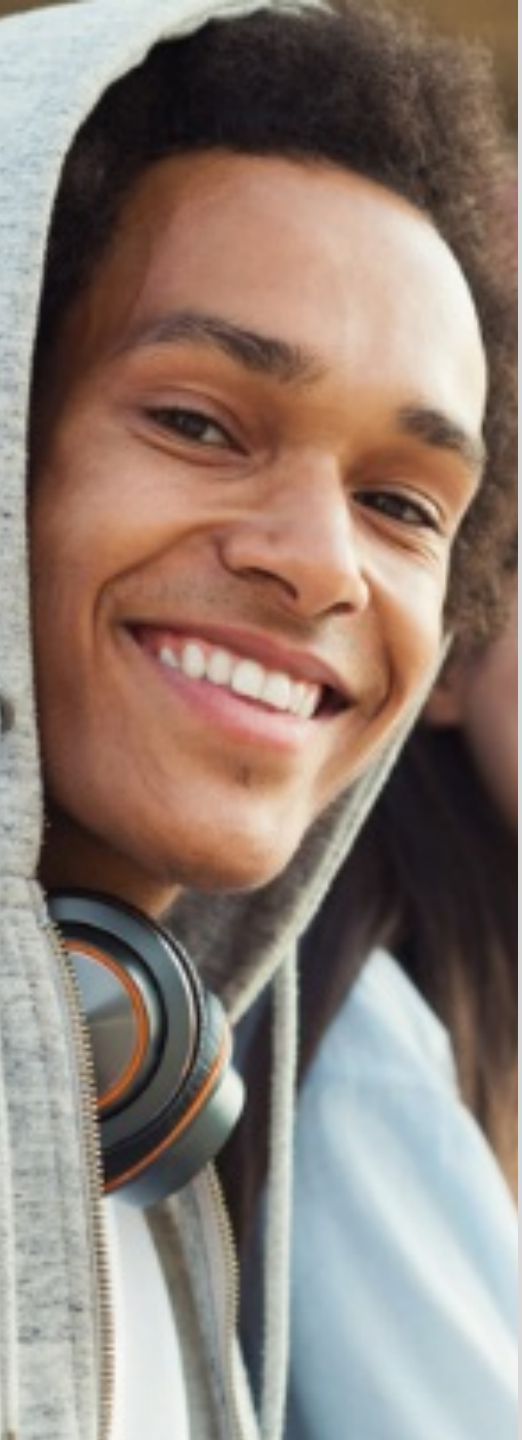
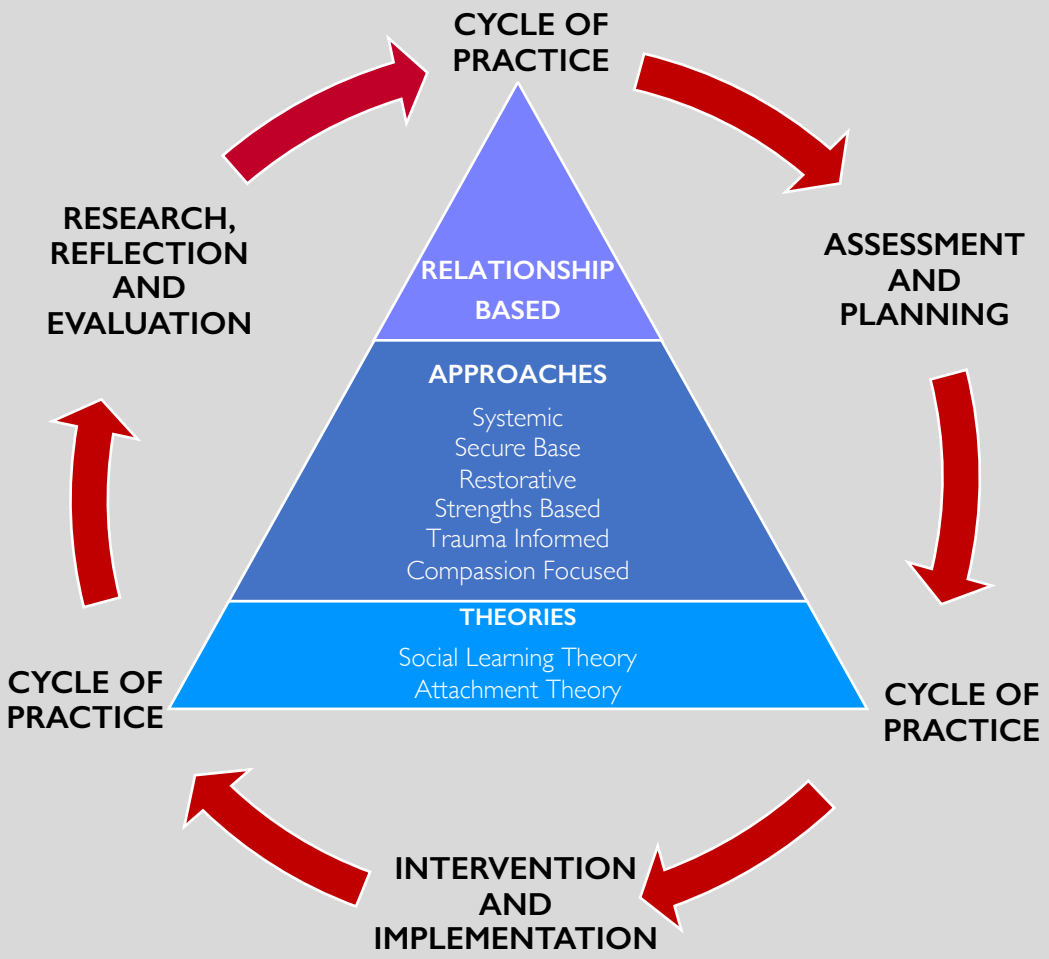


