PRACTICE GUIDE
Working with young people at high risk

Introduction

"You want to feel special, that this person actually knows who you are" (Community Services Commission 2000:4).

Young people "want a 'genuine and personal relationship' with a worker or someone who 'cares about you, listens'" (Cashmore & Paxman 1996 cited in Mason and Gibson 2004:24).

The question of how to work effectively with young people aged 12 to 17 years in child protection remains a critical issue for individual workers and the system as a whole. Practitioners across the state are challenged every day by how to engage and work with young people who have been hurt and traumatised by adults, and who are now behaving in ways that are likely to hurt themselves or others. Findings from child death reviews and the crime and misconduct commission inquiry into abuse of children in foster care (CMC 2004) have highlighted the need for practice guidelines to assist workers in engaging and working effectively with young people–particularly those considered 'high-risk'.

The purpose of this practice guide is to provide an evidence-based framework for work with any young person, but in particular for work with those young people deemed to be 'high-risk', that is, those engaging in behaviours that place them at significant risk of further serious emotional or physical harm. These young people are typically highly mobile, detached from positive relationships with family or other adults, and have complex needs related to their mental health and/or substance use.

'High-risk' behaviours might include habitual verbal and physical assaults upon others, destruction of property, self-harming, substance dependency, high mobility and homelessness, liaisons with adults considered exploitative and/or engaging in criminal behaviour, suicidal ideation, high-risk sexual behaviour and engaging in dangerous physical exploits. Of most concern may be underlying mental health issues characterised by chaotic and reactive lifestyles, heavy substance use and detachment from emotional supports.

Practitioners working with young people do so in a context supported by legislative and policy requirements. These requirements detail the rights and entitlements of young people in the child protection system (for example, the Charter of Rights for a Child in Care, *Child Protection Act 1999*, Schedule 1) as well as prescribing some worker activities (for example, to consult with young people, to provide information in writing to young people, to hold family group meetings with the involvement of young people themselves). The practice approaches outlined in this paper will support practitioners to meet these requirements and to work in ways more likely to achieve desired outcomes.

Core understandings about young people

Any officer working with young people in the child protection system must subscribe to two core understandings, which are at the heart of this framework.

1) Young people are vulnerable

In a context where the tragic deaths of young children from abuse are now regularly publicised, it is easy to fail to recognise or minimise the vulnerability of older children–those we call young people. It is often assumed that because young people are physically bigger, in contact with people outside their family and 'moving towards independence', they are less vulnerable than younger children. However, worker assumptions about the self-care skills, physical robustness, emotional development, resilience and need for independence of adolescents can be misguided and sometimes harmful (Daniel Wassell & Gilligan 2002).

While a young person may be able to disclose abuse or run from an abusive situation before they are badly injured, this does not prevent them from experiencing emotional harm. Nor does it protect them from the threats that can be created by their attempts to protect themselves (for example, the 14 year old girl who ends up on the street to escape from sexual abuse at home). While workers may readily recognise the physical vulnerability of a young person who is out all night or 'on the streets' or associating with exploitative adults, they may be slower to recognise the emotional trauma being experienced by the young person in such settings. This is especially so for young people who present externally as 'street-wise' or 'tough'.

Where a young person who behaves in ways that are a risk to others (their families, their carers, their peers) the predominant view of them may be the threat they pose to others, rather than their own vulnerability. But young people are children too. A vulnerable young person needs protection, care, to feel loved and a sense of belonging, like any other child. In fact, the developmental tasks of adolescence, when combined with the impacts of harm suffered earlier in childhood and current adverse circumstances, make adolescence a very vulnerable time for many young people.

For example:
A highly volatile tough-talking 16 year old is not more mature by virtue of the fact he has had to live without supports since he was 14 and has survived periods on the streets–he faces adolescent developmental tasks with less capacity to underpin his moving forward and is in fact more susceptible than others to not achieving real independence.

2) Young people exist in a context

There is a tendency, in practice with young people who present as detached from their families, to treat them as though they exist independently of others and of their history or culture, in a sort of vacuum. In planning intervention, workers may focus on the young person alone and 'in-the-moment', without considering ow their history of relationships and experiences interacts with their current circumstances and what this could mean for effective planning.

For example:
At the time an officer starts work with a 15 year old girl, she is living in heavily supported accommodation, has been out of home for a year and has had no contact at all with her parents for about 6 months. In these circumstances the worker may simply accept as given that this girl has no relationship with her family and proceed to plan for independent living, without even considering the possibility of linking in with the girl's family. Yet this girl has lived at home for 14 years and has been out of home for only a year.

Young people have a past, a present, and a future, which is likely to contain family relationships irrespective of current dislocation (Mason & Gibson 2004; Success Works 2001). They exist outside of their contact with workers from the child protection system. Even the most isolated and detached young person has a history of relationships and connections (parents and step-parents, siblings, grandparents and other relatives, past and present carers, teachers and youth workers, community members and/or cultural connections). What's more, they have their own views about

their history and relationships – who is important to them, who isn't, what contact they want – which may not fit with assumptions based on the file history (Bostock 2004). Understanding this context is important throughout the period of working with a young person.

"There is a focus in the literature on the notion of the family as integral to service delivery, and the need to work within the familial context of the young person, rather than with the young person in isolation. The connection between the young person in care and the familial and community systems is essential to the achievement of positive outcomes" (Success Works 2001:*vii*).

Effective approaches to practice

The following approaches support effective work with 'high-risk' adolescents, while recognising the contemporary context of increased demand and complexity of need, which place pressures upon workers.

