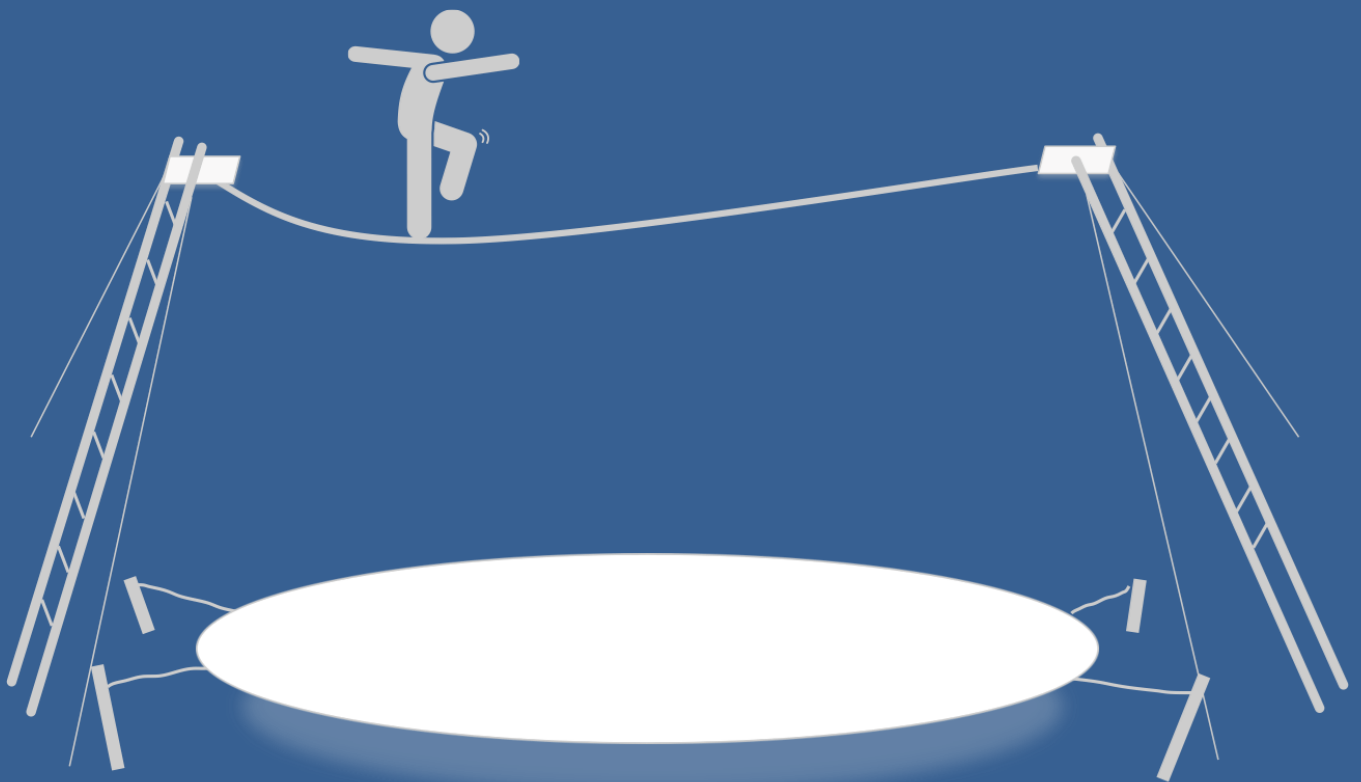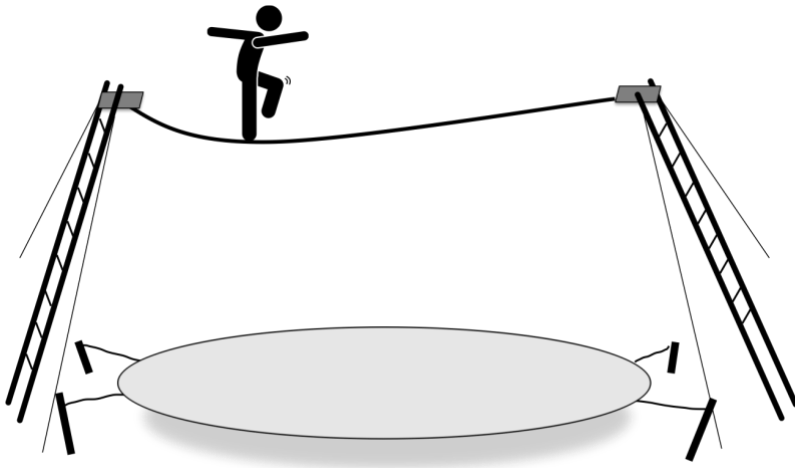# tight rope®

Developing resilience with young people

Dr Roberta Evans

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Acknowledgements

I would like to thank the following people in my life:

My mum and safety net Marjan Lousberg, who originally came up with the tightrope.

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The teachers throughout my life who have motivated me: Nicola Atwool and Shane Ward from Otago University, Dr Tim Bateman from University of Bedfordshire, Jane Lyndsay and Alix Walton from Kingston University.

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Contents

1. Introducing the tight rope

Who is this workbook for?

The tight rope workbook has been developed to assist professionals working in statutory and specialist services working directly with young people and their families, within:

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

It may also be valuable to those working within:

- Family Support or Parenting services
- Youth clubs
- Mentoring or coaching services

The tight rope is appropriate for any experienced practitioners who feel confident in their ability and skills to engage young people in assessments. More information, including video guidance, is available at: www.tightropetool.com

How to use this workbook

The tight rope as a direct work tool, provides an evidence-led, engaging and strength-based approach for involving a young person (and their parent/carer) in a robust risk assessment.

However, the visual image of a tightrope can be used as an analogy in discussions about uncertainty, change and risk without this workbook. It is common to talk about being on a tightrope when faced with a tricky situation or decision. In fact, this tool and workbook all began with the use of the analogy as a discussion point when working with parents whose children were open to a Youth Offending Team.

The tight rope can support an assessment and plan around specific risks and it can be used in any of the following scenarios (not an exhaustive list):

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

This tight rope workbook provides a holistic tool for working with adolescent risk, whether it is offending, substance misuse, self-harm, exploitation, or harmful sexual behaviour. Through my own research and in developing the tight rope, I discovered that research around the worries, safety, resilience, or support for these risks all relate to the same 16 factors.

Therefore, this workbook includes 8 sets of 16 cards that you can print, cut out and laminate (or print on card) to use in direct work sessions (young people of all ages have engaged with the tactile nature of choosing cards that are relevant to them).

There are 10 sections to the tight rope, and these can all be recorded on one page (a template to record on is provided). It is possible to summarise (using bullet points) the most complex presenting behaviour, needs, resilience, support, and safety (with a plan) on just one page. I have done it many times – and it's also helpful for managers when reviewing a file. It is also set out like the Signs of Safety® three columns to support those familiar with this model.

You can also just use a flipchart and pen to draw out the tightrope image and discuss the areas of risk and safety. A one-page prompt sheet is provided with suggested questions.

There is also a version of the tightrope form that is simpler, which was developed by an exploitation worker from Wandsworth. Also available in this workbook here.

While this workbook is designed for professionals working with adolescents, another workbook is available for managers to consider practitioner resilience (also supported by research informed cards and guidance) – available on www.tightropetool.com

What is in this workbook

Chapter 1 – introduces the analogy and visual representation of the tight rope and how it can be applied within risk assessments

Chapter 2 - summarises how the tight rope was developed in practice and includes testimonials from practitioners and young people during the pilot

Chapter 3 – outlines the impact of adolescent brain development and trauma on risk. Providing evidence for considering compounding factors rather than a single cause for the behaviour.

Chapter 4 – has templates for the form where you can record a summary of your assessment and presents a detailed breakdown of each section of the tightrope, including the cards that you can print, cut out, then laminate or print on card to use in direct work. Each card is listed with references to provide more information about why that factor was chosen.

Chapter 5 - provides concluding comments for practitioners about the role of the worker, factors to consider in application (age, culture, and gender) and how to evaluate progress or impact of the tool

A full list of references and information about the author are available at the end of the guidance

The analogy

The ti<u>ght ro</u>pe is a visual representation (see Figure 1) of risk and resilience that can be applied to various circumstances or situations.

If a person (or project/team) is about to embark on a new situation, period of change or development this could feel like walking on a tightrope, a volatile and precarious place.

When several worries or concerns are also present this can compound the situation and feel as if the tightrope's ladder were higher, becoming more unstable and uncertain.

Past experiences can influence the stability of the foundations that the tightrope stands on.

It is important to draw on internal strengths and external resources to manage the situation and take the steps needed to be on 'safe ground' or a lower tightrope.

Figure 1

Falling off - worrying behaviour / dangers

Balancing - internal strengths

Forecasting - contingency planning

Steps up - current concerns or complicating factors

Motives, intentions, capacity to change

Steps planned, actions needed

Safety net - external supports

What can others do to support the plan

Muddy path - past harm / significant life events

Foundations for change / past success

Goals - what does safe ground look like?

Using the tight rope to assess risk and resilience

Using the tight rope as a strength-based approach to risk and resilience supports an open discussion about the following areas of an assessment and plan:

What is most important and valued? What does the young person value and what motivates them each day? This is represented by the figure holding their hand to the heart. This will be different for different people but prompts from resilience research are provided. Discussing motives and values helps to understand what might be driving the worrying behaviour and what might support change (prompts here).

What are we worried about that needs to change? What's the worst thing that might happen if nothing changed? This is represented by a figure falling off the tightrope. The prompts are drawn from research about offending, substance misuse, self-harm, and harmful sexual behaviour but open dialogue is encouraged particularly if the tight rope is used for other concerns (prompts here).

What would it look like if this problem was sorted? What does 'safe ground' look like? This is represented by a figure holding up a star. There are no prompts provided because the goal could be absolutely anything. However, the 'next steps' prompts could be used as a guide to start the conversation about goals if needed.

What has gone well in the past – when has there been safety? When has this problem been managed well. This is represented by building blocks and growing flowers. Each positive experience adds to a solid foundation. The prompts provided are based on desistance, resilience, and social capital research. This links with Signs of Safety's approach of looking for signs of any past proven safety, reminding us that usually, the significant incident that triggered our involvement will not be a daily occurrence, most of the time the young person manages to be safe on a day-to-day basis (prompts here).

