhoods (e.g., through ACEs questionnaire) and wellbeing. A secondary assessment takes place around risk including a risk assessment and risk management plan. One practitioner highlighted they would consider the level of risk as if a young adult has used high levels of harm, they would explore any other additional factors which could have led to using this level of harm at a young age. A few practitioners mentioned any victims, ex-partners or individuals harmed are also contacted to offer support and update them on the person harming's engagement with the service. This allows the victim to talk to the link worker and let them know if there are any risks they should be aware of.

When determining initial risk, in young adults who have harmed in intimate relationships, a few practitioners mentioned using the domestic abuse, stalking and 'honour'- based abuse risk indicator checklist (Dash RIC).

For CAPVA, some mentioned the use of the PEGS Risk Assessment Model (PRAM) or screening tools for child to parent abuse, completed by parents. However, in young adolescents it appeared that services use their own risk assessment processes, using their professional judgement, to be able to identify specific risks through conversations with other professionals, and regular check-ins with the parent and young person about behaviour changes or any new incidents. One practitioner noted that as young people “become a little bit more like open and you build that relationship, then they will start to, obviously, open up more, speak more about things at home, things that they have experienced and things like that.” (Practitioner, interview 5). Another practitioner mentioned referrals that are high-risk would be flagged with some including police reports. One practitioner noted that cases were “not so much about the risk but finding the right programme” (Practitioner, FG5). Several practitioners shared that while young people are on a waiting list, risk is monitored with a weekly check-in asking young people ‘how they are’ and ‘how their week's been’ which gives them the opportunity to share any incidents. Several practitioners across the focus groups noted that risk is reviewed monthly often in case management meetings with safety plans updated accordingly. However, interviews with practitioners revealed that the frequency risk is reviewed varies, ranging from weekly to monthly.

Most practitioners interviewed emphasized the importance of screening referrals to ensure that the programme aligns with the young person's needs and circumstances. Several practitioners highlighted the

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need to assess whether the programme is appropriate for the individual at the current point in their life. They noted that some young people may have more pressing needs, such as mental health challenges or issues related to alcohol and drug misuse, which must be addressed before they can engage with the programme. One practitioner identified the importance of ensuring the young person has an appropriate developmental learning age to comprehend the programme's content and one practitioner mentioned that "If there is still intimate partner violence happening within a home, we wouldn't be working with that child" (Practitioner, Interview 7). Additionally, a practitioner observed that neurodivergent adolescents exhibiting harmful behaviours driven by impulsivity might not benefit from the programme. Instead, such individuals might be better served by specialist services tailored to address their specific neurodivergent needs. All practitioners who mentioned screening referrals agreed that if the young person was unsuitable for the programme, they would find the right support for that young person through another service.

“When we are working with children that have got really high need neurodivergent conditions... they are being impulsive and harmful. And they are displaying challenging behaviours. But that is driven by their kind of internal pull for that. You know, whether that is a kind of neurological pathway thing where, for example, it's just impulse to throw

something across the room, or to shout at someone, or kick out, or whatever that looks like, because their communication verbally isn't at that point, or whether it is actually. You know, they are cognitively and emotionally capable of having conversations. They are in a place where they are. They're having problems with their relationship and their communication with their parent, and therefore they are being harmful. Or whether it is because they are being driven by that kind of... level of kind of neurodivergent need” (Practitioner, Interview 7)

Theme: “Building a chemistry”

This theme highlights the importance of building a connection with the young people practitioners are supporting. It considers ways practitioners get to know the young people as individuals, build trust in the relationship and encourage engagement.

Most practitioners mentioned building rapport on initial meetings by creating a relaxed, informal and non-judgemental approach, engaging in general conversation and easing any anxieties. With younger adolescents, many practitioners stressed it's critical to clarify they're not in trouble, acknowledging you know this is difficult for them and they're not being blamed

for the situation. Building on this, several practitioners in the interviews emphasised the value of explaining to young adolescents why they are being offered support, explaining that they are there because there have been some difficulties at home, and they are there to help improve their relationships with their parents.

“I think it's always like a chance for us to kind of really reassure the children and young people to be like, you know that you're like not in trouble for us to kind of being here. Like this is my whole job. I do this with so many children like daily... Like you're not on your own, like just a reassuring kind of thing” (Practitioner, Interview 7)

Many practitioners advised, primarily with younger adolescents, against referencing specific behaviours or incidents during these initial discussions and not immediately questioning young people about their harming behaviours or what's been going on in the home. One practitioner suggested not being negative with the young person or asking too many 'why' questions. Another practitioner highlighted that “they probably don't know why they're doing that or don't understand the reasons” (Practitioner, interview 1).

All practitioners agreed the most effective approach to building relationships is showing an interest in the young person's interests, engaging in active listening

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and reflecting this back so the young person feels heard. Some practitioners explained how it's important to remember what you've learnt about the young person so you can bring this into future discussions. As a practitioner stated, "showing an interest, and showing that you do listen to them, and you do care" (Practitioner, FG5). One practitioner noted letting the young people lead the initial sessions, focusing their attention on how the young person is feeling and being impacted by the situation.

"So, 'how are you feeling? How are things going for you? How...'? You know, because sometimes they're not even asked, they're not asked that question, or they're not... they're just... you know, a lot of children we work with just think that they're naughty, everyone thinks they're horrible, and, you know, well actually, you know, has someone actually said, 'what, what is going on with you? How do you feel? What is making you feel that way'? So, it's being listened to" (Practitioner, Interview 6)

Many practitioners explained that they make these initial meetings easy-going and incentivise young people to engage and talk by playing games, doing creative activities, going bowling, going to Starbucks/McDonalds/Costa, or playing pool. One practitioner explained that young people don't want to spend first sessions

with an adult they don't know talking about traumatic experiences. They noted making the work fun and light-hearted enables the young person to drop their guard, so they are more likely to open up. One practitioner in the interviews highlighted the importance of being open with the young person and telling the young person about themselves, whilst being aware of safeguarding.

"They [young people] have a lot of professional engagement where social workers or professionals might turn up and sit them in a room and try and talk to them; they don't want to do that. If you stick them in front of a bowling ball, they're more likely to talk to you than they are if you're sat across from a table, because it's a- it's really formal, there's lots of power dynamics in it, and I think we have to be aware of that as practitioners when we're working with young people" (Practitioner, FG2)

Several practitioners also spoke about the tools they use to aid them in getting to know young people including questions around their likes and dislikes, hobbies and interests using games such as Uno or 'All about Me' worksheets to facilitate these. They noted these activities work well with children and younger adolescents as the focus is on them and practitioners are showing interest in what they like to do. A few practitioners spoke about ways they explore the relationships young people have in

their life through 'Relationship Mind Maps' and 'Ecograms' or, using timelines to explore their life and relationships to the present point using 'Circles of Support'. However, a few practitioners highlighted not to push young people to take part in activities on these first sessions, if the young person does not want to, and be adaptable to what they require. Several practitioners noted the importance of steadily building a relationship and letting young people talk freely to you. As one practitioner mentioned, "if you go in all guns blazing...that's almost gonna be quite overwhelming" (Practitioner, FG3). Those who work with the over 18s, on lengthy behaviour change programmes, described an extensive relationship building period before sessions begin, as essential, to build trust. One practitioner, who works with young people over the age of 18, noted they employ a motivational interviewing technique with clients, so you are not prompting questions about their harming behaviours but encouraging them to understand their behaviours and talking to them in a way that allows them to speak freely about their experiences. However, several practitioners acknowledged that if you create a safe space and build trust, young people enjoy having an independent space to voice their concerns they would struggle to talk to parents or others about. However, other practitioners acknowledged that some young people do take longer to speak openly than others and may try and minimise and justify their behaviour whereas others are embarrassed. Practitioners noted this often means thinking ahead about extending sessions, especially if their programme only supports young people for a short period of time.

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Another part of getting to know a young person is around their identities and culture. Most practitioners explained that EDI information is usually collected as part of an initial assessment when they first come into the service however some noted it is good to check with young person when you first meet. Suggestions of questions to explore this included, “I identify this way, how do you identify”, “Is there any way you would like to be spoken to”, “Do you have any needs I need to be aware of”, “Are there any times you need to leave”, “Is there anything else I need to be aware of”. One practitioner gave an example of having a file or workbook for each young person including information such as, “what name do you want me to use, is it William, Will or Billy”, “What pronouns would you like to use”, “Would you like to use a nickname”. Another practitioner described coming across challenges around culture or language and offered for the young person to enlighten her stating, “Look I don’t know much about your culture...so talk to me...teach me, you know” (Practitioner, FG4). Further, a practitioner mentioned having to be mindful of where they take a young person when building relationships around dietary requirements and what foods are acceptable for different faiths.

In addition, practitioners noted, due to the high rates of referrals they receive where a young person has a neurodivergent need, it’s important to understand any additional or learning needs a young person has so they can modify support and consider any necessary

adaptations for future sessions. Some practitioners noted they explore in the first session if young people have any additional needs and what makes learning easier or harder for them. A practitioner described how she used storyboarding with a young person who was struggling to verbalise their experiences, so they drew together allowing the young person to explain through a different medium. A few practitioners highlighted when supporting a young person with SEN needs who is attending a SEN school, it is helpful to meet with relevant school staff as some can be resistant to engage. Having a teacher present in the first few meetings can help with this until the young person feels happy to sit with the support worker on their own. Other practitioners noted thinking about the language you use with young people with SEN, ensuring it is accessible.

One practitioner highlighted where a young person has experienced harmful sexual behaviours, there is a more complex and distinct approach to relationship building as there will be a lot of developmental traumas. It was noted that specific assessments (e.g., AIM) can be helpful in identifying support needs in these cases.

Theme: “Managing expectations”

This theme considers the necessity of creating a shared understanding with young person at the start of support around issues such as confidentiality, any expectations around the work and what can be realistically achieved in the time they have to support.

Several practitioners noted the importance of being honest and communicating transparently from the beginning of support as this build trust and respect and models what healthy relationships should look like. One practitioner, working with the over 18s, talked about being honest with the young person about the service and that it supports with domestic abuse and those who have carried out that form of abuse, as if open conversations are not had on the subject, you can potentially make that individual more volatile. As mentioned earlier, explaining confidentiality and safeguarding to young people is important on initial meetings so young people understand these are non-negotiable, and is clear around what will, and will not, be shared and with whom. Two practitioners noted they have a young person’s agreement where it is clearly stated what will or will not be shared so if anything arises during support, young people know it has been previously explained and discussed. Having this agreement can also set out how the support is going to work, expectations around attendance and can state what the young person and the practitioner require from each other, in terms of behaviour, which can reduce boundary pushing.

Further, a practitioner highlighted it is important not to make promises to young people that cannot be kept rather it is better to say, “I will try my best” (Practitioner, FG5) if young people make requests. Several practitioners noted managing a young person’s expectations around what can be achieved, especially

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if the programme support only lasts for a short period of time, and reaching successful outcomes are also dependent on the young person themselves.

“The start of my first session is, I’m not...you know...I don’t have a magic wand; I can’t change you in 10 weeks but if you’re willing to make the change, then we can work at it. And they’re like, “Oh that’ll do” (Practitioner, FG5)

Some practitioners also noted they must manage expectations and set boundaries with parents/carers. It was mentioned that parents can struggle with the confidentiality between the support worker and the young person, but they reinforce they can share what was covered in sessions and if they went well but cannot disclose the young person’s private discussions.

Theme: “Shaping better outcomes”

The final theme in this stage considers factors, that if put into place from the start of support, can encourage engagement and shape better outcomes for the young person in making and sustaining change.

Many practitioners emphasised that young people’s readiness for the intervention is key in seeing more positive results at the end of support and ongoing. Several practitioners agreed that many young adolescents come into support as they have been

told to, by statutory services or parents, and have not been consulted or spoken to, about the support. As a practitioner stated, “Support is something often done to children, forced to do by social services and parents...if [you] can get them to engage of their own accord, [the] outcomes much more meaningful” (Practitioner, FG2). Several practitioners confirmed that young people can be resistant and may initially refuse help highlighting when they initially see the young person, they’re not in the mindset for support which can impact outcomes and sustaining change. Practitioners gave a few examples of clients who have come into the service and have been difficult to work with as they don’t acknowledge they are part of the problem and blame other people for their situation. A few practitioners told us that assessments for readiness come through referrals, from other agencies, where this has been evaluated with the parent or carer. Therefore, young people are not consulted until they come into the service therefore, challenges with accountability are not identified. Several practitioners agreed that there’s a need for a prior assessment to be completed with the young person before they come into the service. Considering some services identified that they contact the young person and gather their perspective before they come into service, this seems an important opportunity to assess readiness at an earlier point. Other practitioners also spoke about the importance of making sure support is being provided at a fitting time in young people’s lives as, if not, this can impact on the time services have to deliver which due to funding restrictions cannot always be extended.