Practice for Change

WORKING WITH ADOLESCENTS



Contents

Introduction

We recognise that adolescence can be a confusing and challenging time for many young people, their parents and professionals working with them.

It is essential for the multi-agency network to work closely together and alongside families to support young people improve their wellbeing and to reduce the risks to them. Risks can be increasingly external and contextual at this age which requires a different response from traditional interfamilial safeguarding.

The five leading characteristics of adolescence can be defined as biological growth and development, undefined status, increased agency and decision making, increased pressures, and the search for self. Adolescents require specific support through this transitional period from child to adulthood. Usually this is provided through universal services and their families and friends.

However, some adolescents especially those who have adverse childhood experiences or have experienced other forms of trauma may require additional support to assist them with this stage of development.

An adolescent's experience is their lived experience and their behaviour and coping strategies have been developed over time and within the context of their family, school, friends and environment. The choices they make should be viewed within these contexts. Behaviours and strategies that have been successfully used by them and their families at a younger age may no longer be healthy or successful in adolescence often leaving all involved frustrated, angry and fatigued. It is into this maelstrom that professionals enter.

This guidance is not a definitive document and should be read in conjunction with other practice guidance and research.

Risks can be increasingly external and contextual at this age which requires a different response to traditional interfamilial safeguarding.

Models of Practice

Adolescents tell us they do not feel listened to, that they are not understood and that they are viewed as a burden or untrustworthy. Their worries and anxieties may not be heard and their behaviour not considered as a response to these feelings. Parents tell us that adolescents don't listen and don't do what they are told. This can result in parents feeling that their adolescents are difficult and don't care, increasing the tension and discord.

All children regardless of age need to feel loved and valued. For adolescents this fits into their search for their sense of self and ability to make healthy and positive relationships.

Any response to adolescents needs to recognise their increasing wish for autonomy and ability to engage and make decisions.

A systemic approach sees problems as existing and being maintained in the relationships between people, rather than being located 'inside' any one person. Individuals are part of families who are part of communities and neither the individual or the family as a whole exists in isolation.

Patterns of behaviour can often be tracked back through generations and these patterns are strongly influential. Change in one part of the system reverberates and impacts on other parts of the system so that problems cannot be seen as lineal and the result of a single cause.

A systemic approach helps to make sense of how families work. It provides a view about how change happens and gives tools to assist in the process of change as well as giving workers the opportunity to think about how to create a context for change.

Thinking about change in this way means that expectations of change are more realistic and smaller changes are required. A key aspect of the systemic approach is the importance of building relationships and remaining curious. The worker is encouraged to form hypotheses and use circular questioning with the understanding that every situation is unique and there are many different meanings of behaviour.

Systemic practice is both reflective and reflexive.