What has happened in the past that you are worried about? What experiences make the path 'wobbly' or unstable? This is represented by a figure stepping in a muddy path – if the path is muddy or 'crappy' then this is an indication of how wobbly the foundations under the tightrope are. Looking at both the past positive and negative experiences will provide valuable information to assess the level of trauma and resilience that were present in the young person's life. Starting with the positive will help with leading into the negative experiences (prompts here)

What skills and attributes do you have to help stay safe or balanced? What are their best coping strategies? What are their best attributes? What do people like about them? This is represented by a figure balancing on the rope. This helps to identify the areas of personal resilience to support safety and resilience. These are also referred to as 'internal controls' (prompts here)

What worries are still present? What complicates the situation? This is represented by the person carrying baggage up the ladder. These may be like the past worries, but it is important to differentiate between past and current concerns in order to understand the difference between past trauma and assess the current level of risk (how high the ladder is) (prompts here).

Who supports you to stay safe and balanced? This is represented by a safety net and in addition to identify the people that the young person trusts and can call on for help it can be helpful to assess the strength of the safety net - is it too tight or too loose? Will it be protective during this time and make it easier to be supported to take the steps needed? (prompts here).

What needs to happen next? Being on the tightrope can mean different things, it can be exciting, scary, fun, and risky, but it's not safe to stay up too high for too long. Therefore, it's important to identify the steps needed to get to safe ground and what steps need to be taken first (prompts here)

Contingency planning – with every plan it is helpful to have a back-up plan. This can also be a space to note any actions that the young person isn't ready for but would undertake if things got worse (e.g., engaging in therapy) and it can also be a space to record what actions the workers will take in response to increased risk.

A scale between 0 – 10 is incorporated into the tool to help assess where the young person is against their goals. This can be repeated at a later stage and used as a review for progress. The use of scales is promoted in motivational interviewing (Miller and Rollnick, 1991) and Signs of Safety® (Turnell, 2012). It is identified as an effective tool for mapping assessments and plans in a way that is helpful for both workers and the families they work with (Barlow et al, 2012). The scaling of the person's position on the rope would also support the key task of assessing 'capacity for change'.

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

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

2. Development and application

The tightrope analogy was first used in my work as a parenting officer in a London Youth Offending Team. The role didn't have the same level of direct work tools as my case practitioner role. I discussed the dilemma with my mum, and she suggested the analogy that being a parent of a teenager is like being a safety net under a trapeze artist. She had written this in my 16th birthday card, inspired by the book "Between Ourselves" (Payne, 1983).

So, I used the analogy with parents, and it resonated with many of them and supported open dialogue and engagement.

Wanting to understand 'what works' regarding parenting work to prevent crime, I embarked on a Professional Doctorate and researched parenting factors and consequently all the other factors that are correlated with youth crime. I learnt that no single factor is a cause or solution to youth crime but rather it is the compounding nature of several factors. My doctorate has informed much of the research supporting this workbook.

I then used the analogy in training workers about risk planning, where the terminology involved 'static' and 'dynamic' risks or strengths alongside 'internal' and 'external' controls. The tightrope provided a helpful visual to break these up and explain them to young people. I presented the tool in a post-graduate social work course and was encouraged to consider the tool as valuable for all adolescent risk. So, I researched areas of substance misuse, self-harm and exploitation. Finding that the factors were basically all the same!

The toolkit was presented at a Howard League conference and has gone through a range of iterations as a physical toolkit. I adapted the tool to align with Signs of Safety®, which is recognized as an innovative approach, but it is primarily a child protection model and doesn't fit as well for adolescents who present with a range of risk-taking behaviours (Gibson, 2014).

Social workers liked how the tightrope incorporates the scaling, which makes that element of mapping easier to apply rather than a separate exercise.

With the need to work virtually following the Covid19 Pandemic, the cards have been incorporated into this workbook so workers can choose to either print them out or share their screen during an online session. The workbook is now available as a free PDF on www.tightropetool.com along with the Circus Act, other publications and video guidance.

Testimonies

Video testimony from Wandsworth Locality Youth Work Manager (2013)

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

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

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

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

The young people:

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

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

- Has helped to engage very closed young people. Good to focus on strengths and not just concerns. Helps young person to 'buy into' plan

- My young person commented on how 'visual' the tightrope model was

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

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

Email from Practitioner in Lambeth YOS (November 2016)

- For me, it's helped in opening up about the motivation for concerning behaviour, on two occasions they have been able to identify intentions and motivations, which they hadn't previously.

- I think that the model sets it out in a very non-threatening way, which makes it easier for them. It isn't just based on risk, I start with positive, they don't find it as judgemental. Interestingly it's sparked a lot of discussions and further work about healthy relationships.

- I've used it with a variety of people. Age range from 14-17. As a visual image it's easy for them to understand it. I've also used it with someone with ADHD, another with learning needs (reading), and both have been fine. I've needed to adapt slightly, but that is the same when using any intervention.

3. Holistic tool for adolescents

Approaching adolescence can be a time of imbalance and taking risks while becoming independent from adults and growing into adulthood. It can be a time of:

- testing limits
- experimenting
- working out friendships
- making the most of opportunities
- building an identity
- learning
- having fun

The brain of an adolescent is re-wiring and areas responsible for decision making are impacted. This development can lengthen, become complicated or delayed if the person has experienced abuse or neglect.

Adolescent Brain Development

Below is a visual representation of the areas of our brain that support decision making, problem solving, storing memories, reacting to stress and heightened emotions. If you were to imagine the brain like an office building, there are different roles at play in the building …

Thalamus - reception desk, receiving messages

Hippocampus - filing cabinet, sorting memories

Amygdala - security guard, responding to risk

Frontal cortex - manager making decisions

Frontal cortex

Sights and sounds

Thalamus

Touch and smells

Stress hormone boost

Stop digestion

Racing heartbeat

Flight

Fright

Fight

Hippocampus

Amygdala
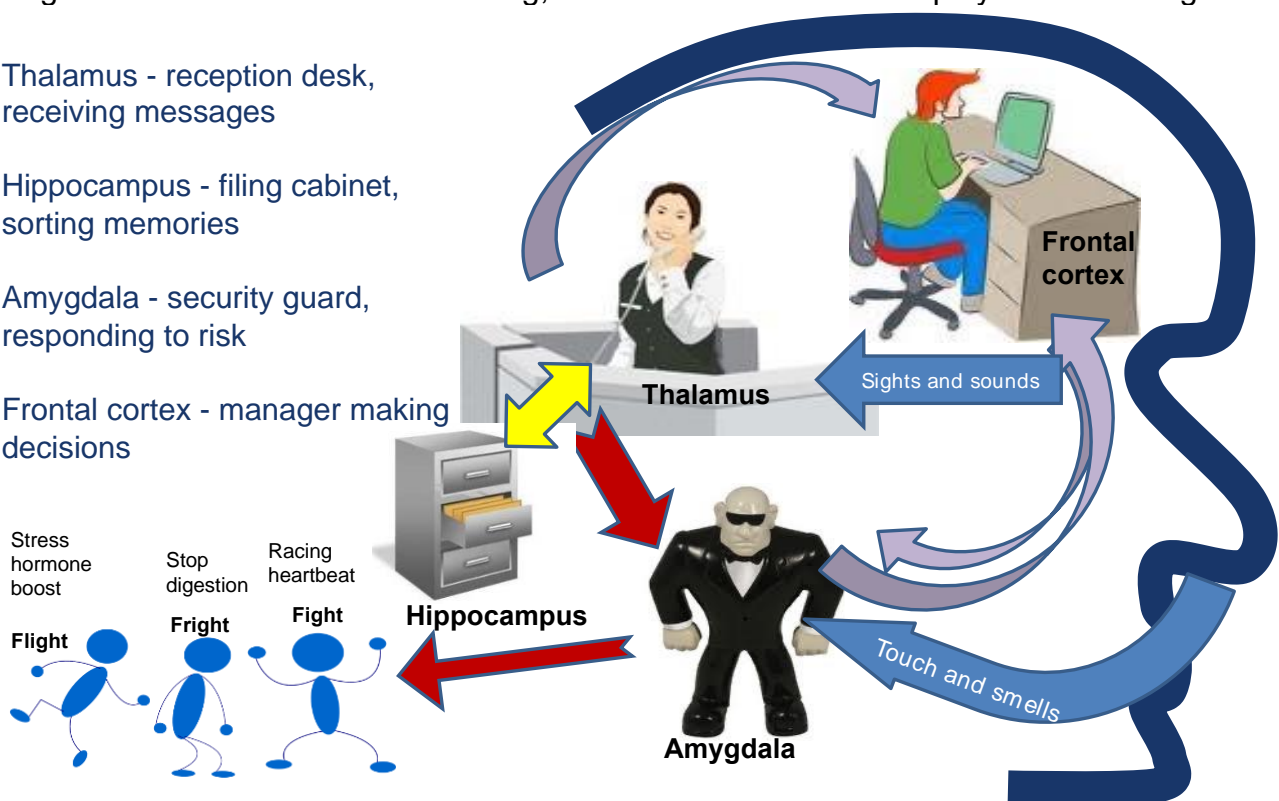
Adapted from Pete Thompson, 2004   © Dr Roberta Evans (2014)

All of us have pathways in the brain to respond to sights, sounds, touch, and smells. We need these to be able to function on a day-to-day basis and respond in a crisis.

The Frontal Cortex is the area responsible for:

- Controlling impulses
- Initiating appropriate behaviour
- Organising things
- Working memory
- Self-awareness
- Setting priorities
- Making decisions
- Empathy
- Sensitivity to feedback
- Insight

During adolescence the frontal cortex is covered in a fatty substance called myelin, which means that the area is 'dulled' or 'dampened' and therefore adolescents are less likely to manage impulses, show empathy or behave appropriately.

The Thalamus is responsible for relaying incoming messages and the Hippocampus lays down memories and regulates emotions. Again, during adolescence, these are affected by the developmental process that has increased myelin. Therefore, adolescents are more likely to misinterpret social cues and body language.