Several practitioners noted that over 18s have a more thorough appraisal around readiness as their motivation to change is a critical part of the assessment. The importance of young people acknowledging their harmful behaviours was stressed and a practitioner described how they have conversations with the young person about any denial (e.g., “we have a referral, but you are don’t think you have any harmful behaviours, tell me more about that). Another practitioner highlighted that awareness sessions are sometimes carried out prior to the behaviour change sessions to ensure readiness as part of assessing risk to people around the young person is their motivation to change. One practitioner also highlighted they ensure over 18s are suitable for group work ensuring their mental health is stable and they are not using alcohol or drugs.

“Yeah, some sort of acceptance, some sort of acknowledgement of that they have shown a harmful behaviour, they want to do something about that. The main thing is, because quite a lot of our referrals come from social care, they will say, ‘oh, well I’m here because social care have referred me,’ and I don’t want that as a response. That’s not an acceptable response...Yes, social care might’ve started this process off, but what is it that you want out of this? Why are you talking to me? What is your motivation?” (Practitioner, FG2)

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To deal with resistance from young people, many practitioners suggested explaining to the young person they will have some agency in their support reassuring them that, unlike other services, they are an independent professional working solely to help them. Several practitioners advocated using words to show you are there to help and support them with what they want to do and not tell them what they must do.

And I think very much we, we frame it as, “This is not like school,” or “this is not like other services. We don’t just sit you down and run through our programme and then say goodbye.” We don’t do that, we listen to the young person. They have some involvement, they have control. They, sort of, say what they, they need, and so it’s not being done to them, like, we’re working alongside them, and I think that’s very different from how they’re often treated. So, it’s important that we get that across to them in that first contact call (Practitioner, FG4)

Showing the young person that you are working for them involves being needs led to what the young person would like help with, developing support plans with them. With younger adolescents, part of this is assessing if they would be comfortable joining group work or if they would prefer one-to-one support. One practitioner noted their service previously, routinely, put young people in groups

which did not always work so this needs to be considered, by speaking to parent/carers and the young person themselves. However, another practitioner mentioned they mostly work with groups and although young people are nervous at first, once they start getting to know one another, the format works well. Several practitioners said they try to make the support as easy as possible for young people to access and would adapt when and where sessions took place, so it worked around their schedules and preferences. This is important as a few practitioners noted that there can be stigma associated with support within peer groups, and this can be an obstacle to young people engaging, especially older children. Therefore, young people may not want support to take place in school or college where they may be asked about their attendance so other options such as contact centres, family hubs, or home visits, would need to be considered. One practitioner mentioned that they would not take a young adolescent out of their favourite lesson and instead take them out of a lesson they didn’t mind missing. Another practitioner noted that if a young adult was working during the day they would conduct the sessions after they had returned home at a time that suits them.

“First thing I always say to young people is, “What’s your favourite lesson?” I don’t want to rock up at PE and they’re playing football, and he absolutely loves football. It’s like I’m going to be the worst person in the world. So, we just try

and find a way to- to support them and make it as easy as possible for them... So, I get the schedule of their lessons so I’m not bringing them out of class halfway through so they’re not being known, you know, that they’re going for some sort of intervention or programme” (Practitioner, Interview 10)

Part of giving a young person agency is them having the choice of whether they consent to support. Several practitioners noted that a young person may initially say no to support but if they are talking and sharing, they continue to participate with them for a few more sessions. They explained that this gives the young person some time to think and reflect about whether they would like to engage. However, many practitioners noted this is ultimately the young person’s choice, letting them know they can come back anytime in the future.

“It’s really important to sort of mention, ‘we are here for you. If you need’, you know, ‘if you need and want the support’...I think, sometimes, you know, these children have had so much intervention, and they’ve had so many agencies involved, and that hasn’t been by choice. You know, ‘you will do this work, you have got to do this work’, whereas with us, it’s, you know, ‘this is here for you if you want it.’” (Practitioner, interview 6)

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Another factor several practitioners considered important in relation to outcomes is empowering the young person and creating resilience from start, equipping young people to believe that when they face challenges post support, they respond appropriately and deal with them. Further, various practitioners noted building relationships and support networks within other agencies (e.g., pastoral in school) for the young people from the start as important to sustaining change so when support has come to an end, they have other contacts to go to and they can be reminded of this at the end of support. Additionally, some mentioned advocating for the young people, for example, if there are problems in school, support workers liaise with the school to improve things or put things in place they may need. It was explained this also helps to build trust as the young person sees the difference and that the support worker is there to help and support them.

Finally, in relation to CAPVA, several practitioners spoke about their belief that parents having support alongside their child, addresses the parent and child dynamic, and improves outcomes. Across the services, this was delivered in various ways – either with the parent and child coming together at various intervals during support or a parallel programme. It was explained that parents often want support just for their child, but improved relationships come from a two-way process. Practitioners noted examining the parent’s role often results in young people being more committed, as they’re not being labelled as the problem.

“Quite often the beginning of our work with CAPVA cases is convincing the parent that actually, they have a role in this too, and that work needs to be done with them as well, and they need to respond in specific ways to be able to manage this at home” (Practitioner, FG2).

“I think that’s the difficulty in doing this work, is sometimes the parent thinks there’s something wrong with the young person, and they need to be fixed, where, actually, no, it’s, like, a two-way process, so, helping them understand that is really important” (Practitioner, Interview 10)

Some practitioners pointed out that building this collaborative approach is key to prolonging change as parents have a better understanding of the child’s needs, and parents are equipped with the tools to better safeguard and manage the situation at home.

Some practitioners mentioned the need to also assess the parent’s readiness for support in the beginning. It was noted that parents need to understand the situation and recognise the importance of them being on the programme too, explaining the process may be challenging and include a lot of personal reflection. Also, for a practitioner to be aware of any significant

physical or mental health needs, neurodivergence, life stressors etc for parents, that can often interrupt attendance. This is important as practitioners highlighted that parents can be a barrier to engagement for young people. As parents are often the practitioners point of contact for arranging support sessions if they fail to take responsibility for scheduling sessions with the support worker, it can become an obstacle to young people attending. To address this challenge, some practitioners proposed conducting sessions in schools to bypass this challenge and ensure accessibility for young people. Further, if parents are not ready or their circumstances are not timely, they can disengage meaning young people can also drop out of support.

What young people told us

Four themes were produced from the young people’s interviews relating to the beginning phase of support: “Clear beginnings”, “Understand me”, “The importance of chemistry”, and “Realising the benefits of support”. The categories from the one qualitative survey also reflect and map onto these themes.

Theme: “Clear beginnings”

Overall, young people described wanting clear explanations of what to expect from support, including a full description of the service and support, who would be there, what they might be asked about, how long support would last, times they were expected to

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attend and issues around confidentiality. One young person talked about being confused over a referral to Marac, what this entails and whether this could be done without the young person's consent, which caused them stress. A few young people also mentioned they would like consistency with the first person who contacts them about the service, to be the same person they have support with. Some described surprise at being contacted and offered support or did not receive any explanation of the programme prior to going into the service. Those who had a more comprehensive understanding before they met their support worker noted this helped them prepare emotionally for the meeting.

“When I, like, went in there at, like, the first time, a-like, didn't know if, what they were going to be doing. So...she said that it's gonna be staying with [service], everything I say, which does make it better” (Interview 6, young person, 10 years)

Young people confirmed that when they first met their support workers, they introduced themselves and clarified who they were, what the service did, what the support entailed, and issues of confidentiality. A few young people who were on waiting lists for support spoke about the service checking in with them weekly and sending over resources for the young people to use before they formally started support.

Theme: “Understand me”

All the young people spoke about wanting a support worker to take some time for them to get to know one another, understand their perspective, what they're interested in and about them as a person, their family and relationships around them. Some young people mentioned slowly progressing to what young people need help with and what support will cover, being respectful of what problems they have. One young person revealed it took weeks for him to start trusting the support worker and start being honest with them.

Many young people specifically noted not immediately asking about their personal matters or behaviours. A few young people suggested being patient and slowly building up to more sensitive topics, asking questions around the issue (e.g., 'how's everything?') instead of 'what's going on at home?') and not intensively asking delicate questions.

“If they then start dive bombing on something really personal or trying to get you to talk about something that's really uncomfortable or triggering...so that way your guard, kind of, goes up... there's ways to ease into it, rather than going in full throttle, let's talk about the most traumatic event of your life, type of thing” (Interview 2, young person, 17years)

“Don't only talk about what's happened. Just because we might have done bad things doesn't mean we are bad people” (Qualitative survey, young person, 18 years)

Some young people described how their support workers got to know them in initial sessions which included asking them about their life, exploring what they needed help with and how they could help them, asking about what was going on in their life and about their likes and dislikes. The younger adolescents mentioned creative ways the support workers did this through playing games or completing activity books.

A few young people spoke about support workers responding to needs relating to accessing support such as assistance with travel to the service or communicating with them in ways they prefer (e.g., texts instead of phone calls, Teams meetings). Two young people explained that if support workers don't get to know them and are just focused on their harming behaviours, they're not going to understand why young people are behaving the way they do.

“And you just feel like, when someone coming in to tackle that one issue and not look at you as a whole person, they're not going to understand why might behave or why do they feel about the things you, because they don't understand the full picture. They only they are only focusing on that one aspect of your life” (Interview 2, young person, 17 years)

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Theme: “The importance of chemistry”

All the young people talked about how significant it is to build a connection with their support worker when they begin support and this factor extends across all phases of the support model. Young people recommended keeping initial sessions calm and relaxed and not having too many expectations of them on these first meetings. They wanted support workers to be kind and friendly, reassuring, open and honest, positive, to continually show up, and not make promises that can't be kept. Some young people explained taking a mindful approach makes them feel safe, builds trust and the bond with their support worker. Some also spoke about making support fun and having discussions in relaxing environments making support something to look forward to. As one young person said, “like go out, talk, have a little play, like go to the park, have a nice conversation, go to Costa, get a drink and talk” (Interview 3, young person, 14 years).

Across all interviews young people spoke in positive ways about how their support workers approached them in their first meetings. They described them as having distinct personalities and approaches which, for some, were different to what they'd experienced from other professionals. Young people considered them nice, helpful, calm, happy, welcoming, and approachable. One young person highlighted, “they're very different with how they speak, and they don't make me feel like, I don't know, just weird...and I've

had really bad people try to counsel me before...just their language towards people is kind” (Interview 1, young person, 18 years).

What was key with young people were actions of the support workers that made young people feel they cared. Some young people mentioned their support workers were considerate about their situation and understood their needs. Other young people mentioned personal touches support workers did such as remembering all that was talked about, so they didn't have to repeat things or remind them of things, not responding to them disclosing information in an insincere way or they always checked on how their day was before they went to see them.

“They were just a nice person, to be honest. And they were just very... they were welcoming. And they just, they understood me, and I got on with them” (Interview 7, young person, 14 years).

Many young people explained ‘why’ a connection with a support worker is important. They explained it builds trust and allows young people to talk about personal issues and feelings, be honest with them and convey to them about what's been happening in their lives. Some noted if you don't feel safe to talk, you won't tell them everything or personal things you're ashamed of which means you won't get the support you need.

It is also key to keeping young people engaged with support and making change in young people's lives. Some young people noted having a good relationship with your support worker means you want to engage in support, attend sessions and learn more. Several young people mentioned if they didn't connect with their support worker, they wouldn't have responded to communication or attended appointments. One young person stated, “[it's] most important. She is why I came back” (Qualitative survey, young person, 18 years).

“You wouldn't go to the appointments. You would think it's a waste of your time. You'd find it boring. You wouldn't trust them with anything” (Interview 5, young person, 11 years)

Theme: Realising the benefits of support

This theme is linked to the importance of chemistry but focuses on young people's resistance to support and how practitioners can get them to appreciate how it can benefit them.

Many young people highlighted they were resistant to support for various reasons. Some were nervous, unsure and had concerns about being offered an intervention, others didn't feel they needed or wanted any support, or it would be pointless as they had negative experiences with other services and thought those experiences would be repeated. Some younger

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adolescents mentioned being worried if support workers would be rude, angry or rushed whereas one young adult had concerns it would “be like being told off at school, rather than being able to talk about things that might help” (Qualitative survey, young person, 18 years). A few young people pointed out that, although nervous, they were pleased to get an opportunity to receive help. One young person noted, “because like obviously not everyone can get support, so it’s like, it’s like a chance - you might as well take it, if you like desperately need it” (Interview 9, young person, 12 years).

Another young person highlighted that sometimes resistance can be to test support workers commitment to see if they are actually going to be there for them. This young person also mentioned there is a stigma to support and, shame around what the young person is being supported with.