A systemic approach also acknowledges the influence of the observer on the system and consequently the relationship between the family and professionals takes on significance and importance. 'Resistance' can be seen as a clash of different cultures or systems with an imbalance of power. Workers seek to build bridges between professionals and clients.

Trauma Informed Approach

Trauma can be defined as 'an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful and that has lasting adverse effects on wellbeing'.

Many of the young people with whom we work will have experienced one or more adverse childhood experiences. Recognising these experiences and developing relationship based approaches that help to mitigate their impact is a key element of a trauma informed approach.

When working in a trauma informed way with with young people who have experienced adverse childhood experiences, it may be necessary to recognise the ways in which traditional services may not only have struggled to meet their needs, but may also have unintentionally made things worse. For example, our response to a child who copes with abuse by repeatedly going missing may involve placing him in a residential setting where his freedom is curtailed. A traumatised young person may see this as a repeated pattern of punishment and control.

Taking a trauma informed approach to understanding a young person's behaviour can help a different relationship to develop; one that is characterised by a respectful attempt to understand the function of the challenging behaviour and to respond differently. The question shifts from 'What is wrong with you?' to "What has happened to you?".

Using a trauma informed lens, a young person's responses to trauma can be seen as understandable and courageous attempts to survive.

A trauma informed approach creates opportunities for young people to build a sense of trust, control and empowerment.

Restorative practice represents an approach to address conflict between individuals and communities which values the dignity of each party involved in an event. It recognises their need of each other in order to heal situations of harm and relationship breakdown. The integrity of the process is ensured when the needs of both parties are valued and respected equally.

Restorative practice emphasises the imperative to engage parties in the ownership of incidents that have had an impact upon them and to allow them the empowerment of resolution.

These interactions present people with the opportunity to view the other as more than their negative behaviour and to reach beyond labels to recognise their common humanity. We are hardwired to relate to others, and the provision of such a forum allows for healthy neurological development, evidenced in increased empathy and understanding. Restorative practice harnesses personalised events to provide individuals with the opportunity to attain psychological resilience and health.

Restorative practice shares a close synergy with the focus of trauma informed approaches to the behaviour of young people. Young peoples' experience of early traumatic events such as neglect, interrupted attachment and abuse are all evidenced in impaired neurological health. This results in an altered capacity in the areas of self-regulation, reflection, attachment, the development of empathy, persistent states of shame and heightened misreading of situations involving safety and risk. Restorative practice provides a forum for the young person to voice their context for a specific event and to have their needs mirrored and heard by significant parties, thus contributing to resolution of that matter.

In this participation, the provision of that experience challenges their previously held view of their world and agency within that. This restorative forum also allows for all parties in witnessing their shared impact, to move to a place of shared compassion – both for the self and the other.

Strengths Based Approach

A strengths-based approach explores, in a collaborative way the entire individual's abilities and their circumstances rather than making the deficit the focus of the intervention.

It is about being aware of the skills we use when we approach individuals, their families and the community to address a particular situation

Strengths-based values include skills such as listening, empathy, story-telling, reflection, facilitation and collaboration in order to build knowledge of families and their communities.

A strengths based approach means commitment to co-production with children and young people and their families, appreciating that people are experts in their own lives and can take the lead in developing solutions.

This includes sharing power, resources and knowledge.

In Royal Greenwich, we are testing and refining a compassion focused approach within the SafeCORE project, working with adolescents affected by significant conflict and domestic violence.