The Amygdala is responsible for:

- Generating negative emotions such as disgust, sadness, anger and fear
- Triggering our fight, flight or fright response
- Sending warning messages to the frontal cortex

During adolescence, this area is heightened and prominent. Therefore, adolescents are more likely to respond with strong emotions and be geared to fight, run away or internalise / freeze.

In order to quieten the amygdala, the brain needs to work on non-emotional tasks. A sense of purpose and meaning (generated from the frontal lobe) also assists to quieten this area.

A video about the adolescent brain and using trauma informed practice and transactional analysis can be found at www.tightropetool.com

Impact of Trauma

Across all the research in specialist areas of adolescent risk, there is the message that no single factor predicts future behaviour and argue that it is about the compounding nature of 'risk factors' that means the probability is increased for self-harm (SCIE, 2005b), problems with alcohol and/or drugs (National Treatment Agency for Substance Misuse [NTA], 2007; Alcohol Concern, 2011) or with offending (West, 1982; Farrington, 2007).

Below is a visual of how the brain may be impacted by trauma, particularly severe and persistent experiences of trauma. Whereby the hippocampus has been flooded with stressful and harmful memories, which make it difficult to sort and filter what needs to support the decisions of the frontal cortex of the responses of the amygdala. Therefore, the Frontal cortex becomes overwhelmed. Resulting in a more pronounced Amygdala and as a result a more likely response of fight, flight or freeze in times of heightened emotions.

© Dr Roberta Evans (2014)
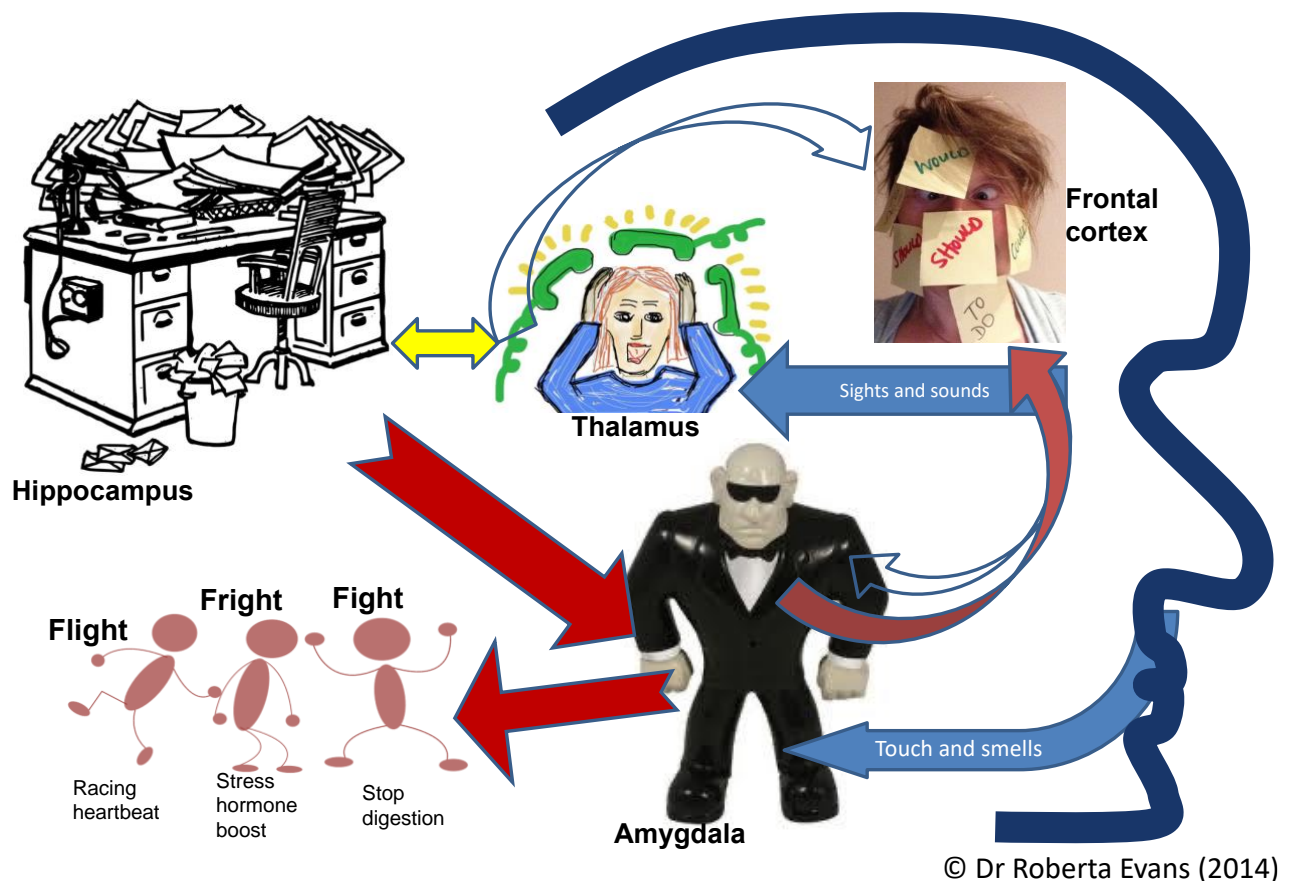
Conversely, Bartley (2006) reminds us that "early adversity does not necessarily lead to maladjustment" and supports a focus on building resilience, the ability to overcome adversity and 'beat the odds'. It is also important to consider the frequency and timeframes of factors (Borum et al, 2000; NTA, 2007; Kidger et al, 2012).

The level by which 'protective factors' are present, or lacking is a further consideration. McLean et al (2008) note that a lack of resilience factors (things that can maintain balance) is a better predictor of suicidal behaviour than the amount of exposure to stressful life events. Glover (2009) encourages assessing for resilience and looking for: secure attachments, self-esteem, and self-efficacy. Britton and Noor (2006) state that "an assessment must include problems, strengths, and identification of goals and personal plans as a first step" (p8).

Hanson and Holmes (2014) state that "most resilience occurs when promotive factors feed into and enhance one another, setting up positive spirals and pathways".

The 'Good Life Model' (Ward and Fortune, 2013) presents an argument that "correctional programs should aim to increase individuals' awareness of their core values and assist them to translate this awareness into concrete intervention plans".

It is also important to understand that the factors that lead to the behaviour are not the same as those that will influence desistance (Graham and Bowling, 1995).

Furthermore, regarding offending, it is a normal part of adolescence (Pitts 2003b) and most grow out of crime (Sampson and Laub, 2003; Goldson, 1997).

Homel (2005) notes "risk factors are essentially common-sense notions" (p7). Muncie (2001) promotes a system that supports "basic principles of respect, protection, informalism and rights". The tight rope aims to help build a balanced picture of strengths and risks.

4. A closer look at the tight rope

Ten sections

This chapter focuses on each of the areas of the tightrope:

1. Hand held to heart = things / people / values that motivate behaviour or change
2. Falling back off the tightrope = what we're worried will happen if things don't change
3. Holding up a star = future goals and being on safe ground
4. Building bricks / growing flowers = past positive foundations and successes
5. Standing in muddy path = past concerns representing an unstable / painful journey
6. Balancing on the rope = current or potential internal strengths to manage
7. Climbing ladder carrying bag of worries = current compounding concerns
8. Falling into a safety net held by two people = current or potential external support
9. Walking down the steps = the steps needed to reach their goals
10. Holding an umbrella and looking at clouds = contingency planning

Templates and prompts

In eight of the sections there are sixteen research-led prompts to guide a professional's assessment. The prompts are presented in this book as cards across two pages that can be printed, cut, and laminated if you wish to use them as a direct work tool with a young person. Each of the prompts are listed alongside the references to provide more information about why it was chosen for this tool and how it is relevant to either offending, substance misuse and/or self-harm. You can also use the cards as a starting point to map out on flipchart, paper, or whiteboard. In any case, the prompts must be used only as a guide.

Each section will have an introduction and some guidance on how to encourage an open discussion. Some sections have further information from wider research or guidance.

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

tight rope mapping

Working well?
Strengths to stay balanced?

Needs to happen?
Contingency planning

Worries?
What might 'falling off' look like?

Steps planned / need to take

What can others do to support plan?

What does safe ground look like?

0 1 2 3 4 5 6 7 8 9 10
Willingness to take steps (0 = none, 10 = taking steps)
Who and what are most important / valued?

Who and what is the safety net?

Foundations for change / past success

Current worries making Tightrope higher?

Past worries making path muddy?

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

0   1   2   3   4   5   6   7   8   9   10

Tightrope Tool © 2016 Dr Roberta Evans

"tight rope lines" version adapted by Peggy Jhugroo, Battersea and Tooting Locality Youth Work Manager