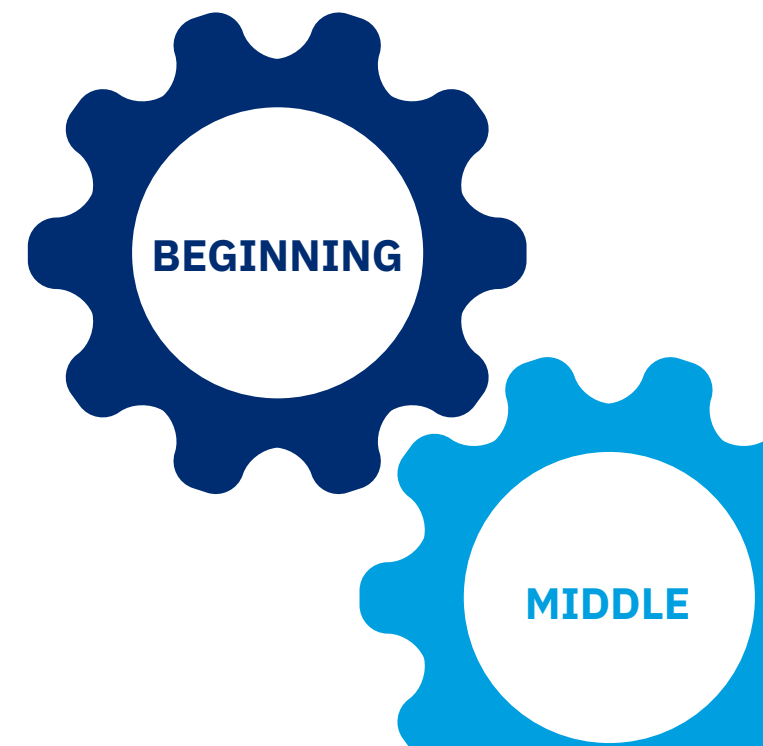
“I didn’t like it [being offered support] and I didn’t want it... there’s a lot of stigma with support still...I think especially when you’re talking about the stuff that we talked about. It’s a bit like a shaming...well I felt like it was” (Interview 2, young person, 17 years)

Many young people explained that their support workers did several things that made young people

start to realise the support could be beneficial to them and give support a chance. Firstly, this was clarifying what the service does and their approach of working with young people which for some young people was not what they had heard or anticipated. Secondly, support workers made support plans with the young people asking them about their own needs and goals and setting out how they’d help young people to achieve this. Setting out these plans also eased anxieties of a few young people as they were made aware of what they would be covering.

“I felt quite nervous about it but as I talked about what needed help with, I got told what was going to happen along the weeks and what she [support worker] was going to help me with, it made me feel a lot better about it and made me believe it was actually going to help” (Interview 8, young person, 14 years)

Young people described it was the connection with their support worker and these actions that made young people believe support workers were genuinely there to help them - not just because it was their job - and support could really make a difference to their lives. These aspects seem important considerations for agencies, who refer young people, to portray the support as independent, consent based, and young person led.



The middle phase of support

What practitioners told us

Four themes were produced that are positioned in the middle phase of support: “covering the right content”, “managing adaptations”, “encouraging reflection” and “keeping everyone safe”.

Theme: “Covering the right content”

Practitioners described the content they cover with young people in support sessions. These were mainly around understanding and managing their emotions, understanding relationships, understanding their behaviour and its impact, building self-esteem and resilience and the parallel work undertaken with parents. Other support mentioned was around communication styles and support networks. Within sessions, young people are often given tools to use, and these are reflected on the following week. Some practitioners also mentioned the importance of using restorative approaches in sessions with young people. One practitioner mentioned this is especially important when facilitating communicating between the young person and their parent explaining she had worked with families where gender identity or sexuality has been an issue and used a restorative letter writing approach for a young person to explain to parents how they are feeling.

“And also, ‘cause they used their restorative processes quite a lot, by

getting them to, to write letters, usually to their parents, and their parents write back...I’ve worked with quite a few people where their...gender identity and sexuality has been a big issue, and it might be part of what’s causing the problem at home, so the restorative process is key for them to explain to, to their parents how they’re feeling, and for them...their parents to be able to, kind of, accept that” (Practitioner, FG4)

Several practitioners explained they focus more on healthy intimate relationships with adolescents and young adults through discussion whereas for those that are younger, this is framed around good or bad friendships and involves more creatively based work. It was noted that many young people they work with haven’t experienced healthy relationships in their own home, so they approach the subject as ‘what’s going on in the family’ rather than ‘what are you doing’ so it’s not framed as blaming and looking at what positive, as well as negative, in their family relationships. One practitioner mentioned exploring where their views, beliefs and behaviours have come from “it through family? Is it through knowing, actually, is that your thought? Is that what you really think?” (Practitioner, Interview 6).

Those who support the over 18s noted they consider honesty, accountability, minimisation, denial and blame with the young people. They also look at the impact of

behaviours on partners and children, and for any young people who are parents, they consider parenting, look at how they viewed their fathers, and how they want to be seen as a father.

“We also, in our sessions, we look at parenting... And I think, for young people who are using violence, and may be in intimate relationships or have children, you find... I’ve found that sometimes they link it back to what they’ve experienced as well, and how their fathers were, and I think that’s quite an interesting dynamic when we look at it, and how it impacts their views on what it means to be a parent” (Practitioner, FG1)

Theme: “Managing adaptations”

While practitioners described the areas of content they can cover, they explained what is delivered can depend on several things: what the needs are for the young person and their family, if young people need sessions modified due to their learning style or individual circumstances and if new incidences or concerns emerge during support.

Some practitioners mentioned when they are delivering an accredited programme (e.g., RYPP), content can’t be changed or modified but noted sessions may need to

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be adapted for young people with additional needs. For example, it was mentioned sessions can be lengthy so may need to be broken down into shorter sittings. From the information gathered at the beginning of support, practitioners may need to offer visual aids for sessions, prepare activities where young people can move around, point, draw or pick up a card, consider the accessibility of rooms, make sessions shorter, arrange for assistants who use sign language to attend, or interpreters. However, some practitioners highlighted possible problems with interpreters. Some noted they have had experiences with actual conversations being lost in translation or the interpreter putting across their own point of view in sessions. This shows a need for trust and understanding to be built with any additional practitioners in the room as well as a need to set terms and conditions with these workers. One practitioner noted they used an iPad and translation software to interpret instead of professionals which worked reasonably well.

“I had one young person come in and say, [Name], I’ve got ADHD, I can’t sit down. I’m like, “Right, well let’s stand up.” You know, “I can’t keep still.” “Well, there you are, here’s a fidget toy.” It’s just about trying to keep ‘em on track and trying to keep them engaged.” (Practitioner, Interview 10)

One practitioner highlighted they ensure any resources they use (e.g., power and control wheel) for healthy

relationship work are adapted for young people from the LGBTQ+ community, so examples of heteronormative relationships and language, are not used. It was explained that with any young person, with a specific need, they talk about behaviours young people have displayed and relate it to the appropriate section on the power and control wheel, so young people are using their own language applied to the tool rather than using professional language.

Some practitioners highlighted that with some young people a plan for support doesn’t always work out. It was noted content may need to be revisited or having to respond to recent problems experienced by the young person. This highlights the importance of flexibility, being adaptable and thinking on your feet. To respond to this, practitioners suggest taking a range of content to sessions, have creative options, fidget toys, or finding one thing you can agree to work on, building the young person’s confidence and the working relationship. However, one practitioner stressed, “if the young person doesn’t want to do something, don’t do it” (Practitioner, FG4).

“Like I say, we’ll always give chance to recap. Sometimes, sessions don’t always go to plan ...you know... we can be led off topic, to discuss other things that are going on” (Practitioner, FG5)

Some practitioners spoke about delivering support sessions online, especially where a young person is assessed as high-risk. There were varying opinions of how well virtual sessions work. Some practitioners had used this format successfully whereas others felt it hindered engagement as it’s harder to pick up on body language cues, harder to get a flow of conversation going, young people don’t have access to toys for nervousness, and young people with cognitive disabilities may find accessing the internet challenging.

Another adjustment that may have to be made is a change of caseworker, mid support. Several practitioners acknowledged this can be difficult for young people and would not be done unless there was an emergency but if this must happen, practitioners would have a meeting with the parent and young person, review what has been completed, and the new support worker would attend some sessions before the case is passed over. Other practitioners noted, in this scenario, the relationship building has to start again and if a young person only has a couple of sessions left, it can be overwhelming to change support worker, so they may decide not to continue.

Some practitioners in one focus group discussed culture and how being a practitioner from the same ethnic background can help but also, hinder engagement with families. One practitioner noted there are often cultural barriers in terms of being open to what is going on in the family but being able to share with someone of the same ethnicity helps overcome shame people in these

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community's experience. However, because they feel this person understands their culture or religion, they can start unloading onto the support worker and professional lines can get blurred.

Theme: "Encouraging reflection"

Practitioners explained throughout their sessions with young people they get them to consider boundaries and appropriately challenge ideas or attitudes, where necessary. Some mentioned continually modelling healthy relationships by agreement to respecting each other's boundaries. A few practitioners mentioned if a young person crosses a boundary, this is explained to them as if this is not communicated, young people won't learn. One practitioner described their approach to handling boundary-crossing behaviour, explaining that if this happens, they will end the session and clearly communicate the reason for doing so. They also emphasised the importance of reassurance, letting the young person know they will return the following week to continue the sessions.

"Yeah, I think with modelling healthy relationships in particular, it's kind of a...obviously like, part of that like, is our own behaviour...and I suppose you're modelling that in how we treat them, like respect, making sure we're respecting their boundaries, making sure that we're kind of, not

kind of, asking them to do anything that we wouldn't be willing to do, make it like and all that kind of thing"
(Practitioner, FG3)

Sessions on boundaries are also extended to different groups (e.g., family, friends). Using different scenarios this allows the young person to reflect on behaviours, different people's boundaries and feelings if boundaries are pushed. Many practitioners noted a lot of the young people they work with think they're naughty and people don't like them so exploring these issues and turning the situation around allows them to see it's not people don't like them; they may just need to change some of their behaviours.

With young people over 18, practitioners mentioned setting ground rules for group sessions in the first session including around use of mobiles, no judging or talking over one another, respecting each other's opinions, attending on time, not attending under the influence of alcohol/drugs, no swearing, appropriate humour, and that they always address partners or ex-partners by their name. It was mentioned they then ask the group if there's anything they would like to add. Several practitioners highlighted that if young people have experienced domestic abuse growing up, have been part of the care system or their peer groups have harmful attitudes they can think it's acceptable to hold sexist or misogynistic views. If young people have not received an earlier intervention, these opinions are often not picked up until they have their own relationships

and children. Some practitioners mentioned part of the support workers role is not to shut down those views but to supportively challenge them. It was mentioned that if a young person is sharing and engaging to explore their views with them and offer alternative ways to consider the situation, such as 'OK, that's how you see it, have you ever thought about it this way', 'what makes you think that way'. Also, noted as helpful was using social scenarios, as it is hard for young people to talk about their own experiences, but they appear to recognise traits in other people and can link this in to talking about themselves. In the interviews, several practitioners added that when supportively challenging the young people's views they will encourage them to think about how the other person involved in the incident felt. This approach aims to guide young people toward recognising the consequences of their actions on their own.

Theme: "Keeping everyone safe"

Practitioners noted they regularly conduct safety planning sessions with young people by continuing to check in with young people if any incidents have occurred and respond with appropriate safety planning. One practitioner highlighted reviewing any current safety plans in place to see if they are working for the family.

In interviews, practitioners added that they regularly keep in contact with parents and other professionals working with the young person to share information about any incidents that had occurred. They also attend any meetings

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that they are invited to by other agencies involved with the young person including child protection meetings. Several practitioners confirmed they continue to risk assess throughout support using appropriate tools with a few noting if cases are high-risk, they will refer to a multi-agency risk assessment conference (MARAC) if over 16 years but if any high-risk concerns occur with those under 16, they are flagged to social care. One practitioner noted that if a young person over 16 was stalking or using strangulation a MARAC referral would be made instantly. With any high-risk cases, it is also made clear on case files what the risk is, the implications and the safety plan around that.

Practitioners spoke about the safety measures they put in place for caseworkers. Those who worked with under 18s generally agreed they only use work mobiles, mostly do sessions outside the home where they have access to other people, wear alarms in one-to-one sessions and would not go into a home where there is a parent who is a perpetrator. One practitioner noted the importance of keeping calendars up to date with locations of where they will be. Other practitioners noted that they have a check in/check out procedure whereby they check in with their supervisor before they conduct a session and then check out with the same person when they have finished the session after leaving the young person. Those who work with over 18s noted they have strict professional boundaries due to possible risk levels. These include only using work mobiles, not doing home visits, and not informally talking with the young people. One practitioner noted if a young person needed more personal support, they would refer to the relevant services.