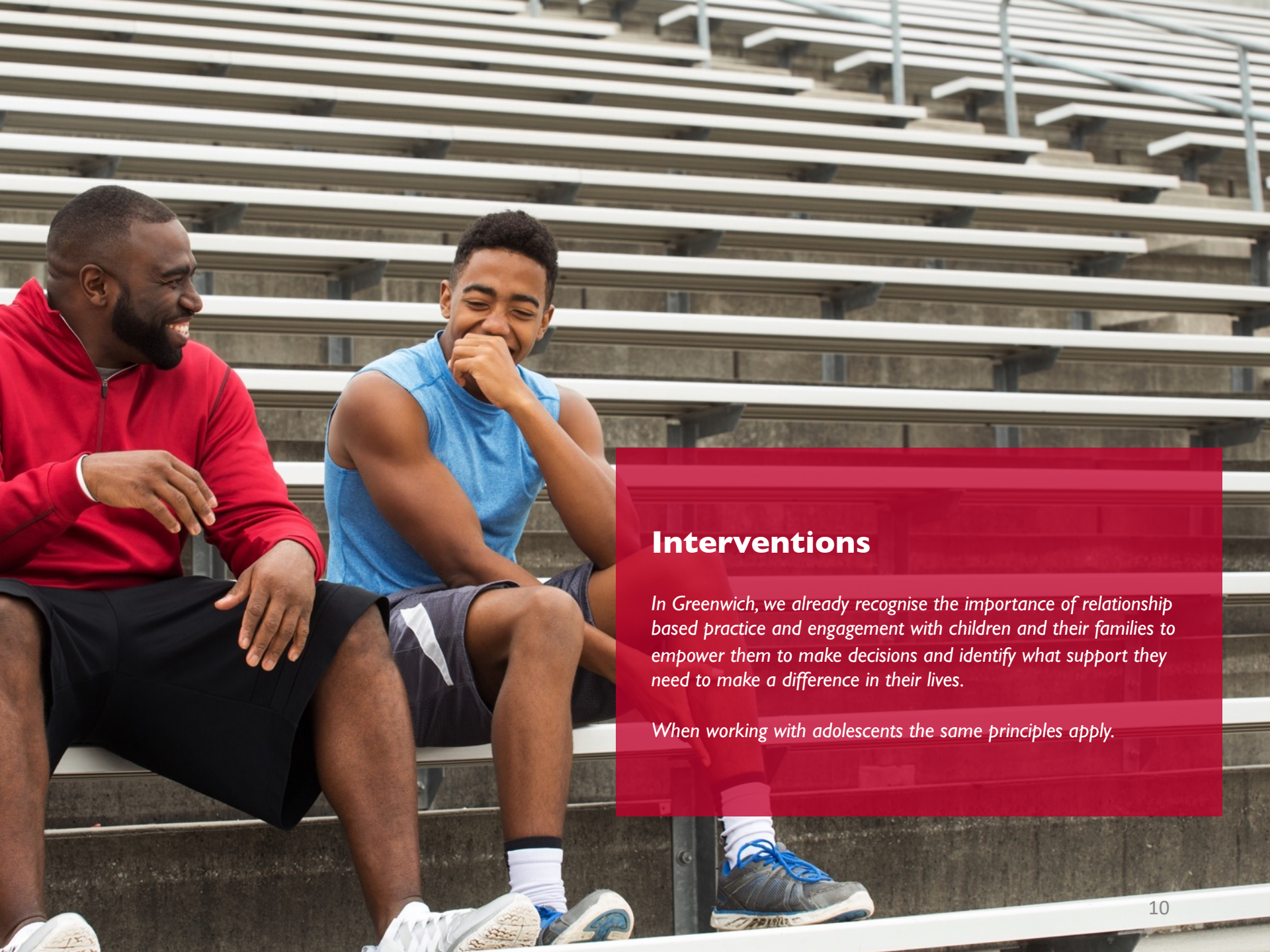
Our compassion focused approach uses theory, tools and techniques from the science of compassion, drawing on an evolutionary understanding of how human brains work, also on research that shows how focusing our minds around motives for compassion (to self and others) can bring a variety of mental, physical and health benefits.

This approach states that humans have evolved with three main emotion regulation systems: threat (protection), drive (resource-seeking) and soothing (grounding, stability, safeness). When these systems fall into imbalance, harmful or unhelpful responses can result, including conflict, violence, self-harm and anxiety. Our compassion focused approach is designed to help young people to better regulate their emotion systems by building feelings of safeness and through cultivating their experience of compassion.

Practitioners teach the skills and attributes of compassion and mindfulness, supporting adolescents to achieve agreed goals including to reduce the negative impact of conflict in their lives.

Our compassion focused approach is designed to help young people to develop personal and family relationships that are more cohesive and sustainable, whereby they will be more likely to achieve good outcomes in their lives and need to rely less on routine professional support.

Compassion Focused Approaches



Interventions

In Greenwich, we already recognise the importance of relationship based practice and engagement with children and their families to empower them to make decisions and identify what support they need to make a difference in their lives.

When working with adolescents the same principles apply.