tight rope

0 1 2 3 4 5 6 7 8 9 10
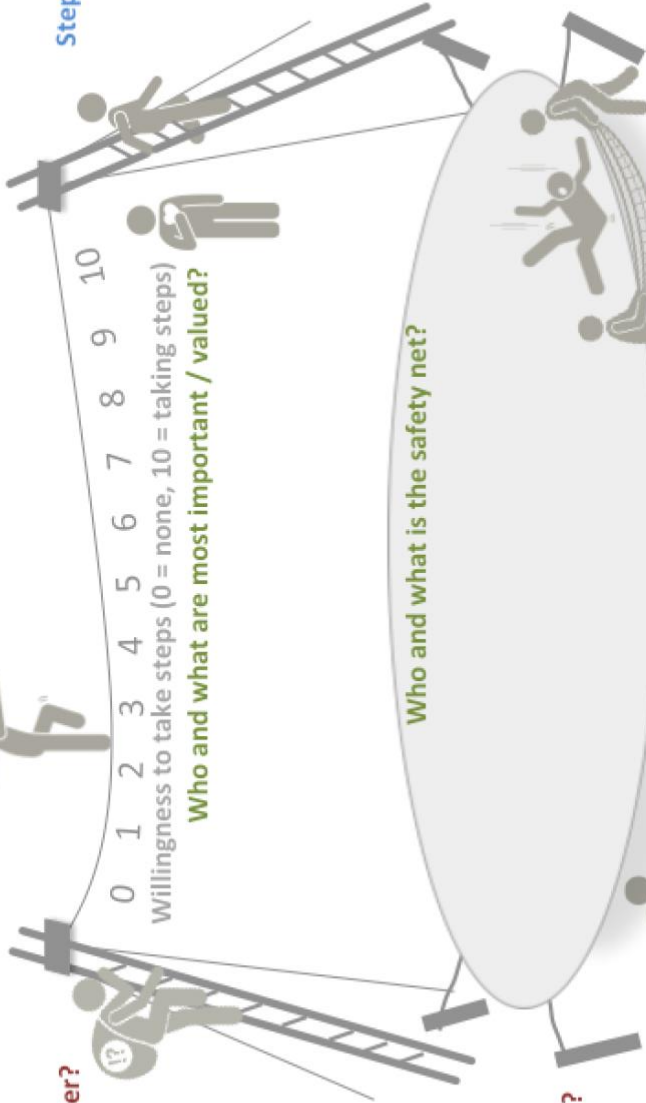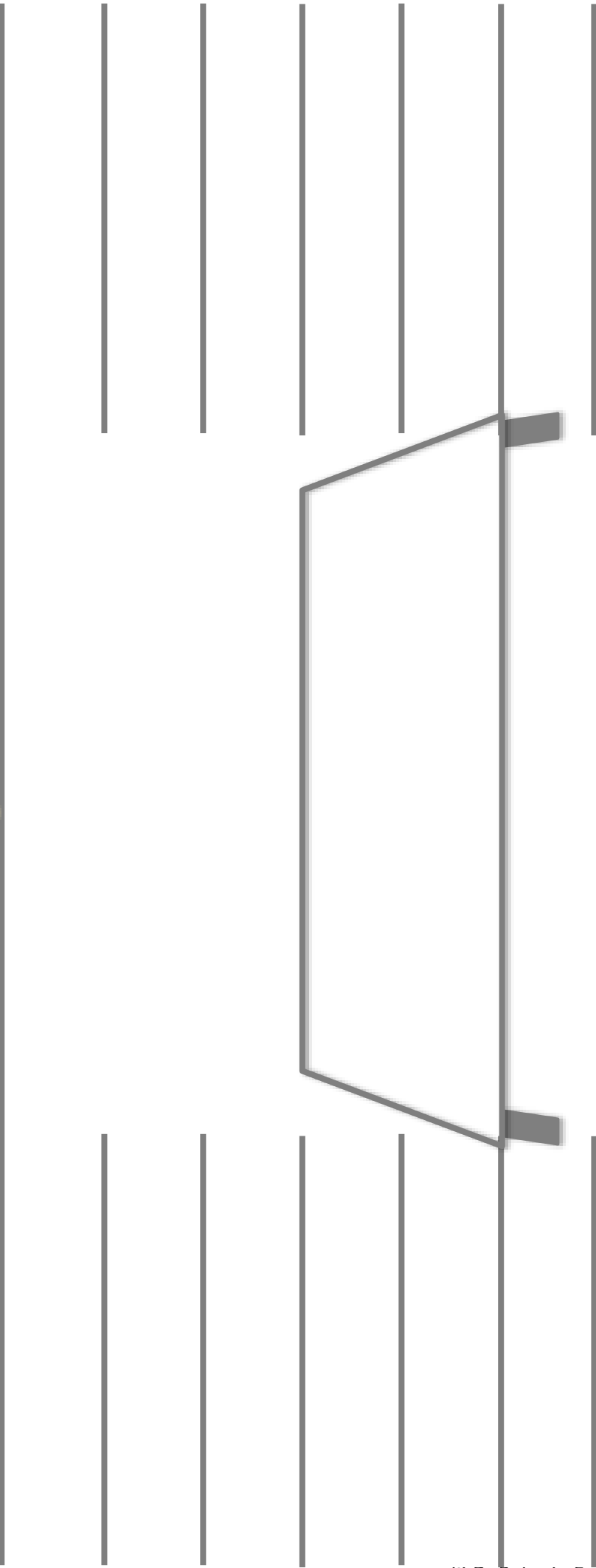
Worries?

What might 'falling off' look like?

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

Current worries making Tightrope higher?

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

Past worries making path muddy?

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

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

Working well?

Strengths to stay balanced?

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

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

0 1 2 3 4 5 6 7 8 9 10

Willingness to take steps (0 = none, 10 = taking steps)
What number best reflects how ready you are?

Who and what are most important / valued?

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

Who and what is the safety net?
Who do you call on for help?

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

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

Needs to happen?

Contingency planning

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

Steps planned / need to take

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

What can others do to support plan?

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

What does safe ground look like?

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

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

0	1	2	3	4	5	6	7	8	9	10

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

tight rope® © 2016 Vlinder Consultancy Ltd

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

Interviewing approaches that would support the tight rope

The ideal application of this tool is to simply use the analogy to create some space to think and discuss and plan. If using the tool within risk assessments and risk management plans it is crucial that all the areas are considered, to ensure the strengths are not forgotten and the risks are not overlooked. The visual aspect of using the tight rope should help to see where there may be an imbalance of concerns and identify the breadth of strengths and any gaps in supports. This could be captured with a flipchart or a plain piece of paper and pen. However, this workbook provides templates and cards to print and use with a young person (or screenshare in a virtual session).

The aim and purpose of the tight rope is to be strengths-based, resilience-orientated and solution-focused. When workers do this it "can surprise young people with their positive assumptions and invite the development of wanted and empowering identities [that] yields multiple benefits, including being inherently engaging" (Hanson and Holmes, 2014).

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

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

Solution Focused Brief Therapy is a model developed in the United States in the 1980s. The Signs of Safety® is closely aligned with this approach (Bunn, 2013). One main principle of SFBT is that 'exceptional' times within a problematic scenario will be the basis of a potential solution (see UK's training website titled 'BRIEF'). Therefore looking beyond the past concerns or path leading to a 'problem' and looking for the positive aspects of the pathway. The area in AssetPlus titled 'foundations for change' (YJB, 2013) has a similar purpose, as does the Signs of Safety approach of seeking out 'proven safety'. SFBT also works to explore the preferred future instead of focusing on a problem to be fixed, aiming to find strengths and resources to reach the preferred future.
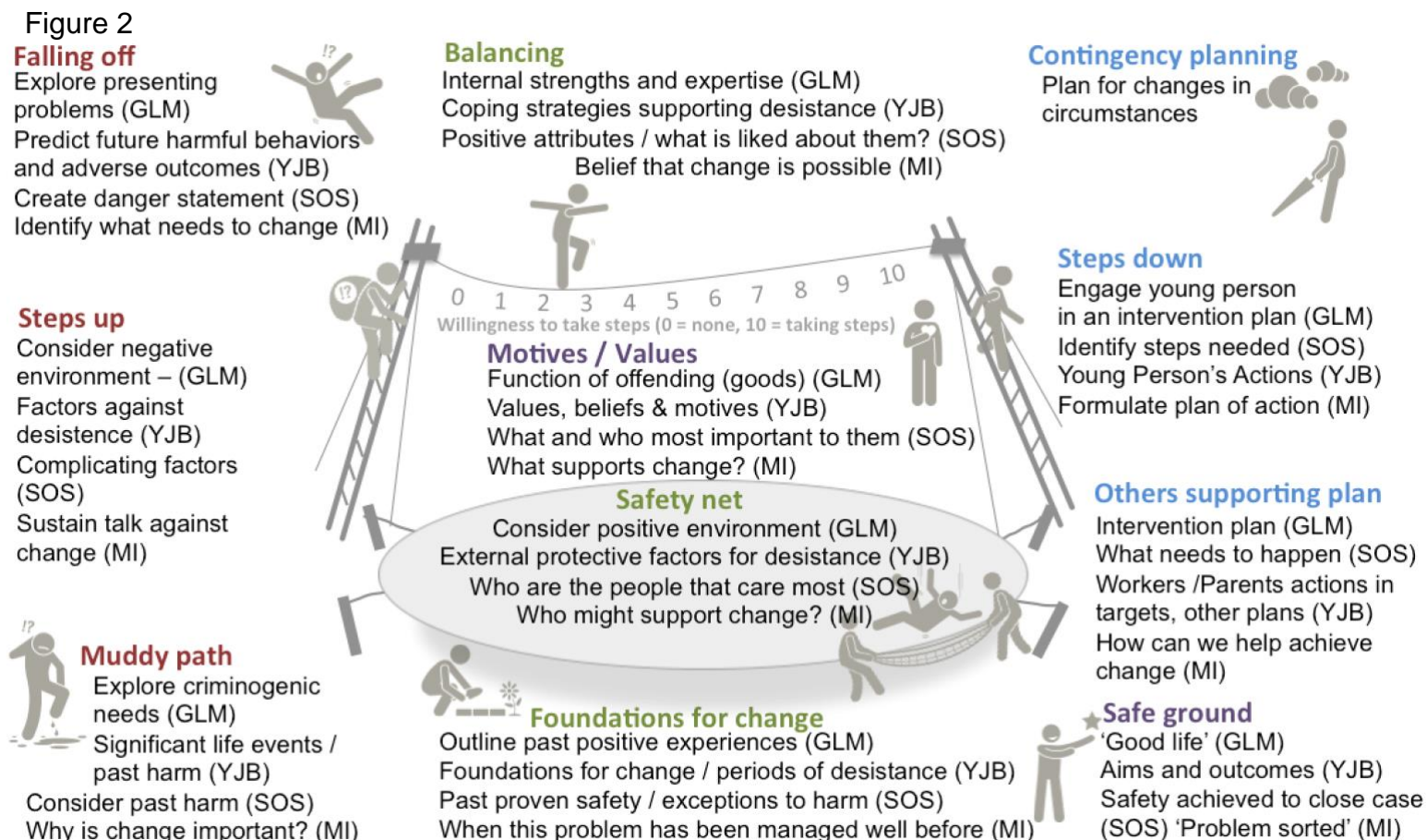
This is like the 'good life' focus of the Good Lives Model (Ward and Maruna, 2007) and the task of negotiating an agreed safety goal with families using the Signs of Safety model. McNeill (2009) promotes the Good Lives Model as something that might 'work' with offenders. The stages of their framework mirror many of the stages outlined above and provides an approach of tapping in to the offender's values and clarifying which of life's "goods" they were trying to achieve through their behaviour.