Other practitioners mentioned, with any high-risk clients, whose behaviour towards professionals is aggressive, they put in an extensive risk management plan around their safety but also support workers safety, protecting both as much as possible, which is reviewed every time something changes. It was noted they can implement dual working, take a first aid kit, sit by the door when conducting sessions, have staff members in earshot of the room, and make sure calendars are updated with client details and caseworkers' location so people know where support workers are. Some practitioners noted that if a young person was displaying high-risk behaviours towards the caseworker, they would consider doing a Microsoft Teams only (virtual) delivery. However, it was noted that this is often a last resort option, and they prefer doing in-person sessions. One practitioner highlighted that due to the increasing rates of high complexity cases they have bi-weekly case management meetings and look at how they can mitigate risk to clients and caseworkers. In this service, it was noted they use 'People Safe Alarms' that register your location with an SOS button which calls the police from your alarm. In interviews, practitioners highlighted some other ways they protect the safety of caseworkers and young people. In high-risk cases one practitioner noted that when they first met the young person, they would do so with another trusted professional who had an established relationship with the young person. A few practitioners also mentioned that they have the option to cease working with a young person if they feel unsafe, although they noted that they had not personally encountered such a situation.

What young people told us

Five themes were produced from speaking to young people about the middle phase of support where they were taking part in sessions. These are "Group or not to group", "Delivery of content", "Sharing the load", "Adapting to me" and "Potential outcomes".

Theme: "Group or not to group"

Most of the young people consulted said they received their support one to one. Some were adamant they did not want support in a group setting and others described being uneasy about having their support in this format due to what they would have to share with other people present. A few young people conveyed that being one to one made them feel safe to talk about anything they wanted to, as the focus was just on them and were relieved at being given options for support. One young person received all their one-to-one support online and did not identify any barriers or problems with the session being delivered virtually.

"Like if you're going to talk about like some like quite personal stuff and all that, you don't want to do group sessions because it just feels a little bit weird talking about your personal stuff. Like, it's about your family and all that" (Interview 9, young person, 12 years)

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One young person who did join a group for support expressed some nervousness at the thought of this beforehand and said it took a couple of weeks to gain trust with the others in the group. However, once young people started to share openly, he found he was supported by his peers, and able to support others which built friendships.

“I know certain people that used to struggle getting out of bed, and we all talked about how to help her, and now she’s getting up out of bed perfectly fine”
(Interview 3, young person, 14 years)

Another young person, who had support individually, did think group work could have been fun as they would have met other young people. However, this reflects a need for practitioners not to automatically put young people in groups for support but to explore this with young people and where possible, offering options for delivery.

Theme: “Delivery of content”

Young people reflected on the content of the sessions they received and found useful. Many young people talked about sessions which helped them understand their emotions and how they could manage these. These included the anger iceberg and learning how anger can mask feelings underneath, fight, flight and freeze, early warning signs of anger, turning negative emotions to positive, and how to deal with stress through breathing exercises.

“I thought they were really helpful, and they were fun, and they weren’t too like you’re going to do this, and then you’re going to do this...they were like, so we have some options here. Would you like to do this?” (Interview 5, young person, 11 years)

One younger adolescent found a session on red and green flags in relationships particularly interesting and useful for her as she was coming up to an age where she should be learning the difference between healthy and unhealthy relationships. Another older adolescent talked about reflecting on how their behaviour may impact on other people and why their relationships were hard. A different person also noted they wanted support to look at the bigger picture around what they have done to help them understand their behaviour.

Some young people noted the content delivered was easy and understandable, that the content wasn’t “too kiddish” (Interview 9, young person, 12 years), they liked the activities linked to the sessions and enjoyed that their sessions were delivered in a nice, informal, calm space. One young person mentioned that they felt the sessions were not rushed and had depth to them.

One young person who had parallel support with their parent talked about a restorative approach used alongside both their sessions where the support worker would exchange letters between both explaining their

feelings and perspectives which helped them understand each other. This young person also mentioned that her parent attending group work encouraged her to go to more meetings.

“Because sometimes when you’re at home and you’ve had this argument, you really don’t wanna talk about it and it s-makes another argument... but, yeah, it really helped” (Interview 1, young person, 18 years)

Theme: “Sharing the load”

Several young people highlighted that their support gave them a place, outside of home, where they could talk about their feelings and sensitive topics that can be difficult to discuss.

“Like being abusive or being abused, or something like that...you can’t talk about stuff like that...but if it’s in the thick of it, you’re going to have to speak about just the circumstance”
(Interview 2, young person, 17 years)

Some expressed relief at having an independent person they trusted to talk to about problems, knowing that what they shared would be confidential unlike other adults in statutory organisations, and that this would get them the support they needed.

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“I would be able to get the help that I, like-that sometimes, like, the teachers can’t really help with...like the teachers-the teachers always share it with the head teacher. So, like, if there’s something going on at home, I really don’t really want to say it” (Interview 6, young person, 10 years)

Theme: “Adapting to me”

Young people described their support workers as being young person led with how sessions were delivered and what content was covered. Some young people noted their support workers responded to their circumstances, week to week, and from what was going on in their life. Several young people noted the importance of understanding the needs of a young person and their goals, from getting to know them in initial sessions. A few young people also noted being given some choice of what they could do in sessions and in what order.

“The first meeting when I told her like things that had like been happening into me that have happened in my life, she’s obviously like changed the kind of sessions that we did to a bit more like appealing to me” (Interview 7, young person, 14 years).

One young person said their support worker would have relaxed check-ins at start of each session, asking how their week had been, any problems they’d had, and incorporating learning into general discussions so it felt more relaxed.

“If it was just like, today we’re going to talk about this, right bye. It’s a bit, just like, intense, isn’t? Whereas if you’re just talking about what you’ve done that week, any problems you’ve had, it just makes it feel more relaxed” (Interview 2, young person, 17 years)

Another young person spoke about how their support worker would motivate them in support to help them achieve challenges they were nervous of.

Theme: “Potential outcomes”

All the young people spoke about how their support was helping them now and could help them in the future. Many mentioned the skills and tools they learnt had helped them manage their emotions, deal with stressful situations and respond more appropriately.

“I’ve took them on board with emotionals. Like sometimes, I could be feeling angry, and I’d look at that, and I’d be like, okay, I need to do that, to do that. And I would calm down” (Interview 3, young person, 14 years)

“I think so with just slowing my mind down and being able to just breathe. It’s just, kind of, changed me as a person really” (Interview 1, young person, 18 years)

One older adolescent noted how difficult the process of support was but that it made them feel more positive about themselves as a person.

“It’s really f***g hard, being there is so brutal, but so good...she made me feel I wasn’t defined by the back touch times. She made me feel like a person” (Qualitative survey, young person, 18 years)**

A few young people also noted they enjoyed being supported with life skills such as making phone calls to GP and revision for GCSE’s and that being helped with these, as well as relationship matters, encourages a young person to stay with support. One young person, who had parallel support with their parent, mentioned how daily arguments between one another have stopped.

“Yeah, because now me and my mum don’t really have arguments anymore. Whereas before, they were – we would, like, have arguments every single day” (Interview 6, young person, 10 years)

END

The end phase of support

What practitioners told us

Three themes were produced in relation to the end phase of support. These are, “A step down approach”, “Sustaining the change”, and “Managing ongoing safety”.

Theme: “A step down approach”

Many practitioners spoke of the importance of preparing the young person, from the start of support, on how many sessions are being offered and when support is due to finish. They described progressively making the young person aware of the sessions they have covered and how many sessions are left so not to bring support to an abrupt end. A few practitioners said with younger children it can be helpful to use a visual countdown to the end of support. Some practitioners spoke about thinking through, with the young person, anything they want to cover or recap on in their remaining weeks. A few practitioners highlighted that reviewing outcome measures prior to support ending can reveal what may need re-visiting before support ends.

Several practitioners mentioned that the first step in preparing for endings is to assess and plan with young people about any further sessions needed, or if they would benefit from ongoing support from another part of their service or from an outside agency. A few practitioners mentioned the importance of open and honest conversation, checking with the young person if they are happy about their plan and openly communicating ‘why’ support needs to end.

“Like, you know, ‘you’ve done this, you’ve moved on, you’ve moved to a separate place or you’ve moved forward,’ or ‘we’re no longer the support service for you and so therefore, you’re gonna move over to somebody else that can support you better” (Practitioner, FG2)

Some noted this is decided on an individual basis with some young people not needing the full quota of sessions and being happy to close support whereas with others, practitioners may identify a need for extended support to benefit a young person.

“I’ve had a couple of occasions where it’s been towards the end of the weeks...one boy... was having a really, really difficult time...so I approached my manager at the time...and said, “Is there any way we can extend it?” and she gave me an extra 2 weeks...I think he just definitely, definitely needed those extra 2 weeks, and they made a massive difference” (Practitioner, FG5)

A few practitioners highlighted that personal touches are key to closing support well such as giving young people a final pack of resources, a little gift (e.g., feelings notebook, fidget toy), or certificate; and if a young person is finding closure particularly difficult, to do something enjoyable on their final

day. One practitioner mentioned where young people don’t feel they can attend their final session to ensure they get their pack of work, certificate and a personal note thanking them for their hard work and giving them a contact number so they can reach out if needed.

Many practitioners did mention they offer transitional sessions to young people, after support officially ends, through tapering off in person meetings then moving to check-ins via telephone or text. However, many practitioners highlighted that attachment could happen and there needs to be a balance of reassuring the young people that they are not disappearing straight away whilst maintaining firm limits to what they can offer. Several pointed out that, ultimately, the goal of support is for young people to be given the skills to manage situations and not to be reliant on the service. Some practitioners noted where young people have made unhealthy attachments, it is important to maintain professional boundaries whilst not dismissing the young person, clearly communicating the situation and reminding them of support networks and who they can talk to.

In addition to the young people, many practitioners spoke about preparing parents for the end of support. Several practitioners mentioned that parents and carers can be reluctant for support to end as they have anxieties over not being able to manage without the support worker and harmful behaviours returning. To address this, practitioners use similar approaches to those employed with young people, planning for endings, assessing any

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need for ongoing support, and reinforcing their learning and strategies to manage going forward. Practitioners mentioned they might offer check-ins with the parents after support has ended and one service mentioned they offer a wellbeing group to parents/carers which focuses on promoting their well-being and reinforcing self-care strategies. But ultimately practitioners said they need to make the parents recognise that they, and the young person, have the tools and knowledge to manage the behaviours independently without professional help.

“I think they just think they’re on their own...one of them did say, “Please don’t leave us, we’re on our own.” And I’m like, “You’re not on your own, you know you’ve got your family support workers, you’ve got your school...I say to a lot of them, “Work with the school, because if you work with the school you get the support then don’t they, as well.” But a lot of them think that if the support, you know, some of them will say to me, “Well, what do we do now? Are we going on to do another programme?” It’s about that ongoing cycle, again, of being constantly supported and I’m like, “You don’t need to, you’ve done well for the ten, twelve weeks, you can do it yourself now, you can do it.” It’s just about making them try and, I don’t know, embed it in them as well, that they don’t need the support.” (Practitioner, Interview 10)

“Sustaining the change”

Many practitioners mentioned several aspects that seem important to sustaining change for young people, post support. Firstly, this was around reinforcing the young people’s learning, checking they can take care of their wellbeing and have coping strategies in place, using the tools and techniques they have been given. Several practitioners reiterated embedding learning in the final sessions, not only with the young person but also with parents as providing both with tools to go forward, keeps improving the relationship and brings longer term change.

“Okay do you remember these strategies, to make into a really cool place that we’re going to put in your house and you get to pick... we build it to them. So, like timeout, for example, it’s like, okay well, what do you want to do when you go in timeout and get their buy-in again, and then hand it, almost back over to the parents, but this time, we’ve done that work to hopefully address whatever stopped them in the first instance and sometimes it has involved having some quite direct and clear conversations around actually they have a responsibility to appropriately safeguard their child.” (Practitioner, Interview 4)

Secondly, to make endings positive by praising the young people for their work and the achievements they have made, boosting their confidence. Several practitioners mentioned how powerful it can be reviewing the young person’s outcomes, so they can see their journey and the changes made. Many practitioners described how they model a positive approach by reinforcing the positives, encouraging the young person’s belief that they have the power to continue progress and manage situations going forward.

“it’s about sort of encouraging them to, you know, or sort of praising them, that, ‘this is how well you’ve done, you’ve done so well, and this is where you’re at now, and this is the work that you’ve done’, and it’s about just giving them those tools to sort of move forward, and, you know, so things are more positive for them” (Practitioner, Interview 6)

Some practitioners reflected on seeing poor outcomes in young people. They explained this can be due to circumstantial issues in the young person’s life such as a decline in mental wellbeing, family barriers or concerns, challenging life situations or additional pressures on their time. Additionally, parents disengaging from support or the stigma around support from peers can impact on young people’s engagement. As one practitioner said, “if we’re constantly working with these young people, we’re trying to give them strategies and coping mechanisms but then they’re also fighting another battle, you know, that’s going

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on” (Practitioner, Interview 2). This reinforces that timing and readiness are key to assess with young people and families.