Intervention and Engagement

WORK WITH THE YOUNG PERSON AND FAMILY TO:

- **Identify what the concerns are – what you think may not be what they think**. It is fine to acknowledge and have both recorded.
- **Assess risk and consider the most appropriate response by using FIDO** (frequency, intensity, duration and onset).
- **Keep the family and extended family involved and engaged**. Where the family are particularly strained the use of a restorative conversation may be particularly helpful in supporting each party to frame the conversation and concerns. Any agreements from this can be part of the plan.
- **Use eco mapping and genograms as a starting point** for your work in conjunction with the adolescent and family helps all to identify who is important and involved in their lives and who the professional network can engage with. This gives the adolescent and family control and the lead in identifying who is important. This could be youth club leader, sports coach, extended family or neighbours. This can be linked to safety planning, who in their network they can approach when things are tough.
- **Consider the use of family group conferencing to pull the network together.**
- **Identify the professional network**; this should include any community based activities they may already be engaged with such as sports or youth clubs, theatre groups etc.
- **Ensure the right health practitioner is involved**. To do this if you are unsure you can email oxl-tr.childprotection@nhs.net they will be able to advise who the most appropriate health professional will be.

- **Identify who the lead professional will be**. While there may be a large network of support and professionals involved giving the adolescent the choice of whom they consider the best person to support them gives a sense of efficacy and control and increases the likelihood of engagement. The lead professional this does not have to be the person with statutory responsibility but is the person the young person is most likely to talk to. The framework of intervention will determine who has overall responsibility for the plan and statutory functions. If they are not the choice of the adolescent the statutory service will continue to hold responsibility and oversight of the whole plan and will be responsible for agreeing how specific functions can be delegated.

- **Devise a goals based plan and where required a safety plan** – this plan needs to be done with the person as it is their plan NOT the professionals' plan – actions that the professional network may take can be included but the plan should focus on what the adolescent will do, when, how and what resources/support they need.

- **Allow the young person to chair or co-chair any meetings with the lead professional and decide who should attend.** A small meeting may have more success and not overwhelm encouraging greater participation. If necessary have consecutive meetings to ensure all the network are engaged. Let the adolescent lead the plan ensuring the family's concerns are included.

- **Review what is going well and where more support may be needed**

Intervention and Engagement

Suggestions for Good Practice

- The pace of change for adolescents is rapid. **Create an email group of the key professionals in the network.** Recommended minimum level of contact for professionals other than school is after each contact. This allows for the next professional who has contact to be able to progress and follow up what has already been said/delivered.

- **Build a supportive professional relationship**, seeking to understand their world.

- **Keep in contact with the young person outside of problem solving or checking up**. 'Thinking of you', 'hope you are having a good day' 'good luck with…' text show them you are keeping them in mind.

- **Find opportunities to show you care and view them as more than your work or a problem to resolve**. Remember birthdays, exams, significant events such as holidays, parents evening, school events, bereavement anniversaries. One previously looked after child still remembers her social working bringing her a cake on her birthday which was a Sunday, the first time she had ever had her birthday celebrated.

- Offer to take them to activities and groups they have expressed an interest or curiosity about. **They may not have the confidence to take themselves no matter how they present.**

- Don't over promise, **keep focus on what the goals you have agreed are**. You don't have to wait for a formal review. Check in regularly. Ask yourself "Is this working?"

- **Be curious about the young person**, what might you have in common, music, films, sports. Who are they beyond the circumstances they have been referred for?

- Work on the strengths of the adolescent. They have 'survived' and will have abilities and strengths they and their families may not realise. Draw these out and amplify. Everyone likes to know their strengths; **avoid a deficit approach.**

General Good Practice

Working With The Family

- When using eco maps and genograms let each family member do their own. This enables you to **be curious about what and why there are differences.**
- **Find things that the family can do together** – http://www.young-greenwich.org.uk/
- When safety planning, **involve adolescents and their family in thinking through how they can be safer** and how they can reassure adults who are worried about them.

- ASD/ADHD – research and our findings from inspections indicate that those we are most worried about are most likely to either have a diagnosis of ASD/ADHD or be awaiting a diagnosis. This diagnosis is based on a set of behaviours observed by those close to them. We can **work on the behaviours regardless of diagnosis.**

- Young people with ADHD often have problems with communication, partly as a result of the associated disorders from which they commonly suffer**. Use clear simple language with short sentences** and allow the young person extra time to process what you have said.