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

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

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

Figure 2

Falling off
Explore presenting problems (GLM)
Predict future harmful behaviors and adverse outcomes (YJB)
Create danger statement (SOS)
Identify what needs to change (MI)

Balancing
Internal strengths and expertise (GLM)
Coping strategies supporting desistance (YJB)
Positive attributes / what is liked about them? (SOS)
Belief that change is possible (MI)

Contingency planning
Plan for changes in circumstances

Steps up
Consider negative environment – (GLM)
Factors against desistence (YJB)
Complicating factors (SOS)
Sustain talk against change (MI)

0 1 2 3 4 5 6 7 8 9 10
Willingness to take steps (0 = none, 10 = taking steps)

Motives / Values
Function of offending (goods) (GLM)
Values, beliefs & motives (YJB)
What and who most important to them (SOS)
What supports change? (MI)

Steps down
Engage young person in an intervention plan (GLM)
Identify steps needed (SOS)
Young Person's Actions (YJB)
Formulate plan of action (MI)

Safety net
Consider positive environment (GLM)
External protective factors for desistance (YJB)
Who are the people that care most (SOS)
Who might support change? (MI)

Others supporting plan
Intervention plan (GLM)
What needs to happen (SOS)
Workers /Parents actions in targets, other plans (YJB)
How can we help achieve change (MI)

Muddy path
Explore criminogenic needs (GLM)
Significant life events / past harm (YJB)
Consider past harm (SOS)
Why is change important? (MI)

Foundations for change
Outline past positive experiences (GLM)
Foundations for change / periods of desistance (YJB)
Past proven safety / exceptions to harm (SOS)
When this problem has been managed well before (MI)

Safe ground
'Good life' (GLM)
Aims and outcomes (YJB)
Safety achieved to close case (SOS) 'Problem sorted' (MI)

1. Exploring what I really want or value

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

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

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

Give examples (e.g., community links might be a sports / youth club)

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

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

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

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

1

Making decisions for myself

tight rope®

Values / Motives

2

Feeling ok in myself

tight rope®

Values / Motives

3

Health / Life

tight rope®

Values / Motives

4

Giving to others

tight rope®

Values / Motives

5

Respect from others

tight rope®

Values / Motives

6

Doing well at something

tight rope®

Values / Motives

7

Culture and routines

tight rope®

Values / Motives

8

Feeling I belong

tight rope®

Values / Motives

9 **Being close to others** tight rope®	Values / Motives
Being creative tight rope®	Values / Motives
10 **Having fun** tight rope®	Values / Motives
12 **Having enough information** tight rope®	Values / Motives
13 **Friendship** tight rope®	Values / Motives
14 **Escape** tight rope®	Values / Motives
15 **Loyalty** tight rope®	Values / Motives
16 **Being active** tight rope®	Values / Motives

**Research to inform prompts for discussing motives and values:**

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

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

Further considerations:

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

Figure 3
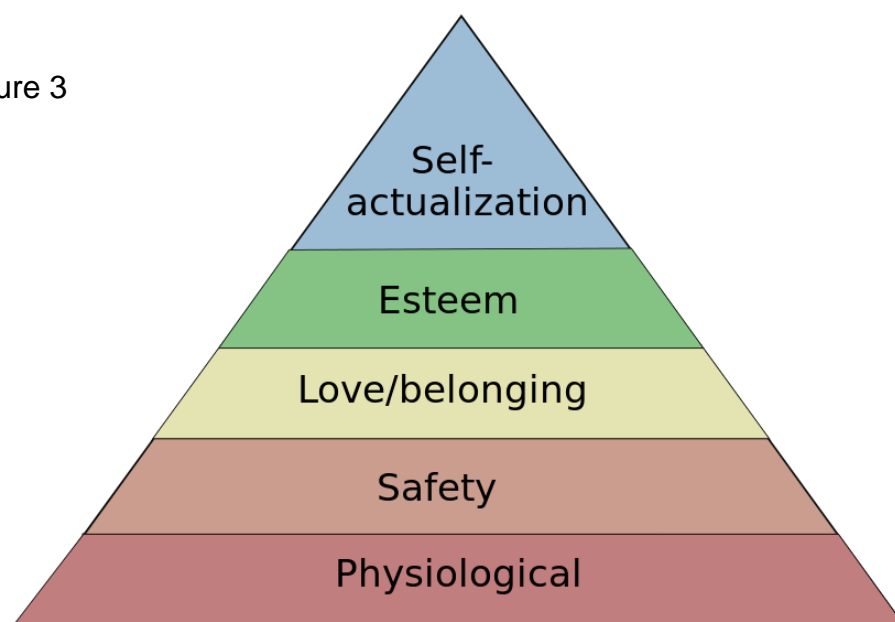
2. What might a fall off look like? (worrying behaviour)

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

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

Suggested questions:
Do you mind if we talk about [behaviour]?
What has happened that we are worried will happen again, that might hurt you/others?
If nothing changes, what's the worst that might happen?

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

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

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

BE MINDFUL OF DISCLOSURES

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

1	
'Binge' or heavy drinking	**!?** *Falling off*
tight rope®	

2	
Smoke / take drugs	**!?** *Falling off*
tight rope®	

3	
Harm self	**!?** *Falling off*
tight rope®	

4	
Hurt others	**!?** *Falling off*
tight rope®	

5	
Carry or use weapons	**!?** *Falling off*
tight rope®	

6	
Hateful actions	**!?** *Falling off*
tight rope®	

7	
Target vulnerable victim	**!?** *Falling off*
tight rope®	

8	
Steal or take from others	**!?** *Falling off*
tight rope®	

9

Take risks with other people

tight rope®

Falling off

10

Sexually active while young

tight rope®

Falling off

11

Black out

tight rope®

Falling off

12

Go missing

tight rope®

Falling off

13

Truant

tight rope®

Falling off

14

Homeless

tight rope®

Falling off

15

Not using help on offer

tight rope®

Falling off

16

Repeating same or similar actions

tight rope®

Falling off

Research to inform prompts for discussing what we are worried will happen:

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

Guidance supporting worrying behaviour, broken down into specialist areas

Age of onset

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

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

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

Offending:

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

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

"Serious harm"

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

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

Youth violence

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

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

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

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

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

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

The other risk and protective factors are referenced alongside other research regarding past and current concerns and strengths.

Sexually problematic behaviour:

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

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

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

Self-harm:

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

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

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

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

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

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

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

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

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

Technology aspect

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

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

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

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

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

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

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

3. What is the goal? What does safe ground look like?

This section should link from the motivations discussed in the first step because the young person's goal is more aspirational and motivating if it is linked to their values.

This section does not include prompts because the goal needs to be personally tailored to each individual. For some young people, the prompts in Next Steps could be seen as goals in themselves and may be the initial goal from their current starting point.

Whether using the Next Step Prompts or, ideally, the young person's words, ensure it is a clear statement that recognises a goal that motivates them and will be safe. It needs to be based on what they wish to achieve, what they are motivated by and what they would like to change or sustain.

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

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

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

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

Be mindful of keeping a balance between realism and hope

It is important that the goal feels motivating and also achievable. If the young person is struggling to think of a goal then visit some of the other areas of the tight rope to determine whether change is needed and any actions required to achieve change. If the young person is discussing goals that appear far-fetched and unrealistic then avoid dampening their motivation by not acknowledging them – instead breakdown the steps needed to achieve those goals and **support a belief that anything is possible** – even if the road will be long and require hard work. If the goal is linked to their offending (e.g., making money by drug dealing) focus on what they're trying to achieve from the offending (money) and how they can achieve this *safely*.

Scaling

After identifying goals, it may be helpful to scale where the young person sees themselves between 0 – the worrying behaviour continuing and 10 – the identified goal(s) before moving on to the next area (positive past foundations to support the goal). For a risk assessment about offending or contextual safeguarding, you could use the below scaling that have been adapted from Resolutions Consultancy and with permission from the 'Signs of Success' project developed by the William Strikker Group in the Netherlands.

Stability scale

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

←   0   1   2   3   4   5   6   7   8   9   10   →

Working relationship scale

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

←   0   1   2   3   4   5   6   7   8   9   10   →
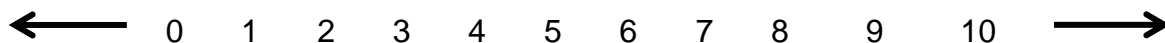
Justice scale

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

←   0   1   2   3   4   5   6   7   8   9   10   →

Risk of harm to others scale

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

←   0   1   2   3   4   5   6   7   8   9   10   →
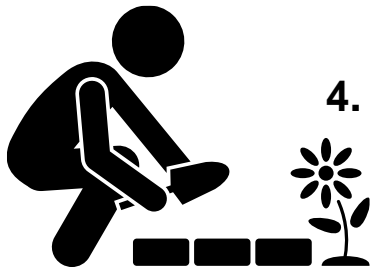
4. Past positive foundations

This section draws from research on resilience, desistence, and social capital that support positive foundations for change.

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

Suggested questions:
Has there been times when this problem has been dealt with or was even a little better?
How did that happen? Are there times in the past that offer hope for the future?
How were you able to not [insert behaviour] for [insert time frame]?

The young person may talk about times they see as positive when you see it as concerning. Tease these situations out and identify what was <u>safe</u> and <u>supportive</u> about it – how did the situation make them feel, were they able to connect to others, did they feel proud of themselves? If the situation is a concern this still helps to identify their motives for actions.

Be mindful of pessimism and hopelessness

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

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

After the prompt cards for this section there is a 'natural break' indicated. This would be helpful if you have followed the order of the cards up to this point (this is not required and the sections can be covered in any order you like).