Thirdly, maintaining change is promoted by providing an ongoing support network for the young people. This is achieved by signposting to other agencies and/or providing contacts for helplines, websites, crisis cafes, or local community or statutory services specific to the young person’s needs (e.g., ethnic community groups, groups for autism, LGBTQ+ youth groups). A few practitioners noted continuing connections built through advocating for the young person in meetings with external agencies (e.g., Team Around the Family, Child in Need). Some also mentioned they had the option to refer young people onto other support within their services such as counselling or, for over 18s, monthly maintenance support groups. A few practitioners noted that young adults may have problems with their housing and/or financial situations and so link them with teams and agencies that can support with this.

Practitioners also frequently mentioned, exploring with and, reminding young people of the support networks they have around them (e.g., in school, college) and the relationships that have been built. Several practitioners spoke about getting young people to recognise when they may need additional support, identify who is in their life they can talk to and encouraging them to open-up and talk more to different people. Many emphasised that having a trusted individual to talk to is essential for young people to maintain meaningful and lasting change. Some practitioners mentioned flagging to key contacts in agencies that the

young person’s support was coming to an end and setting up a point of contact for ongoing support.

Theme: “Managing ongoing safety”

Many practitioners spoke about developing safety plans for young people and their families at the end of support, so they know who they can access if things deteriorate. Practitioners highlighted that their signposting to other agencies and additional support is part of managing ongoing safety. Some noted giving young people an opportunity to ask questions, talk through any concerns, and any recent incidences to mitigate any danger. Some practitioners highlighted, where there is CAPVA, all members within the family have safety plan so if things deteriorate, they know who they can access. One practitioner highlighted the work they do with young people, where there is harming in the family, is helping them to be able to speak to other people by uncovering the secrecy and reducing the shame which is a vital part of safety planning. For those over 18, final risk assessments are carried out and partners, ex-partners or family members are informed that the case is due to be closed, and a safety plan developed for the victim with relevant contact information to manage risk but also recovery.

Also mentioned by several practitioners was the importance of communicating the case closure to relevant agencies, checking they have the necessary information and if any recent risks have been identified by those services. One practitioner highlighted to ensure there is a paper trail of communication around this.

A few practitioners discussed that many safety plans can state for a parent to call the police if risk escalates. However, this is something many parents would not do so, alternatives are explored. It was suggested that they may encourage parents to contact the police proactively to discuss how a situation could be handled if their assistance were needed. This approach empowers parents, giving them a greater sense of agency and confidence to seek police support when necessary.

“We talk with the families about making sure that they are calling the police if needed. We have conversations about, like, almost flagging the house. So, when things are calmer, making sure that you’re calling, like, 101, having a conversation with the police to kind of suggest, you know, my child, for example, has autism and ADHD. They’re displaying challenging and harmful behaviours within the home. You know, this is child-to-parent violence. My child is dysregulated. I do not want any kind of physical intervention coming into my home, for example, from the police, but we need to have that kind of, yeah, like that oversight from the police. So, you know, parents can kind of feel a little bit more in control of what’s going on”
(Practitioner, Interview 7)

What young people told us

Four themes were produced from speaking to young people about the ending of support. These are “Preparing me for endings”, “Turning the negative to positive”, “Reflecting on my achievements”, and “Celebrating the end”.

Theme: Preparing me for endings

Many of the young people across all ages said they found the ending of support difficult. Due to this they highlighted support workers should make young people aware of when support will finish, preparing them gradually for the ending. Some noted, the first stage of this process should be assessing any need for additional sessions with the young person and making decisions about any ongoing support. A few young people mentioned as well as when support will end, support workers should explain why it will be ending. Some young people stressed the need to be honest and open, not to patronise and for support workers to understand that the young person will find endings hard, so may not appear their usual self on last sessions.

“It definitely wouldn’t go very great, they just don’t know if it was ending. It could be very stressful for some people”
(Interview 1, young person, 18 years)

“I think the worst thing is when people are just like...right I am leaving, this is my last

session. You’ve got five minutes left, like bye” (Interview 2, young person, 17 years)

One young person suggested planning for young people, so they are prepared to go forward and for support workers to speak to teachers and/or parents about the arrangements, so they have someone to go to for any future issues that arise. Another young person said it was helpful for them to have a pack of their tools and techniques to take home from their sessions.

“Because then you know what to do in certain situations, instead of going back to your old ways of maybe getting angry or something like that and you find ways to calm down and stuff like that”
(Interview 8, young person, 14 years)

Young people confirmed their support workers had notified them of when their support would end and how many sessions they had left, so they could talk about this in advance. Some young people mentioned reviewing and recapping their learning on last sessions.

Many young people noted they were given the contact information of their support worker, contacts for other services (e.g., emotional support, housing, finances) and links to websites and/or videos. All the young people expressed wanting a safety net for the future whether that is a contact for the service, or the service giving a drop in option or follow up phone calls or texts, and contacts for

other services that can offer ongoing support.

“Like pointing them in the right direction, of services...if you have numbers, it’s there if you want it” (Interview 2, young person, 17 years)

Theme: “Turning the negative to positive”

Many young people expressed being sad at the thought of support coming to an end mainly due to their positive experiences of support and their fears that their problems would come back if they weren’t being assisted. Many young people said their support workers encouraged and reassured them that everything will be OK and let them know they would be there if they needed help again or, there are other places young people can seek help which eased young people’s anxieties about being able to get advice. A few young people talked about their support worker thinking with them about the future and making positive plans for the time ahead.

“Yeah, she was like, trying to like, keep it fine and like, there’s one week left, come on, [Name], you’ve done, like you’ve done this, like, for nine weeks now, so like, you’ve done all of it now, so, yeah, and then like there’s like a certificate at the end and then, yeah” (Interview 9, young person, 12 years)

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OF SUPPORT

Several young people noted support workers should reassure young people that although not everything will be fixed at the end of support, that they can manage any issues going forward and remind them that things will keep improving and they can take all their learning forward for future years.

Theme: “Reflecting on my achievements”

Many of the young people said they would like their last session to include looking back on their journey and see what they have achieved and their support worker making them feel proud of those accomplishments. A few young people noted that this made them feel grateful about the support they had received.

“Like talk about what I have achieved. Before, I used to struggle with my emotions, but now I can just talk to myself and be like, oh, what am I doing? And then it’ll be fine after I’ve took some breaths or something” (Interview 3, young person, 14 years)

Some noted they completed their outcome measures in this session and looked at the change made. One young person highlighted she noticed in herself that change had been made through reflection which also helps young people consider endings in a positive way.

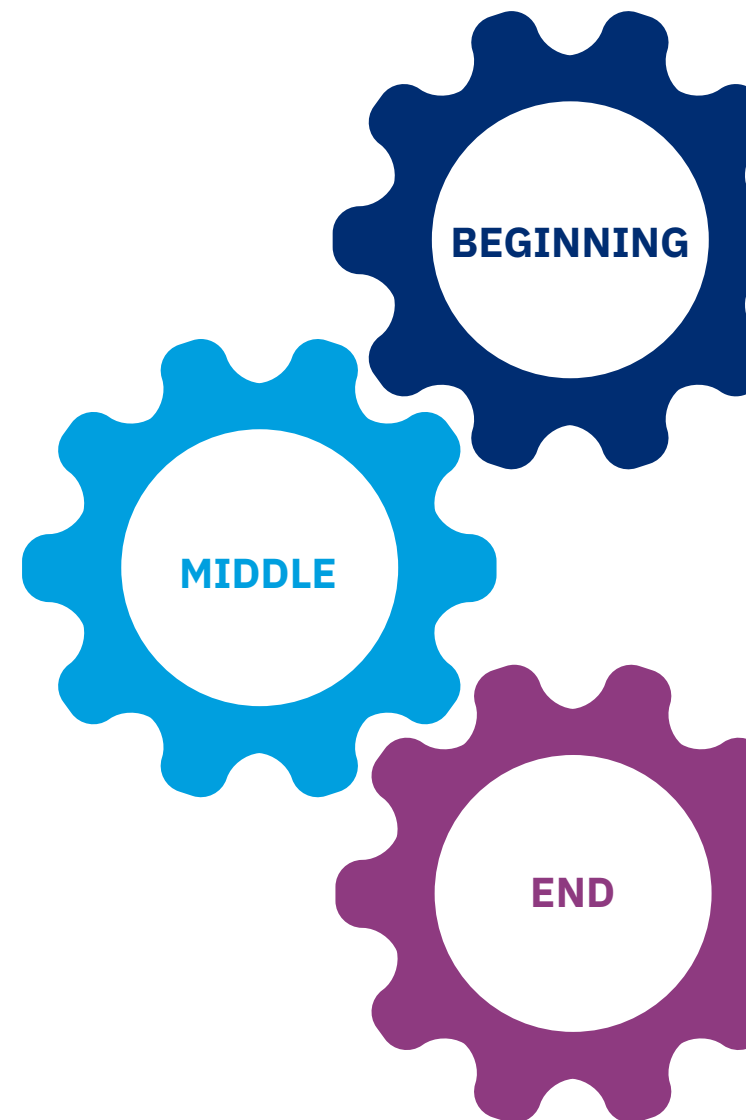
“I think it’s ended really well because I can see myself that I’ve changed a lot and I genuinely feel better now” (Interview 8, young person, 14 years)

Theme: “Celebrating the end”

Most of the young people noted that, for them, having a celebration would just involve doing something nice on the last session such as playing games, doing crafts or going for a coffee. Overall, the young people just wanted to feel positive on this last session about how far they’ve come and wanted any celebration to reflect this. A few younger adolescents reflected on being given a certificate or memento to take home (e.g., fidget toys).

Some of the younger adolescents noted they played games or did crafts on their last sessions which they found fun whereas those who were older simply wanted to reflect on their journey or join their support worker for a coffee feeling a celebration is a nice gesture but is not the most important consideration. One young person noted they did not feel it was appropriate to celebrate what they had received support for.

“We’re not throwing a party for abuse like, absolutely not. Yeah... I’ll go for coffee, that’s the furthest that I would go” (Interview 2, young person, 17 years)



Findings: Creative workshops

Table 1: Workshop 1 observational data

| Observation | Yes | Somewhat | No |
|--|-----|----------|----|
| Young people are keen to take part in group discussions (e.g., offering suggestions, answers). | * | | |
| Young people show signs of boredom (e.g., slouching, supporting chin/side, looking elsewhere). | | | * |
| Young people understand what they are being asked to do in the task (e.g., not looking confused, going straight to task). | * | | |
| Young people are enthusiastic and focused throughout the task (e.g., interested in what they are doing, stay on the task). | | * | |
| Young people are enthusiastic and focused at the beginning of the task but start to disengage | | | * |
| Young people seem comfortable being in the group (e.g., openly talking, working in pairs). | | * | |

Workshop 1

The first workshop was held with 6 young people, 4 males and 2 females, aged between 14 and 15 years old. Respect's session on jealousy, taken from their "Dating Detox" programme, involved the young people being asked to define/explain what jealousy is, the behaviours and feelings associated with it and why people may get jealous – using a mind map as they were talking through the session. Five scenarios were then read out to the young people, and they were asked to vote if they thought the situations were OK or not OK and talk about the reasons, they voted this way.

Overall, the young people were keen to take part in discussions, did not show any signs of boredom in the task, understood what they were being asked to do and did not lose interest throughout the task. As the group was split into 2 groups of 3, one male was put into the group of females and seemed awkward with this. One young male seemed uncomfortable in the group setting and did not engage very much with the task.

At the start, the young people were not very focused. At first, the young people seemed to find it quite difficult to define or explain what jealousy was but with prompts and encouragement they started to offer more examples. However, as the session went on, the group calmed down and most of the young people became more engaged, were contributing to the discussion and seemed interested in what they were being asked. The young people generally seemed comfortable sharing with one another and in each other's company and were confident enough to disagree with one another. Most of the young people seemed to understand the scenarios that were being read out although some had

to be repeated to them. On some, the young people could not decide if the scenario was OK or not OK, were saying this depends on certain things or, didn't seem to have an exact answer one way or the other. Overall, the young people understood what was being asked of them in the session. The activity lasted approximately 25-30 minutes (See Table 1).

In the second half of the workshop, the young people were asked to visually describe their feelings and ideas about endings. The young people used various symbols and drawings including smiley faces, sad faces, heartbreak symbols, a tree, peace sign, stars, and flowers to describe how they felt about endings and what they wanted from their last session and their work. Conversations with the SafeLives researchers about what these symbols represented revealed the young people had mixed feelings about ending support as they were happy and excited, they'd completed their support but sad as they would miss their support worker and getting out of lessons. Some said they didn't know how to feel. In their last session, young people wanted to see the effort they had put into their support, what they had learnt, that they had achieved something and to see it hadn't been a waste of time. They also spoke about wanting to feel happy, understand their emotions more, wanting to feel rooted, at peace and their family being proud of them. Some young people noted they wanted their last session to be calming and wanting to be able to contact their support worker after support had ended if necessary. Several young people talked about celebrating the end of support by receiving some treats or doing some of their favourite things (e.g., having pizza, playing football) or having a special session with their support worker (See Appendix 5).