- Instructions and commands need to be given in simple language and positively orientated ('do' commands). i.e. it needs to be '**what to do'** rather than '**what not to do'.**

- **Be understanding**. If you see the young person is getting upset, ask what's wrong. Acknowledge what the young person tells you and explain that you can understand their point of view.

- Young people might have difficulties planning, remembering and organising themselves in a sustained fashion, and would **benefit from a regular and predictable schedule with an established routine.**

- **Ask for the information you need**. A young person on the autism spectrum may not volunteer vital information without being asked directly.

Specific Guidance about ASD/ADHD and Communi-cation Difficulties

Specific Guidance about ASD/ADHD and Communi-cation Difficulties

- **Check that the young person has understood what you have said** - some young autistic people may speak clearly but can lack full understanding.
- Young people on the autism spectrum may take things literally - **make your language concrete** and avoid using idioms, irony, metaphors and words with double meanings, for example "It's raining cats and dogs out there".
- **Avoid using body language, gestures or facial expressions without verbal instructions.** These may not be understood.
- **Don't be surprised if the young person doesn't make eye contact**, especially if he or she is distressed. Lack of eye contact does not necessarily mean they are not listening to what you are saying.
- Some autistic young people can find it difficult to understand another person's perspective. They may not understand what you intend to do, but **they may expect you to know what they are thinking.**
- **Some young autistic people may not understand personal space**. They may invade your personal space or need more personal space than the average person.

Useful websites for further information

https://www.autism.org.uk/professionals/health-workers.aspx

https://www.adhdfoundation.org.uk/wp-content/uploads/2019/01/Young-Persons-Guide_FINAL.pdf

Responding to Escalating Risk

Escalating Risk

At any time during your work with adolescents concerns and risk can escalate. This can be triggered by a specific incident or a gradual change in patterns of behaviour. Sometimes concerns deepen as you develop a greater understanding of the young persons family and wider social networks through your intervention. **All practitioners, regardless of how experienced they are, will find themselves in situations where they need to make measured judgements about whether risk is increasing and what actions should be taken to ensure the best outcomes**.

Making these sorts of judgements should not be done alone. **Discussions between practitioners and seeking advice, support and consultation should be something that happens regularly** within and between agencies. This can take many forms. Within agencies, line managers and safeguarding leads can support decision making and should be the first point of contact as outlined in *Right Child, Right Service, Right Time*.

The MASH consultation line is available for a discussion to help clarify your concerns and offer advice. The ground work you have laid through your approach will help manage this shift and a person centred approach should continue to be applied.

Practitioners may find it useful to use the **Greenwich Contextual Risk Early Identification Tool** to help inform these discussions. This tool is designed to help practitioners link what may seem unrelated concerns and to evidence a general sense of unease about the child's welfare. It can help to differentiate between general worrying teenage behaviour and concerns that may suggest a degree of risk, including grooming and active child exploitation, which could be sexual as well as criminal. Practitioners can tick boxes, mark them yes, no or unknown to help identify the areas of concern or identify what they need to know more about. It **is a practice tool; not a scoring system**.

Some factors they you may become aware of could include:

- Street level and gang related violence
- Anti-social and offending behaviours
- Sexually harmful behaviours
- Violence within intimate teenage relationships
- Truancy and disengagement from education
- Self-harm and suicide
- Going missing
- Child sexual exploitation
- Child criminal exploitation
- Neglect or other forms of familial abuse
- Moving boroughs due to risk concerns

The Greenwich Risk Adolescent Safeguarding and Prevention Panel (**GRASP) meets weekly and reviews all incidents that occurred in the previous seven days where children have been involved in violence, harmful sexual behaviour, offending peer networks or are at risk of CSE**.

Workers should be mindful that while adolescents are more autonomous they still require parenting and the impact of parenting should be a feature in any assessment completed including an early history.

Research on adolescent neglect found that this was an area often missed by professionals who could be distracted by the problems faced or presented by adolescents such as exploitation and miss the underlying factor of neglect. We commonly refer to these aspects as the push factor.

Finally remember what is considered 'normal' by an adolescent may not be healthy or safe for their development.