1

Long gap between 'bad' times

tight rope®

Positive foundations

2

Positive times at home

tight rope®

Positive foundations

3

Usually behave myself

tight rope®

Positive foundations

4

Help I've had

tight rope®

Positive foundations

5

Handled loads in my past

tight rope®

Positive foundations

6

Finished school (or project)

tight rope®

Positive foundations

7

Certificates or qualifications

tight rope®

Positive foundations

8

Times worked or had a job

tight rope®

Positive foundations

9

Positive times at school

tight rope®

Positive foundations

10

Positive times with friends

tight rope®

Positive foundations

11

Good memories

tight rope®

Positive foundations

12

Something proud of

tight rope®

13

Praised for something

tight rope®

Positive foundations

14

Good choices I've made

tight rope®

Positive foundations

15

Admit when harmed

tight rope®

16

Volunteered / charity work

tight rope®

Positive foundations

Research to inform prompts for discussing past positive foundations / resilience

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

Natural break point

The tight rope may require more than one session to discuss, reflect and plan. Therefore, if you have undertaken the session in the order presented in this workbook (this is not required – you can do the different sections in any order that feels natural for the young person) you will have spoken about a young person's motives, past behaviour, goals, and positive past experiences. This will be a nice breakpoint before continuing to the next sections, which will be looking at past negative experiences, personal strengths, current concerns, support and next steps.

Providing some "home-work" (a skill used in Brief Solution Focused Therapy) for the young person to return to the next session may also be helpful.

The homework could be to talk to a family member about positive past experiences to help build up the picture or to ask about their personal strengths. They could take note of at least one time between the two sessions when they have managed a situation more positively than they might have before. They could also research organisations that work in a field they are interested in as part of their goals.

5. What makes the path 'muddy'?

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

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

Suggested questions:
What has happened, what have you seen, that makes you worried?
Can you say when this first began? What are others concerned about?
Let's try to identify problems that are no longer present and now in the past.

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

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

Be mindful of creating excuses that allow for continued risky behaviour

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

Don't forget to talk about past positive foundations and when there was no past harm.

1

Lived in a poor area

tight rope®

Past concerns

2

Did same as friends

tight rope®

Past concerns

3

Did same as family

tight rope®

Past concerns

4

Bullied / used

tight rope®

Past concerns

5

Too much pain

tight rope®

Past concerns

6

Arguments with others

tight rope®

Past concerns

7

Times anxious or low

tight rope®

Past concerns

8

Struggled to like myself

tight rope®

Past concerns

9

Hurt by others

tight rope®

Past concerns

10

Did what I want

tight rope®

Past concerns

11

No help given

tight rope®

Past concerns

12

School or study problems

tight rope®

Past concerns

13

Immaturity

tight rope®

Past concerns

14

No money for basics

tight rope®

Past concerns

15

Labelled

tight rope®

Past concerns

16

Lost someone

tight rope®

Past concerns

Research to inform prompts for discussing past significant events / past harm:

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

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

Further considerations:

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

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

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

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

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

6. Identifying 'Strengths that help me stay balanced'

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

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

Suggested questions:
How have you managed change before? What do you do to cope with difficulties?
What would you say are your best attributes?
This is what I like about you …. what do others say they like about you?

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

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

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

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

1

Positive outlook

tight rope®

Balancing strengths

2

Able to manage myself

tight rope®

3

Have skills I can use

tight rope®

4

Know where to get help

tight rope®

Balancing strengths

5

Feel ok about myself

tight rope®

Balancing strengths

6

Can plan / problem solve

tight rope®

Balancing strengths

7

Flexible to try new things

tight rope®

Balancing strengths

8

Trust others with my feelings

tight rope®

Balancing strengths

9

Clever

tight rope®

Balancing strengths

10

Caring

tight rope®

Balancing strengths

11

Funny

tight rope®

Balancing strengths

12

Likeable / Loveable

tight rope®

Balancing strengths

13

Sociable

tight rope®

Balancing strengths

14

Can respect myself

tight rope®

Balancing strengths

15

Can respect others

tight rope®

Balancing strengths

16

Can take responsibility

tight rope®

Balancing strengths

Research to inform prompts for discussing current strengths:

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

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

Further considerations:

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

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

McLean et al (2008) note that high levels of reasons for living, future orientation and optimism protect against depression (a pathway factor for self-harm). Furthermore, being in control of emotions, thoughts and behaviour can mediate against suicide risk associated with sexual abuse among adolescents. They also report that hopefulness is protective against suicide among women exposed to poverty and domestic violence. Furthermore, that "positive maternal coping strategies can have a protective effect on female adolescents" (McLean et al, 2008). Therefore it will be important to consider the hopefulness and coping strategies of the mothers of young women you are working with to assess the level of risk of self-harm.

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

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

7. Compounding current concerns 'steps up'

This section draws from research on dynamic risk factors that impact on adolescent transition. It can be difficult to separate past and current concerns as many of the factors associated with the 'onset' of behaviours are similar to those that support 'persistence' of behaviour. However, the factors in this section are changeable, while those in the past are now fixed in the past.

Therefore it's important to identify factors that are no longer present, which may have been resolved and those that are still present for the young person and can then represent the compounding nature of the muddy path with the high ladder.

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

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

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

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

Be mindful of feeling overwhelmed

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

1

Pressure from friends

tight rope®

Current concerns

2

Unsafe where I live

tight rope®

Current concerns

3

Live in a poor area

tight rope®

Current concerns

4

Lots of worries

tight rope®

Current concerns

5

No money for basics

tight rope®

Current concerns

6

Plan to do again

tight rope®

Current concerns

7

My strong emotions

tight rope®

Current concerns

8

I am often 'hyper'

tight rope®

Current concerns

9

Loyal to others

tight rope®

Current concerns

10

Don't like school or work

tight rope®

Current concerns

11

Arguments at home

tight rope®

Current concerns

12

Struggle to control myself

tight rope®

Current concerns

13

Hard to stop and think

tight rope®

Current concerns

14

My drug or alcohol use

tight rope®

Current concerns

15

Easy to get weapons

tight rope®

Current concerns

16

Easy to get drugs

tight rope®

Current concerns

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

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

Prompt statement:	References:
11. Arguments at home	Rutter et al (1998), Smith (2004) – link to offending. Vlugter (2009) – witnessing or experiencing abuse linked to higher levels offending; Hawton et al (2002), SCIE (2005a), Truth Hurts (2006), Hawton and Harriss (2008) – link to ongoing self-harm triggers.
12. Struggle to control myself	Rutter et al (1998) – low self-control linked to offending; Rich (2011) – poor self regulation risk for sexually harmful behaviour; AUDIT tool – risk of alcohol dependence; McLean et al (2008) – sense of self control and self-efficacy key to reduce risk of suicide
13. Hard to stop and think	Farrington (2007), Graham and Bowling (1995) – poor consequential thinking linked to offending. Esbensen and Weerman (2005), Rutter et al (1998) – "Impulsivity" linked to offending; McLean et al (2008) - impulsivity and low problem solving skills linked to self harm
14. My drug or alcohol use	Bjerregaard and Smith (1993), Hill et al (1999), Thornberry et al (2003), Vlugter (2009) -substance <u>misuse</u> linked to ongoing offending; Sharp et al (2004) – frequent drinking link with gang membership; Hawton et al (2002), McLean et al (2008) – linked to act of self-harm; Berelowitz et al (2013) – often present for those who are being sexually exploited
15. Easy to get weapons	Bjerregaard and Lizotte (1995), Lizotte, Krohn et al (2000), Thornberry, Krohn, et al, (2003) – linked to further offending
16. Easy to get drugs	Hill et al (1999), Rutter et al (1998) – link to offending YJB (2008b) – substance misuse in context of family history of substance misuse indicates need for treatment

Further considerations:

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

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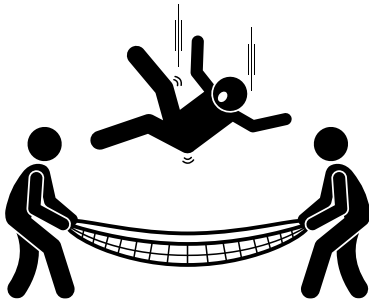
8. Who is holding the 'the safety net'?

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

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

Suggested questions:
Who can you call on for help? Who are the people that care most about you?
What are the best things about how they care? How do they help you grow up well?
Is the net flexible and strong?

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

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

Be mindful of the different levels of influence of relationships

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

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

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

1

Adults who check where I am

tight rope®
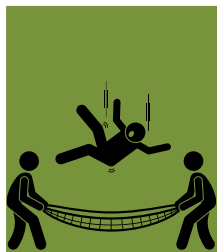
External support

2

People who care about me

tight rope®

External support

3

Safe place, where I belong

tight rope®

External support

4

Teacher / boss get on well with

tight rope®

External support

5

Positive role model

tight rope®

External support

6

My carer has support

tight rope®

External support

7

Someone to talk to

tight rope®

External support

8

People I can trust

tight rope®

External support

9

Good family support

tight rope®

External support

10

Positive things to do

tight rope®

External support

11

People who expect good of me

tight rope®

External support

12

Good neighbours

tight rope®

External support

13

My religion or values

tight rope®

External support

14

Rules – I can negotiate

tight rope®

External support

15

People who love me, no matter what

tight rope®

External support

16

Good school / workplace

tight rope®

External support

Research to inform prompts for discussing the safety net:

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

Further considerations:

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

I HAVE … People who:

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

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

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

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

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

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

The ideas of reducing responsibility to individuals and of targeting families can be identified in early childhood development theories. Bronfenbrenner's (1979) ecological model (Figure 4) places the child in the centre with the family as the primary influence on the child's development. Surrounding the family, depicted through expanding circles, are the other factors (for example extended family, school, community members, as well as cultural factors) which are deemed to influence the child, although to a lesser degree and often via the family. The theory is that a child's development is best nurtured within a strong family, held up by the community and then the state. From a supportive focus the state is considered to be responsible for ensuring that communities are well resourced to support families to fulfil their role. From a deficit focus the target becomes the individual as the initial source of concern and the responsibility for dealing with this lies first with the family. An alternative ecological model for considering the "root causes" and areas of influence is one using an image of a flower (Vlugter, 2009) - Figure 5.