Workshop 2

The second workshop was held with 3 young people, 2 males and 1 female, aged between 10 to 14 years of age. Respect’s session, taken from their “Building Skills and Emotional Recognition” programme, considered beginnings and included an activity for building rapport between the support worker and young people. Young people were asked to take a Jenga block from the tower which had different questions on them (e.g., Do you like to lie in or get up early? If you could travel anywhere, where would it be? What’s the worst school dinner? What 3 wishes would you make? What music do you like? What’s your favourite take away?). Respect’s support worker prompted further discussions about the young people’s interests and asked them about their answers. The support worker also took part in the game and would answer the questions first. If the Jenga blocks fell, they would play another game. It was noted a lot of the blocks didn’t have questions on so there might be a need to ensure there are a higher proportion of blocks with questions on. The activity lasted approximately 15-20 minutes.

The young people seemed to like and enjoy the game they were playing. Young people were chatting openly and answering questions without any problems. They also seemed happy to engage in discussions around each other’s answers and were telling stories related to their questions to explain their answers. The young people were chatting amongst themselves, and were laughing and cheering when someone got the Jenga block out successfully. There was some over taking on other people’s turns but not excessively. The young people were fidgeting with other things, like the pens on the table, during the activity, so support workers are advised to make fidget toys available whilst playing, to assist with the young people’s focus. This activity was enjoyed within a group, but it could also be played one to one (See Table 2).

Respect’s practitioner also asked the young people a series of questions about what young people would and wouldn’t like to be asked in their first support session. Young people were asked to put their thumbs up or thumbs down for each question.

For the first question, “What are your hopes for doing the sessions”, all young people put their thumbs up for this and gave examples of what their answers would be – that they want help to cope with anger, how to trust people, how to succeed, how to regulate and calm down. In the second question, “Which behaviours would you like help with”, young people

Table 2: Workshop 2 observational data

| Observation | Yes | Somewhat | No |
|--|-----|----------|----|
| Young people are keen to take part in group discussions (e.g., offering suggestions, answers). | * | | |
| Young people show signs of boredom (e.g., slouching, supporting chin/side, looking elsewhere). | | | * |
| Young people understand what they are being asked to do in the task (e.g., not looking confused, going straight to task). | * | | |
| Young people are enthusiastic and focused throughout the task (e.g., interested in what they are doing, stay on the task). | * | | |
| Young people are enthusiastic and focused at the beginning of the task but start to disengage | | * | |
| Young people seem comfortable being in the group (e.g., openly talking, working in pairs). | * | | |

were not sure if they would be happy to be asked this or not. One young person said if it was someone they like and trust, it would be OK, and their answer would be that they don’t know how to show what they are feeling. In the final question, “What would you like to change about your relationships”, all the young people put their thumbs down and would not like to be asked this in first session. Two young people said they wouldn’t mind being asked these questions after 1-2 weeks with a new support worker and one young person said 2 weeks. Young people added they need to get to know support workers and trust them before answering these types of questions.

In the second half of the workshop, the young people were asked to visually describe their feelings and ideas about endings. The young people used various symbols and drawings including sad and confused faces, a happy face, a star, and a brain. Conversations with the SafeLives researchers about what these symbols represented revealed the young people can feel upset at the end of their journey of support, sad because they trust their support worker and feel they would like more sessions. The young people said they would like to feel peaceful at the end of their sessions, want to feel success and achievement and that they aren’t struggling anymore (See Appendix 5).

The young people also said they would like to do more sessions in their groups because the sessions were fun, and they liked having their works sessions to take home with them after support so they could look over these.

Discussion and reflections

This project sought to understand how practitioners work throughout supporting young people who harm and what young people need from support to explore in depth “what works” to ensure and sustain behaviour change. Before beginning to outline the key findings from this research, it is important to highlight any limitations, to be clear about who these conclusions are relevant to.

Limitations

The main restrictions of the findings are that discussions only took place with young people aged 10 to 18 years and the majority were white British. Therefore, there continues to be gaps in young people’s voices around support for those 19-25 years and from different ethnic backgrounds. However, in our discussions with practitioners, conversations covered any differences in delivering support to young people over 18 years and, how support is adapted for interventions with young people from different backgrounds or communities. Therefore, the findings do provide evidence from a professional view on these matters.

Appropriate training, knowledge and understanding are essential to work successfully with young people who harm

- Data from practitioners revealed when working with young people who harm, they are often dealing with complex situations. Therefore, they receive training across a variety of areas that equips them with a range of knowledge and understanding to successfully support these young people.
- Practitioners told us training can involve specialist accredited courses which gives them tools to work with young people, training which can help them respond mindfully to young people and training to understand the root causes of a young person’s behaviour, which is essential to making successful change.
- Due to the high rates of referrals where young people have multiple needs, practitioners would like more training around mental health and psychological first aid to help them respond to challenging situations.
- Although practitioners felt domestic abuse training, especially around its impact, is considered important to understanding a young person’s behaviour, dedicated training should still be undertaken for supporting with child and adolescent to parent abuse.
- There is a need for external agencies to be trained in understanding young people who harm and its complexities to provide a consistent approach, prevent escalation and encourage earlier intervention.

KEY
FINDINGS**In the beginning phase of support, is essential to gather information from several perspectives to understand the ‘whole picture’ of young people’s lives.**

- Data from practitioners shows they undertake several steps of information gathering to ensure they have a comprehensive understanding of the young person’s life from various perspectives and do not obtain a biased view of circumstances. This includes exploring information from the referrer, any agencies working with the young person, from the parent/carer where appropriate, and importantly the young person themselves.
- From referrers and agencies, practitioners look to gain understanding of the history of the harming behaviours, the family history and current situation, any risk assessments completed, safety plans developed, and equality, diversity and inclusion information about the young person.
- Practitioners told us they contact parents/carers, and any extended family involved with the young person to get their perspective of what’s been happening in the home, consider the family’s wellbeing and safety and get to learn about family backgrounds.
- Practitioners explained having a comprehensive understanding is critical to determining initial risk, assess if a referral meets the services programme criteria and if it is a fitting time in a young person’s life to deliver support.

In the beginning phase of support, practitioners should clearly communicate to young people what to expect in initial meetings, the provision being offered and issues around confidentiality.

- Data from practitioners and young people showed on initial meetings, young people should be given clear information of the service, and the support being offered.
- Issues around confidentiality and the services’ authority should also be covered and young people informed that the support is consent based.
- Young people’s data suggests a preference for the first person who contacts them about receiving support to be the same person they have support with.
- Young people said, prior to going into the service, they would like to know who would be there, what they might be asked and details about the support as this helps them prepare emotionally.

In the beginning phase of support, it should be emphasised that support will involve practitioners working alongside young people, how support can help them and how they will work together to achieve this.

- Practitioners explained it is important to make young people aware that they are not part of any statutory service and are working independently for them.
- Practitioners stressed that young people should be reassured on first meetings that they are not in trouble, being blamed or going to be reprimanded by their support worker.
- Practitioners and young people explained that exploring what the young person would like help with, their hopes for support and planning together how this can be achieved helps build the working relationship.
- Data from practitioners and young people highlights young people can be resistant due to negative feelings about support. However, if support workers emphasise their person-centred approach and young people believe they are genuinely there to help them and the support will be beneficial to them, this can encourage engagement.

KEY
FINDINGS**In the beginning phase of support, and throughout, building a connection between the support worker and young person is key to meaningful engagement and successful change.**

- Data from practitioners and young people revealed the importance of building a rapport with the support worker to young people's engagement and making successful change. Crucially, young people explained that if a support worker doesn't create a connection with them, it would stop them participating with support.
- Data from practitioners and young people shows support workers should get to know a young person as an individual, rather than immediately asking 'why' questions around their behaviours.
- Practitioners and young people suggested getting to know a young person by showing an interest in them for example, their likes and dislikes, hobbies and identities. Practitioners revealed they explore aspects of equality, diversity and inclusion with young people on initial meetings so they can learn about their individual needs and adapt support accordingly.
- Practitioners and young people confirmed having initial meetings in informal surroundings can motivate young people to engage as this makes sessions more relaxed and enjoyable and can help create a balance of power.
- Data from practitioners and young people emphasised that successful connections can be made by creating a relaxed, informal, honest, and non-judgemental environment to help build trust. Young people stressed support workers being approachable, welcoming and considerate to their needs encourages trust in the support worker and makes them feel safe.
- Data from practitioners and young people showed younger adolescents enjoy creative activities in initial meetings to aid discussions about the young person's interests, identities and relationships around them.
- Practitioners and young people recommended steadily building rapport however, practitioners highlighted that the relationship building process can take longer with some young people and this needs to be balanced with the number of programme sessions available.

The beginning phase of support is critical to achieving better outcomes and sustaining change.

- Data from practitioners suggests assessing the readiness of young people for support is key to achieving better outcomes and sustaining change. Data indicates services should not rely on preceding information from parents or referrers but have initial discussions with a young person, prior to their first in person meeting, to evaluate readiness at the earliest opportunity. Those who worked with young people over 18 stressed the importance of a young adult acknowledging their harming behaviours and motivation to change, to undertake support.
- Data from practitioners indicates completing outcome measures at the start of support can highlight the young person's needs and where support should focus. Repeating these measures at certain intervals and at the end of support is also an effective way for practitioners to show young people the changes they have made.
- Data from practitioners also highlighted that empowering young people, from the start, as well as building support networks for them in preparation for endings have positive impacts on outcomes and maintaining change.

KEY
FINDINGS**From the beginning of support, parents are a critical component where there is harming in the family**

- Data from practitioners indicates parents having support alongside or in parallel with their child improves outcomes and sustains change. Practitioners explained that this builds a sense of shared responsibility and results in young people being more committed as they are not being labelled as the problem. This approach also gives parents a better understanding of the child's needs with parents being better equipped to manage situations at home.
- Data from young people, who received support in parallel with their parent, confirmed its benefits. Restorative approaches used were seen as important for young people to be able to express their feelings to parents, and vice versa, to facilitate communication and understanding resulting in positive outcomes for their relationships.
- Data from practitioners indicates a need for parent's readiness to be assessed prior to commencing support. Practitioners highlighted making parents aware of the commitment involved in undertaking support and exploring if support is timely to their personal circumstances and wellbeing. It was noted that disengagement by parents can be a barrier to a young person engaging and poor outcomes.

In the middle phase of support, sessions should be flexible and respond to young people's wants and needs

- Practitioners and young people's data suggests that support is more successful if delivered in response to the young person's needs, schedules and requirements rather than being rigid. Many young people spoke about being uncomfortable with having support in groups. They appreciated support workers giving them a choice of how they received their intervention, taking a relaxed and responsive approach and adapting session content to what they felt they needed support with.
- Data from practitioners showed their referrals involve high proportions of young people with additional needs. Due to this, practitioners often have to adapt their sessions for them to be accessible for young people. This can include shortening sessions, offering visual aids or arranging signers or interpreters. Therefore, practitioners need to be creative with sessions and have a range of options for young people to participate.
- Data from practitioners and young people highlighted that sessions to help young people understand and manage their emotions, understand relationships, understand their behaviour and its impact, and building self-esteem and confidence was content most frequently covered and seen as useful to young

people. Some young people noted being supported with life skills helped build their self-esteem and confidence.

- Data from practitioners noted exploring healthy intimate relationships is important to consider with adolescents, especially as many young people will have experienced unhealthy relationships in their home. For young people, over 18, who have children of their own practitioners also consider parenting and explore young people's own relationships with their parents. One young person did highlight a need to learn about healthy and unhealthy relationships at her age.

KEY
FINDINGS**In the middle phase of support, encouraging reflection and supportively challenging young people's attitudes is an important part of the support role.**

- Data from practitioners noted how they model healthy boundaries with young people by demonstrating respectful and honest working relationships, holding young people to account if they cross boundaries and explaining what and why this is unacceptable.
- Practitioners explained, that due to their histories, some young people may hold undesirable views that need to be supportively challenged in sessions. Practitioners noted that this is achieved by getting young people to reflect on how certain behaviours impact on different people, sometimes using scenarios, to help young people talk about these issues in the third person. It was stressed that if young people are opening up about their attitudes, although disagreeable, it is important not to shut these down but explore why they think this way and offer a different approach to their beliefs.
- With young people over 18, practitioners underlined the importance of setting ground rules in group sessions and showing respectful communication around partners or ex-partners of the young people.

Throughout all phases of support, it is important to continually assess and review risk both for the young person, anyone else at risk of harm and the support worker.