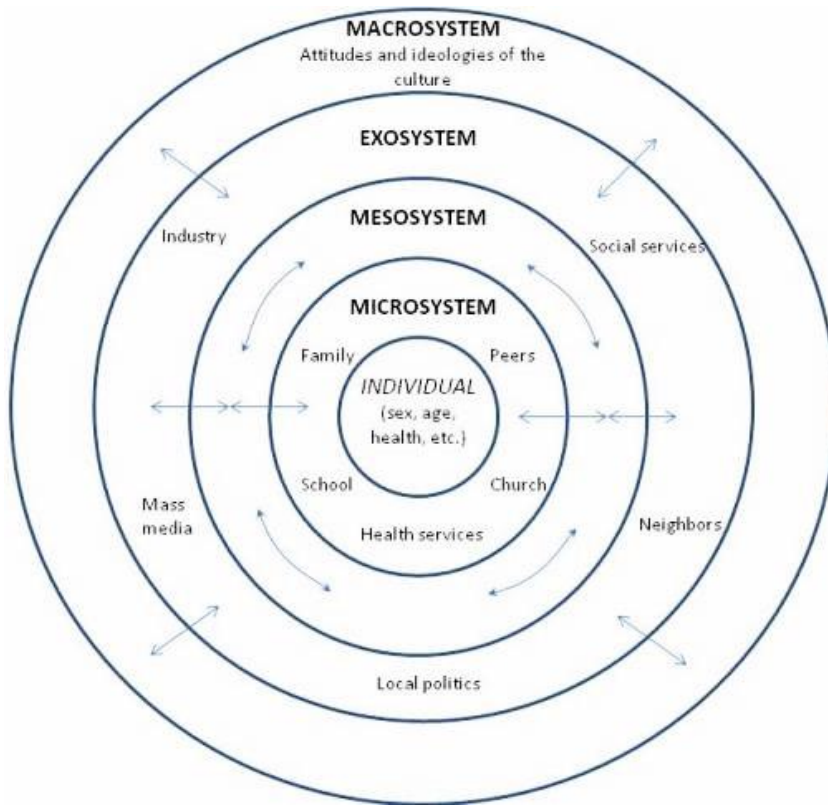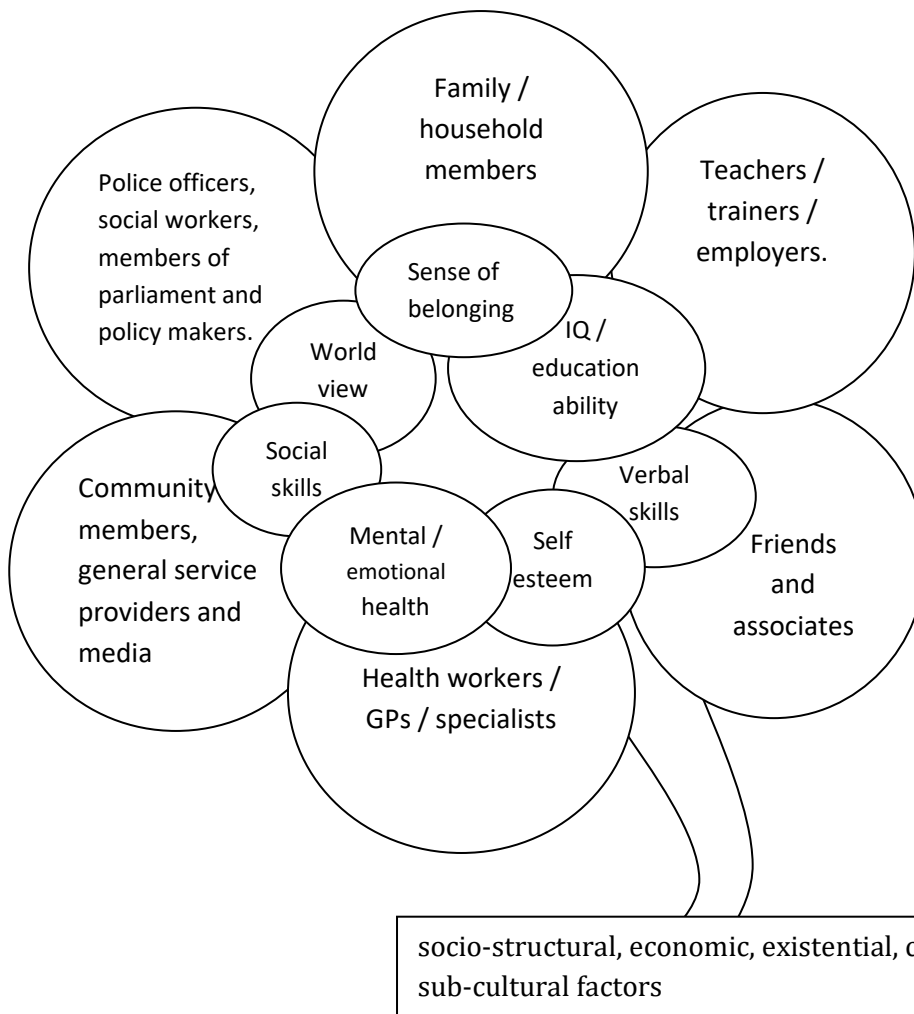Figure 4 (Bronfenbrenner's ecological systems theory)

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

9. What needs to happen next?

The prompt cards for this section draws from Mental Health guidance, theories of resilience, social capital, desistance and positive adolescent development.

First revisit the goals they want to be achieve

If not already covered – these are suggested questions to explore their goals:
What would you or others need to see that would mean the problem is sorted?
What would '10' look like? What would you like to see different about your current situation?
What will be different if you complete …?
If you make changes, how would your life be different from what it is today?
What would a 'good life' look like?

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

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

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

Be mindful of realistic goals whilst maintaining aspirations

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

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

1 **Learn to deal with stress** *tight rope®*	Steps needed	2 **Make most of new chances** *tight rope®*	Steps needed
3 **Avoid certain people** *tight rope®*	Steps needed	4 **Keep or make positive friendships** *tight rope®*	Steps needed
5 **Learn or develop skills** *tight rope®*	Steps needed	6 **Move somewhere else** *tight rope®*	Steps needed
7 **Have a plan for next time** *tight rope®*	Steps needed	8 **Attend school, college, or a course** *tight rope®*	Steps needed

9

Resist doing 'risky stuff'

tight rope®

Steps needed

10

Get support – where I feel I belong

tight rope®

Steps needed

11

Have counselling / therapy

tight rope®

Steps needed

12

Be flexible – have lots of options

tight rope®

Steps needed

13

Volunteer or work for charity

tight rope®

Steps needed

14

Be ok with myself

tight rope®

Steps needed

15

Get active

tight rope®

Steps needed

16

Reduce / stop drug or alcohol use

tight rope®

Steps needed

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

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

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

$$0 \quad 1 \quad 2 \quad 3 \quad 4 \quad 5 \quad 6 \quad 7 \quad 8 \quad 9 \quad 10$$
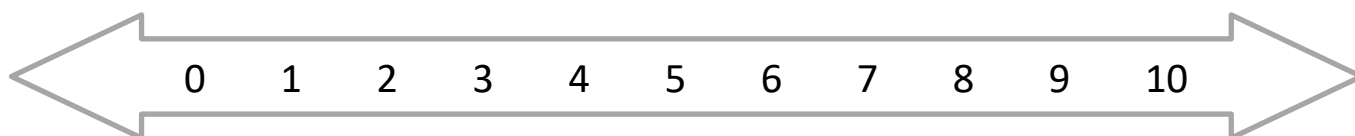
Evaluating willingness to change

This scaling question provides a point of reflection and helps to assess how motivated the young person is to take the steps they've identified. It is also another helpful review tool.

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

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

Suggested questions:
What number best reflects how ready you are to take the steps needed?
How important is it to take steps? How confident are you to do this?

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

0 = don't see anything wrong with what has happened and no need for change
3 = know there are things to change but plan to continue anyway
5 = want to make changes but still need time to think about it
7 = decided it is time to make changes but not sure if will succeed
9 = made decision to take steps and ready to take the first step
10 = already taking steps to positive future goals

Be mindful of the cycle of change

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

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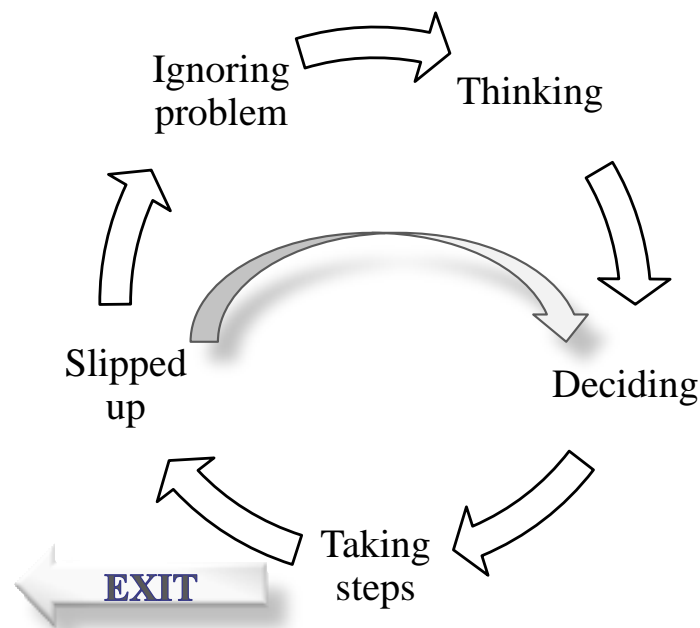
Figure 6

Adapted from Miller and Rollnick (1991)

When this scaling question is asked will depend on the flow of the conversation with the young person. It may be helpful to consider this after discussing their positive strengths and skills, particularly if they are displaying high levels of insight and motivation to move away from their behaviour and toward their goals.

It may also be helpful to feedback positively about their motivation at the end of the session if they appear to be fully engaged in the plan of action and future steps required to change. Miller and Rose (2009) advocate for the individual to produce the arguments for change and have found that the strength of 'commitment language' will indicate the likelihood of change. More importantly, the more this language increases during the session the more likely change will occur.
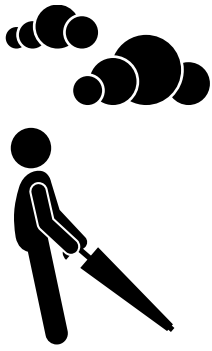
10. Contingency planning and workers actions

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

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

First scale overall safety / volatility
Using the scale of 0 = still in place of worries, 10 = on safe and stable ground.

Suggested questions
Where on the path are you when it comes to thinking about how safe or stable the situation is now? How close are you to ending the current intervention safely?
Note down different judgements from different people.