- Data from practitioners showed risk is assessed from the point of referral and is consistently reviewed throughout support being regularly updated in case management meetings, safety plans and communicated to parents, other victims and external agencies involved with the young person.
- With younger adolescents, risk was often assessed through the practitioner's expertise using information gathered and checking in with the family, agencies and the young person throughout support about any new incidents.
- It was noted when young people are on waiting lists, risk is reviewed regularly through weekly check-ins.
- Data from practitioners showed that considering the safety of professionals is an important factor in supporting young people who harm with protective practices put in place and risk management plans addressing the safety of workers, especially where any high-risk behaviours are seen in young people.

Young people can find endings difficult so ending support well involves preparing young people ahead of time about when and why provision will close

- Data from practitioners and young people revealed young people can find support ending difficult. Part of successfully preparing young people for this is for support workers to take a step-down approach, instructing young people right from the start about the sessions they are being offered and when support is due to end.
- Practitioners noted the first stage of a step-down approach is developing transition plans, with the young person, considering if they need further sessions or would benefit from ongoing support from other agencies. Young people confirmed they felt sad and nervous about support ending and wanted to be prepared by their support worker and be given adequate notice of this.
- Both practitioners and young people spoke about having open and honest conversations not only about when support will end but also, why the service is closing support. In the research, practitioners and young people talked about having a celebratory aspect to their final session but this simply involved a modest event of doing something nice with the support worker or group they received support with.


In the end phase of support, reviewing and reinforcing young people's learning is key to sustaining change

- Practitioners' data revealed they review the young people's learning and/or recap on learning essential for the young person to continue change in the last sessions. Going over changes the young person has made was also considered a powerful way to inspire their confidence and give them the belief that they can continue improving post support. An important element to reinforce with young people, is reminding them of the support networks they have around them and identifying trusted individuals the young person can talk to. Embedding learning is not only important in the young person but also with parents to provide them with information to go forward to help behaviour change continue.
- Young people corroborated this approach saying they wanted to review their learning, be made to feel proud of their achievements and for support workers to positively reinforce that they could take their learning forward in the future. Young people also spoke about wanting to see, and feel, the changes they have made so they believe the support has been beneficial to them.

In the end phase of support, providing an ongoing safety net for young people helps ease anxieties and manage ongoing risk

- Conversations with practitioners identified they offer young people some form of ongoing contact with the service however, this can range from being able to touch base with their support worker if needed to a more structured transition of support. It was acknowledged that, with both young people and parents, there are anxieties that once support ends, problems will reoccur and there is a need to reinforce strategies in any post support offers so young people and parents do not become reliant on services.
- Part of providing a safety net includes providing ongoing safety plans for the young person, family, and any victims that have been harmed. Also signposting the young people and/or parents to other agencies and providing them with contacts for ongoing support networks.
- Data from young people showed they overwhelmingly wanted a safety net around them going forward including some form of drop-in or follow up option from the service and contact to other agencies highlighting a need for services to have a more organised approach for young people to transition to complete independence.

Recommendations

-  1. As relevant training and information is key to successfully supporting young people who harm, an early intervention support model should include a 'preparation' phase prior to beginning support.
-  2. The 'preparation' phase should include information on where professionals can access relevant training, knowledge, tools and information that can assist them in their work and help them understand the complexities of working with young people who harm.
-  3. The beginning phase of a framework should set out a process that covers four main elements; gathering information, getting to know the whole person and whole family; building a chemistry and thinking about outcomes.
-  4. A framework should include an information gathering checklist, "do's and don'ts" on how to approach and engage young people in initial sessions and highlight best practice for outcomes.
-  5. A framework should provide examples of activities professionals can use to build relationships and get to know young people.
-  6. A framework should include links to risk assessments and screening tools that can be used where young people are harming in either family or intimate relationships.
-  7. A framework should offer a list of core content to cover with young people and considerations for adaptations to deliver content.
-  8. A framework should offer templates not only of 'what' content, approaches or tools should be used when supporting young people who harm but also 'why' these are important to cover.
-  9. A framework should offer examples of how professionals can encourage young people to reflect on their behaviours.
-  10. A framework should give recommendations on working with parents where there is harming in the family.
-  11. A framework should provide a list of safety procedures to keep practitioners protected when supporting young people who harm.
-  12. A framework should provide clear steps on how to prepare young people for ending support.
-  13. A framework should provide links to national support services for young people to provide ongoing resources.
-  14. A framework should offer 'top tips' on how to work with young people who harm.

Conclusions

Overall, the findings of this report have upheld that beginning, middle and end phases are relevant to an early intervention support model. However, an important element of training, knowledge and understanding needs to be factored into practice prior to working with young people who are harming in intimate or family relationships. What has been ascertained, is the beginning phase of support is particularly crucial in making and sustaining successful change as well as the parallel involvement of parents where there is harming in the family.

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Appendix 1: Demographics of young people

A breakdown of the demographic data for each methodology used to collect data from young people is listed below.

Age

The age of young people participating in this study were collected, with the overall sample aged between 10 and 18 years old. The age of the young people who participated in the interviews ranged from 10 to 18 years old, the ages of the young people who participated in the creative workshops ranged from 10 to 15 years old, and one young person aged 18 years old participated in the qualitative survey. The full breakdown of ages can be seen in table 3.

Table 3: Age of young people

| Age | Interviews | Creative workshops | Qualitative survey |
|-----|------------|--------------------|--------------------|
| 10 | 1 | 1 | - |
| 11 | 1 | - | - |
| 12 | 2 | 1 | - |
| 13 | - | - | - |
| 14 | 3 | 5 | - |
| 15 | - | 2 | - |
| 16 | - | - | - |
| 17 | 1 | - | - |
| 18 | 1 | - | 1 |

Gender identity

The young people participating in this study were asked to describe their gender identify and were asked if they identified as transgender or had a transgender history. Of the participants that took part in the interviews, three identified as Male and six identified as Female. Of those participants eight said they did not identify as transgender or had

a transgender history and one said they would prefer not to say. Of the participants that took part in the creative workshops six identified as Male and three identified as Female. None of the participants identified as transgender or had a transgender history. In the qualitative survey the participant identified as Male and did not identify as transgender or have a transgender history. The full breakdown of participants gender identify can be seen in table 4 and breakdown of whether participants identified as transgender or have a transgender history can be seen in table 5.

Table 4: Gender identity of young people

| Gender identity | Interviews | Creative workshops | Qualitative survey |
|-------------------------|------------|--------------------|--------------------|
| Man | 3 | 6 | 1 |
| Women | 6 | 3 | - |
| Prefer to self-describe | - | - | - |
| Prefer not to say | - | - | - |

Table 5: Do young people identify as transgender?

| Identify as transgender or have a transgender history | Interviews | Creative workshops | Qualitative survey |
|---|------------|--------------------|--------------------|
| Yes | - | - | - |
| No | 8 | 9 | 1 |
| Prefer not to say | 1 | - | - |

Ethnicity

The ethnicity of the young people participating in this study was collected. Of those that took part in the interviews, seven young people identified as White British, one young person identified as Mixed/multiple ethnic backgrounds, and one young person identified as Black/African/Caribbean/Black British. Of those that took part in the creative workshops eight identified as White British and one identified as Black/African/

Caribbean/Black British. The young person that participated in the qualitative survey identified as Mixed/multiple ethnic backgrounds. The full breakdown of young people’s ethnicity can be seen in table 6.

Table 6: Ethnicity of young people

| Ethnicity | Interviews | Creative workshops | Qualitative survey |
|--|------------|--------------------|--------------------|
| White British (English, Welsh, Scottish, Northern Ireland) | 7 | 8 | - |
| Black/African/Caribbean/Black British | 1 | 1 | - |
| Asian/Asian British | - | - | - |
| Mixed/multiple ethnic groups | 1 | - | 1 |
| Arab | - | - | - |
| Other White background | - | - | - |
| Other ethnic background | - | - | - |

Disability

Young people who took part in the interviews and the qualitative survey were asked whether they identified as having a disability or physical or mental health condition. Of those that took part in the interviews, three said yes, three said no, two said they didn’t know, and one said they would prefer not to say. The participant who took part in the qualitative survey did not identify as having a disability or physical or mental health condition. This data was not captured for participants who took part in the creative workshops. The full breakdown of young people who had a disability or mental or physical health condition can be seen in table 7.

Table 7: Do young people have a disability?

| Identified as having a disability or physical or mental health condition | Interviews | Qualitative survey |
|--|------------|--------------------|
| Yes | 3 | - |
| No | 3 | 1 |
| Don’t know | 2 | - |
| Prefer not to say | 1 | - |

*This information was not gathered in the creative workshops

Appendix 2: Practitioners

Data was gathered from practitioners in a focus group and interviews with practitioners from each of the five services supporting the project. In the focus group with Harbour there were six participants, in the focus groups with The Wish Centre there were four participants, in the focus group with New Era there were three participants, in the focus group with MyCWA there were six participants and in the focus group with SAFE! there were six participants. In addition to this, two interviews with practitioners were conducted in each of the five services.

The practitioners that took part in the focus groups and interviews for this study all had experience of supporting young people who had used harmful behaviours but the roles of the participants within their services varied. See the tables below for the roles the participants in the focus groups (table 8) and interviews (table 9) held.

Table 8: Practitioner roles: focus group

| Harbour | Wish Centre | New Era | MyCWA | SAFE! |
|---------------------------|------------------------------------|---------------------------------|------------------------------------|--|
| Adolescent Worker X 2 | Young person’s practitioner X 3 | CYP behaviour change caseworker | Specialist Family Practitioner X 2 | Parent Support Coordinator |
| Team Leader CYP | Senior young people’s practitioner | | Behaviour change team lead | Building Respectful Families Senior Practitioner X 2 |
| Prevention worker | | | Expert Lead - CYP Team | Project worker |
| Preventions team leader | | | CYP Family Practitioner | DA/SV Project worker |
| Make a change facilitator | | | | Senior practitioner - Neurodiversity specialist |

Table 9: Practitioner roles: interviews

| Harbour | Wish Centre | New Era | MyCWA | SAFE! |
|-------------------------|---------------------------------|-------------------------------------|------------------------------------|---|
| Preventions team leader | Young person’s practitioner X 2 | CYP behaviour change caseworker X 2 | Specialist Family Practitioner X 2 | Project worker |
| Team Lead | | | | Senior practitioner - Neurodiversity specialist |

The practitioners’ experience in directly supporting young people who harm ranged from less than one year to 15 years. The tables below provide a breakdown of the range and average years of experience for practitioners within each service who took part in the focus groups (table 10) and interviews (table 11).

Table 10: Number of years working with young people who harm: Focus groups

| | Harbour | Wish Centre | New Era | MyCWA | SAFE! |
|---------|---------------------------------|-------------|--------------------------------|-------------|--------------------------------|
| | (missing data = 3 participants) | | (missing data = 1 participant) | | (missing data = 1 participant) |
| Range | 0-4 years | 2-15 years | All under a year | 0.5-6 years | 0-5 years |
| Average | 1.5 years | 9 years | Less than a year | 3 years | 2 years |

Table 11: Number of years working with young people who harm: Interviews

| | Harbour | Wish Centre | New Era | MyCWA | SAFE! |
|---------|--------------------------------|--------------------------------|--------------------------------|-----------|--------------------------------|
| | (missing data = 1 participant) | (missing data = 1 participant) | (missing data = 2 participant) | | (missing data = 1 participant) |
| Range | 3 years | 10 years | - | 1-3 years | 4-8 years |
| Average | 3 years | 10 years | - | 2 years | 6 years |

Appendix 3: Interview schedule for young people

Q1: What are your thoughts about support offered to young people from services generally?

Probe: Is it easily available?

Probe: Is the support what young people need?

Q2: Can you talk through what happened when you first met your support worker?

Probe: What did you think of them on these first meetings?

Probe: What did you want to know before you agreed to have support?

Q3: What's the best way for support workers to approach first meetings with young people?

Probe: How can support workers build trust with a young person? / How long can this take?

Probe: How can support workers get to know a young person? (e.g., about their identity or needs).

Probe: Is there anything support workers shouldn't do on these first meetings?

Q4: Did your support worker gain your trust?

Probe: How did they gain your trust? / What could they have done to build trust?

Probe: What did you like about the approach your support worker took?

Q5: How did you feel about being offered support?

Probe: Did you feel like you needed the support being offered?

Probe: Did you have any concerns? / How did the support worker respond to any concerns?

Q6: Can you tell me a bit about the support sessions you received?

Probe: Any sessions you particularly liked/didn't like?

Probe: Was there anything missing you would have liked to learn about?

Probe: Did you understand the session content? / Were your support sessions changed in any way, so they suited you? [to make learning easier for you?]

Q7: Did you receive your support sessions in a group or in individual sessions?

Probe: Did you like how you received your support?

Probe: [If received both] Which did you prefer? / Why? / What did you like about it?

Q8: Did the support sessions give you learning that could help you in your life?

Probe: How have you used the learning?

Q9: Can you talk through what happened when you were coming to the end of your support?

Probe: How did you feel when support was coming to an end? / How support worker helped?

Probe: Did your support worker plan with you for the end of the support?

Probe: Were you given any resources?

Q10: What's the best way for support workers to work with young people when they are coming to the end of support?

Probe: What communication do young people need so

endings aren't seen as negative?

Probe: What can services do to help young people continue their progress?

Probe: Would you like the service to arrange a celebration in any way?

Q11: How important is a young person's relationship with their support worker?

Probe: Does this make a difference to whether the support helps a young person?

Probe: Is there anything your support worker could have done differently throughout your support?

Q12: Is there anything else you'd like to tell us about supporting young people that we haven't mentioned today?

Appendix 4: Creative workshop observational data collection

In the workshop conducted with the young people recruited through The Wish Centre, six young people participated and, in the workshop, conducted with the young people recruited through New Era, three young people participated. In both workshops the young people’s support worker was also present.

Creative workshops – Observational data checklist

Service: _____ Date: _____

Respect session: _____ No. in group: _____

| Observation | Yes | Somewhat | No | N/A |
|--|-----|----------|----|-----|
| Young people are keen to take part in group discussions (e.g., offering suggestions, answers). | | | | |
| Young people show signs of boredom (e.g., slouching, supporting chin/side, looking elsewhere). | | | | |
| Young people understand what they are being asked to do in the task (e.g., not looking confused, going straight to task). | | | | |
| Young people are enthusiastic and focused throughout the task (e.g., interested in what they are doing, stay on the task). | | | | |
| Young people are enthusiastic and focused at beginning of the task but start to disengage | | | | |
| Young people seem comfortable being in the group (e.g., openly talking, working in pairs). | | | | |

Notes (relating to observation points)

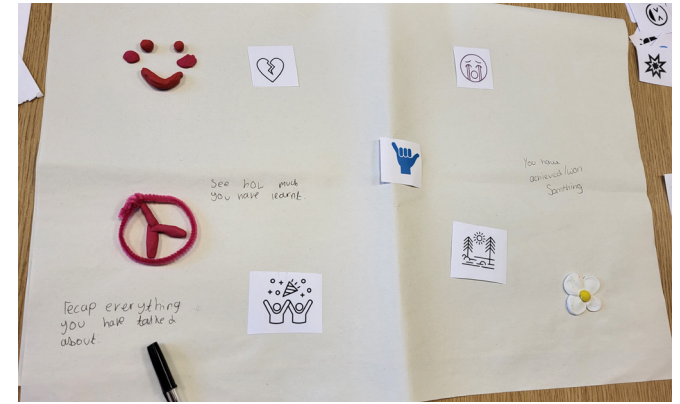
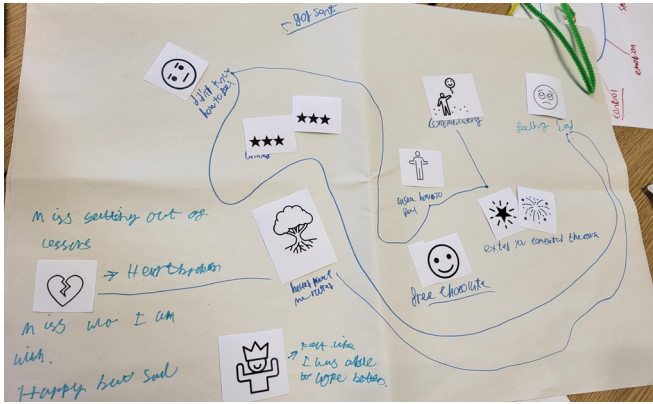
Notes to support rating – e.g., are young people keen to take part in discussions, bored, understand task, happy, enthusiastic, focused, comfortable in group setting.

*Discussion with young people on ‘Beginnings’ exercise (Respect lead)

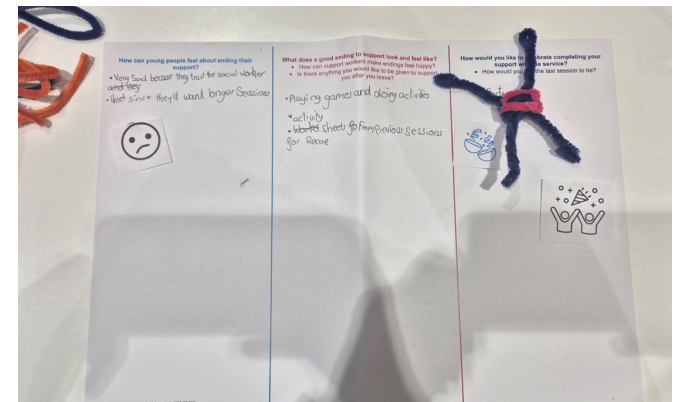
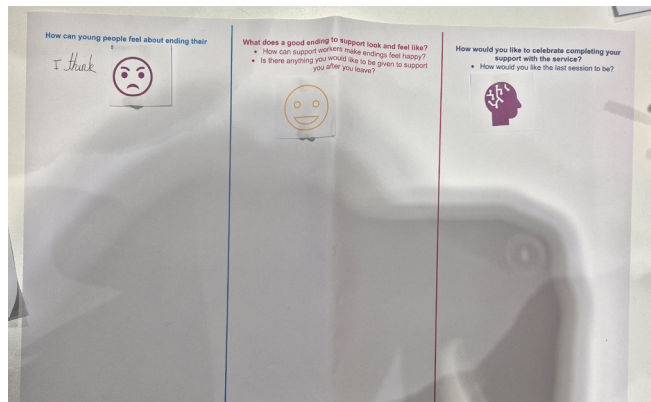
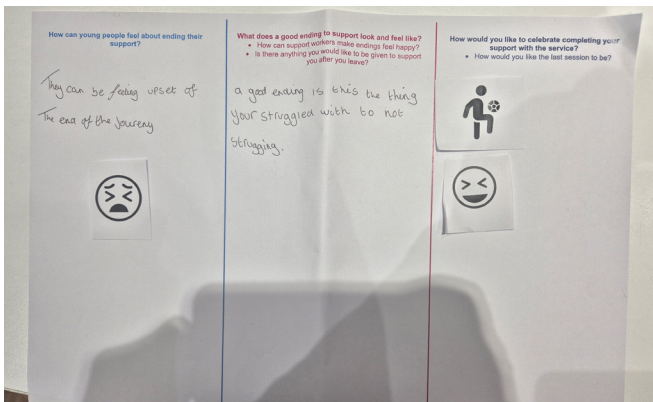
How young people felt about the two pieces of work?

Appendix 5: Creative workshop young people outputs

Workshop 1



Workshop 2



Appendix 6: Young people qualitative survey

Q1: I understand the information and am happy to take part in the survey (This question requires an answer, so we know you are happy to take part).

Yes
No

Q2: Can you confirm you are between 16 and 25 years of age (this question requires an answer)

Yes
No

Q3: Can you describe what happened when you first met your support worker? (To answer this question, think about what you did on this first meeting, how your support worker approached the meeting, if there was anything you wanted to know before you agreed to have support)

Q4: What's the best way for support workers to approach first meetings with young people? (To answer this question, think about how support workers can build trust and get to know you)

Q5: Did your support worker gain your trust?

Yes (route to Q6)
No (route to Q7)

Q6: How did they gain your trust?

Q7: Why didn't they gain your trust?

Q8: How did you feel about being offered support?

Q9: What did you think of the support sessions you received? (To answer this question, think about whether there were any sessions you liked or didn't like, and was the content appropriate for your age)

Q10: Did you receive your support sessions in a group or in individual sessions? (Did you like how you received the support and why?)

Q11: Did the support sessions give you learning that could help you in your life? (Can you give any examples of how you have used the learning?)

Q12: Can you describe what happened when you were coming to the end of your support? (To answer this question, think about how you felt when support was coming to an end, how your support worker prepared you and any resources you were given)

Q13: What's the best way for support workers to work with young people when they are coming to the end of support? (To answer this question, think about what services can do to prepare for endings and help young people continue their progress)

Q14: How important is a young person's relationship with their support worker? (does the relationship make a difference to whether the support helps the young person?)

Q15: Is there anything else you'd like to tell us about supporting young people that we haven't mentioned today?

Q16: What is your age?

Q17: What gender do you identify with?

Man
Women
Prefer not to say

Q18: Do you identify as transgender or have a transgender history?

Yes
No
Prefer not to say

Q19: What is your ethnicity

Arab
Asian/Asian British
Black/African/Caribbean/Black British
Mixed/multiple ethnic groups
White British
Other White background

Q20: Do you describe yourself as disabled or have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?

Yes
No
Prefer not to say

Q21: Do you give us permission to use your quotes anonymously in work we produce. This could be in reports, presentations, on the SafeLives website or social media pages (this question requires an answer).

Yes
No

Appendix 7: Focus group schedule for practitioners

Q1: Can you describe what training practitioners need to work with young people who harm?

Probe: Do practitioners need specific DA training?

Q2: Can you describe what you do when you first get a referral for a young person?

Probe: What other people do you need to involve when a young person is receiving support?

Probe: How do you build relationships with those people? / How do you manage those relationships throughout support?

Probe: Why do you need to involve these people?

Probe: How important is it to involve the young person in decision making about their support?

Q3: How do you assess risk and safety plan with the young person?

Probe: How do you manage this throughout the working relationship?

Probe: What do you need to understand about the young person's harming behaviour? / How do you get them to open up about this?

Probe: What needs to be considered in risk assessment around the YPs support worker?

Q4: How do you build a relationship with a young person?

Probe: How do you get to know the young person? Tools used?

Probe: How do you maintain these relationships?

Probe: What questions do you ask to learn about the young person's identity, background, personal characteristics?

Q5: Can you explain what content you cover in support sessions with young people?

Probe: How do you encourage a young person to reflect on their behaviours and its impact?

Probe: What tools do you use?

Q6: How do you tailor support for young people from different communities or with different needs? i.e., disability, LGBTQ+, ethnicity, learning difficulties

Probe: Does the content of sessions differ depend on age? e.g., a 13-year-old to an 18-year-old

Probe: Does the content differ depending on the young person's harming behaviour?

Q7: How do you model healthy behaviours in relationships to the young person?

Probe: How do you manage boundaries with the young person?

Probe: How do you prepare a young person if they must change support worker?

Q8: What does it mean to end support with a young person well?

Probe: How do you prepare the young person for the ending of the working relationship?

Probe: How do you model a healthy way for a working relationship to end with the young person?

Probe: How does the ending phase differ depending on client needs?

Probe: What resources do you provide the young person with post-support? / Do you offer any call-in sessions?

Q9: What's important to sustaining behaviour change in the young person after support has ended?

Probe: What support networks need to be in place at the end of support?

Q10: How do you manage any possible ongoing risk once formal support has ended?

Probe: Who do you work with to manage risk after support has ended?

Probe: How do you assist support networks in a young person's life to help them identify possible risks?

Q11: Do you think beginning, middle, and end are suitable phases for a support model?

Probe: How long does each phase of support take? / Is this enough time?

Probe: Do you think there any phases missing in the model?

Q12: Is there anything else that you want to tell us that we haven't covered today about supporting young people who harm?

Appendix 7: Interview schedule for practitioners

Q1: Can you tell me a bit about your role and the young people you work with?

Probe: What ages do you support?

Probe: Do you support YP harming in the family and in personal relationships?

Probe: How many weeks do you offer support to the young person? Is this long enough?

Q2: Can you describe the types of referrals you receive and where they come from?

Probe: What information is essential for you to have on the referral?

Q3: Can you talk me through how you risk assess when you receive a referral?

Probe: Do you consider risk a YP poses to others as well as any risk to the YP from those around them?

Probe: Thinking about risk, what would concern you in a referral you received?

Probe: How do you tailor a safety plan for the YP?

Q4: What happens if there are concerns about working with a young person?

Probe: How is the safety of caseworkers managed in cases where there are concerns?

Probe: How do you monitor risk throughout support in cases where there are concerns?

Q5: Can you describe how you approach the initial meeting with the young person?

Probe: Is there anything practitioners should avoid doing on these initial meetings?

Probe: What personal qualities do you think caseworkers need to engage a young person on these initial meetings?

Q6: How do you assess if young people are ready to engage with support?

Probe: How do you assess readiness in YP over 18 compared to those under 18?

Probe: What happens if you do not think a young person is ready for support?

Q7: How do you approach working with a young person that is resistant to support?

Probe: What are the main reasons a young person is resistant?

Q8: Can you describe any other challenges you face when supporting YP who harm?

Probe: How do you approach these challenges? / How do you approach taking a decision that the YP doesn't like?

Q9: How do you manage YPs concerns of support ending?

Probe: Are there any common factors when young people struggle with the ending of support?

Probe: Do you see any concerns from parents when support is coming to an end?

Q10: What can influence poor outcomes for young people?

Probe: What do you do if you see poor outcomes for young people before they leave the service?

Q11: Can you talk a bit about young people who come back into the service?

Probe: What are the main reasons for this?

Probe: How is this managed? Do you go back to the beginning phase of support?

Q12: Is there any other advice you would give to practitioners who support young people who harm?

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