Next consider worker actions to support the goal

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

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

BE MINDFUL OF RESCUING RATHER THAN ENABLING

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

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

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

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

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

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

> *"Initial management should include advising carers of the need to remove all medications or other means of self-harm available to the child or young person who has self-harmed.*
>
> *For young people who have self-harmed several times, consideration may be given to offering developmental group psychotherapy with other young people who have repeatedly self-harmed. This should include **at least six sessions**. Extension of the group therapy may also be offered; the precise length of this should be decided jointly by the clinician and the service user". pp30-31*

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

SCIE (2005a) note that

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

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

Guidance on interventions for substance misuse

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

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

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

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

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

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

Guidance on interventions with young people who offend

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

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

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

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

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

5. A fool with a tool is still a fool

Role of the practitioner

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

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

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

> *"Often a conversation with a young person will elicit more information … than a formal form filling exercise"*   Britton and Noor (2006: p9)

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

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

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

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

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

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

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

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

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

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

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

Avoid duplication

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

Best age to use the adolescent tight rope with

The tight rope is designed to be an engaging and transparent model for discussing risk assessments with young people. Ideally this model would apply to those aged between 14 to 18 years old. Although, it is recognised that maturity has no 'number' and therefore this tool can be helpfully used with vulnerable young adults. The youngest would probably be no younger than 11 years old. This is primarily due to the young person depicted as separate from their support networks, in a stage of transition, embarking on independence and attending secondary school. If an even younger child was presenting to a service with concerning behaviour, then the analogy would still be an ideal model to discuss with parents, to think about the child and parent's risk and vulnerability in the context of the safety net and positive parenting practices and wider networks in place to support them.

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

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

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

Diversity considerations

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

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

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

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

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

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

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

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

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

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

Gender specific considerations:

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

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

Evaluating the impact of the tight rope in practice

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

The tight rope offers two specific areas for reviewing progress

- the scale of motivation / capacity to change (along the rope) and
- the scale of safety/success (along the ground).

These can't be reviewed without a clear understanding of what 0 and 10 look like. While keeping in mind whether the steps and goals are achievable, any shift closer to 10 will show progress.

Other changeable areas of the tightrope could also be measured

- how many safety-net cards have been identified?
- how many current worries have reduced?

You could also look for additional positive experiences and evidence of safety to add to the foundation area, this would include any steps taken towards the goal.

The Wakefield Risk and Resilience Competence Framework (Chrisp et al, 2011) provide a detailed summary of the factors that support resilience from ages 0 - 19. Where relevant these are referred to within the prompts. Appendix A provides an evaluation tool, drawing on the areas of the Wakefield Framework for ages 11 – 19 and that are aligned to the areas of the tight rope and could be used as a before and after intervention evaluation tool.

Grotberg (2003) states that the process of identifying factors that support or influence an individual's resilience actually supports their development and ongoing resilience. Therefore, through the process of a guided discussion with the young person around the tight rope you, as the practitioner, are supporting a process of increasing resilience and as the tight rope is reviewed you could aim to identify their reflections and learning from undertaking the exercise previously – and name them as part of their strengths.

Appendix A – evaluation tool

The tight rope supports the development of resilience when used positively with young people. The statements in this Appendix draw directly from the Wakefield Risk and Resilience Competency Framework (Chrisp et al, 2011), who identify a range of resilience factors across different areas (self-awareness, self-management, responsible decision making, effective communication, social awareness, risk awareness, information management and self-efficacy) and these statements are aligned to different age groups. This Appendix draws primarily on statements relevant to the tight rope and ages 11-19 years. Please refer to the Wakefield Framework for a full understanding of all the areas of resilience across all the age groups. This Appendix is to support practitioners in understanding how the tight rope not only assists in identifying risk and strengths but also supports a young person to develop resilience through the process of discussing and identifying these through the structure of the tool.

Internal strengths (balancing)	
I can identify my strengths and talk about them positively to others	
I can recognise my strengths and talk about how they might help me	
I can explain how looking after myself makes me feel good	
I am able to ask others for help when I need it and can confidently seek professional advice about alcohol, drugs, sex and relationships, safe behaviour and smoking	
I can identify my strengths as a friend, colleague and family member	
I can name some of the choices that I make and say how they may affect my future	
I am able to take responsibility for my actions whether the results are good or bad.	
I can reflect on my actions and identify lessons I can learn from them.	
I am able to recognise my personal qualities, my skills and my achievements and can use this information to set learning and career goals for myself.	
I can use my experience to choose how to behave and make decisions.	

Motives and values (hand to heart)	
I can talk about my feelings, including those of being different and not belonging.	
I can talk about my moral values and how they influence the decisions I make.	
I can give good reasons to other people why I make the decisions that I do about smoking, drinking alcohol, taking drugs or having sex.	
I can talk about the kind of friend I am.	
I can talk about the drawbacks there might be to achieving my goals.	

Wakefield Risk and Resilience Competency Framework (Chrisp et al, 2011) aligned with the tight rope

External supports / resources (safety net)

I can identify the impact of my family, culture and environment on my identity, self esteem and behaviour.	
I can explain how / why being positively engaged in school, my community or in activities specifically for young people helps me to feel that I belong and am valued and accepted for who I am.	
I can talk about the important people in my life.	
I can talk about how I behave in my different relationships and friendships.	
I can talk about how the friendships and relationships I have can affect me physically and emotionally.	
I can express my expectations around relationships with peers.	
I can discuss a number of different ways of approaching and talking to my parents or carers about any worries I might have about drinking alcohol, smoking, using drugs, relationships, sex, and my eating habits and weight.	
☐☐have ways to explain to others the things that have happened in my life and how they make me feel.	
I can name the different groups I belong to like friends, family, class, school and clubs.	
I can say what I like about belonging to (being part of) my friendship group, my family, my class, my school and clubs.	
I can say what I like about where I live.	
I can name a grown up that I respect and say why.	
I can explain how I use information, advice and support to make choices	
I can tell others about the things I do where I live and what is good about where I live.	

Wakefield Risk and Resilience Competency Framework (Chrisp et al, 2011) aligned with the tight rope

Past harm (muddy path)

I can identify factors that affect my self-esteem and self-confidence.	
I can explain how where I am growing up (family, peers and where I live) affects the choices I make.	
I understand how things that happened in my past can make me angry, and upset	
I can make sense of what has happened to me in my life.	
I can describe how changes in my life have affected my feelings and behaviour and how I have managed these.	
I can talk about the different ways people behave in relationships, including issues of trust, control, abuse and violence in relationships.	
I can name some of the ways in which one person (or group of people) can have power over another.	
I can talk about my experiences and use them to look at new ways of dealing with risks and dangers.	
I can show or tell someone what has gone wrong with a plan and why.	
I can give some examples of times or events that have not gone so well, and can describe how I felt and what I did.	

Wakefield Risk and Resilience Competency Framework (Chrisp et al, 2011) aligned with the tight rope

Past positives (foundations)

I can describe other ways to manage my thoughts and feelings without putting myself in risky situations.	
I understand the influence of alcohol on decision-making and have ways to manage this.	
I can talk to other people about what I should do when I'm feeling unsafe.	
I know that I need to assess and manage risks and can give examples of how to do this.	
I can talk about the rewards I can get out of achieving my goals.	
I can give some examples of achievements that I am proud of.	
I can link some of my strengths and achievements to choices I might make in the future about learning and work.	
I can celebrate my success.	

Current concerns (steps up)

I can explain how where I live affects me and how I feel.	
I can explain how my feelings and thoughts influence my behaviour.	
I know my thoughts and feelings may affect the choices I make about drinking alcohol, using drugs, smoking, eating unhealthily and taking risks.	
I understand and can talk about how pressure from friends can affect the choices I make.	
I can explain to other people why I sometimes do things that are not safe.	
I am aware that changes in personal circumstances can affect my choices and how I manage risk.	

What are we worried about? (falling off)

I know what a risk is and can describe risky and unsafe situations.	
I can discuss what is good and bad about taking risks.	
I can talk about the consequences for the future of risk-taking I do now.	
I can describe how alcohol and drugs affect our health, emotions and our behaviour, including risk-taking behaviour.	
I can evaluate potential risks and the choices I make about my life.	

Action plan (steps down)

I can describe the things I can do when faced with risks.	
I can show that I have thought about ways to improve my mental well being.	
I can use my experience to choose how to behave and make decisions.	
I can talk about my mistakes and look at ways of doing things differently.	
I can break down a goal into a number of steps.	
When I am setting goals I can foresee difficulties and plan ways to overcome them.	
I can describe a range of things I can do to become more involved in my family, school and community.	

Wakefield Risk and Resilience Competency Framework (Chrisp et al, 2011) aligned with the tight rope

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About the author

Dr Roberta Evans qualified as a social worker in New Zealand in 1998 and worked in areas of youth justice, child protection, fostering and looked after children before moving to London in 2003. She was a case practitioner in a London Youth Offending Team until 2006, when she became the parenting worker and developed the tightrope analogy in her work with parents. She then undertook her Professional Doctorate in Youth Justice with a thesis titled "Too Little, Too Late – parenting interventions as a form of crime prevention" (Vlugter, 2009)

Dr Evans then worked as a strategic lead for parenting, supervising a team of family support workers based in Children's Centres. She returned to youth justice practice following a career break and being a mum. She has been a quality assurance manager, operational manager and then team manager in youth offending teams in London. As head of an adolescent and family service, she supported her local authority to implement contextual safeguarding and, alongside Safeguarding Police, developed a holistic multiagency risk, vulnerability, and exploitation (MARVE) panel that provided partnership oversight for young people at high risk of harm or harming others, avoiding gaps in the system due to previous panels relying on a specific type of risk to be present. In 2020 she became an Associate Director for Early Help and continues to learn and develop through practice.

The following articles have been published from her research:

- Evans (2012) Parenting Orders: the parents attend yet the kids still offend (Youth Justice Journal)
- Evans (2014) Why don't we listen? Parents of high-end offenders asked for help before their child's first offence (Backstop Support Ltd blog)

The following articles are available about the tight rope:

- Evans (2015) Balancing positive engagement and transparent risk analysis with volatile youth: Introducing the Tightrope Tool (Howard League for Penal Reform)
- Evans (2019) How do ACEs and Contextual Safeguarding fit together? Using the Tightrope to explain (LinkedIn blog post)

These and other resources can be found at www.tightropetool.com

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