1) Work through relationship
"A therapeutic relationship is an essential ingredient for facilitating positive change with challenging youth. Specific techniques are relatively unimportant compared to therapeutic relationships, which are the result of a pattern of interaction over time" (Richardson 2001:183).

No person working professionally with young people can fail to be aware of the importance of relationships. As noted extensively throughout the literature, without the core ingredients for relationships – availability, empathy, listening – work with troubled young people will not succeed (Mason &Gibson 2004; Anglin 2006). It is also clear, however, that meaningful relationships with young people who have significant unresolved issues around attachment (trust) and loss, and/or whose inner world is trauma-affected, can be hard work. Workers encounter significant and ongoing barriers on the part of young people who use in-your-face and abusive/aggressive behaviour to ensure an emotional (and sometimes physical) distance. On an emotional level, it may be hard to continue to convey respect and liking in these circumstances. In the face of seemingly 'deliberately' obnoxious behaviour, or simply prolonged chaotic behaviour, it is easy to stop trying to build relationships and instead try to work from a locus of 'control' (Richardson 2001).

What needs to be remembered is that working to build relationships with 'high-risk' adolescents, despite the difficulties, is not optional. Putting your knowledge of the importance of relationships into practice is the challenge here–it takes time and commitment, and a willingness to listen (Anglin 2006; Richardson 2001). Listening occurs best within a relationship where the young person has some level of trust in the worker, and where the worker brings together knowledge of the young person's history and circumstances with knowledge about what is happening now in the young person's internal world (Success Works 2001). It includes 'listening' to the young person's behaviour.

If practitioners do not have the time to build relationships with young people themselves, they must be agents to ensure that others do, and then work through these relationships. This in turn requires strong teamwork with those who can work closely with the young person. It cannot be left to chance–it is imperative that someone is available to the young person as their reliable and available worker and that that someone is linked into the team through which intervention planning occurs.

For example:
A 14 year old young person in care is currently highly mobile and sometimes on the streets. His CSO acknowledges that building a working relationship with this young person will take more time than is currently available to her. She ensures that the various persons involved with the young

person–a Child Safety worker, a staff member from a youth agency, his youth justice case worker, his mother and a psychologist–are communicating as a team. In particular, she negotiates that the role of the youth worker includes being available to the young person and building a close working relationship with him. The officer recognises that this relationship, which is significant to the young person, is a valuable medium for information and intervention.

2) Identify and focus on individual needs
"With challenging, look beyond the behaviour" (Richardson 2001:41)

All young people have core needs for a secure base and a sense of belonging. Identity and self-esteem are based on this sense of belonging and connectedness (Richardson 2001). Richardson (2001:39) reminds us that, "…the need to belong is universal…" and advocates that when we work with young people we need to remember "…how important it was, and is, to connect with other and feel like we belong".

Much 'high-risk' behaviour is grounded in these issues, along with the related impacts of significant trauma or loss (Anglin 2006). However, for a particular young person, it is important to assess just what their particular unmet needs are–the same behaviour can have different underlying causes in different young people. Ask yourself, where is this young person at right now, given their history and their current developmental needs? What needs is their behaviour demonstrating and what can be done to help meet these?

Harm minimisation responses must be tailored to the individual young person (Department of Human Services 1998). A young person whose self-destructive use of drugs is closely related to the need to belong, found only within a peer group with whom this a bonding ritual, is demonstrating different needs from the young person whose self-destructive use of drugs helps blot out the pain and sense of worthlessness from past sexual abuse. While each may require help to deal with developing dependencies, assessment of their individual needs enables the most productive helping approach.

Assessing need on the part of a 'high-risk' adolescent will be a team effort. While one-off psychological assessment may be helpful, the important thing will be using every opportunity to get 'below the surface' of layers of complexity–of the anger, the non-caring, the pain and numbness to feelings. This requires an openness to looking beyond behaviour to its causes and a thoughtful analytical, enquiring approach. As well, discovering the young person's history and connections, and trying to understand the significant of these to their current needs, is likely to result in more accurate assessments and ore effective interventions.

It is necessary to identify each young person's needs across a range of core domains (Daniel, Wassell & Gilligan 2002) with reference to their cultural identity needs, family connection needs, educational and learning needs, social skills etc, and not just in relation to 'managing difficult behaviour'. Even if a young person's disengagement with schooling or with their culture is taking a back-seat to understanding what is driving their disengagement with society generally, avoid telescoping assessment of need. Consider the whole child and how different dimensions of need are inter-related (Joughin & Morley 2007).

3) Respond to behaviour and need simultaneously
A strong invitation exists for workers to focus their intervention with 'high-risk' adolescents on their challenging, destructive or self-harming behaviour. 'How do we manage this young person's behaviour?' becomes the central question. While workers are aware that high-risk behaviour is an indicator of complex need, acting on this knowledge can take a back seat to efforts to 'contain' and/or prevent the escalation of the behaviour. However, a focus on identifying and addressing

needs cannot wait until behaviour is stabilised–work to understand and respond to need must occur simultaneously with acute responses to high-risk behaviour (Joughin & Morley 2007). Indeed, they must be integrated as the same work–even when a paramount need for physical safety is being responded to (for example, acting to prevent a young person harming themselves or others), the way in which this occurs should be informed by assessment of the core emotional needs underpinning the behaviour. Unless a young person's significant emotional needs are addressed, no lasting change or progress will occur (Cairns 2002).

It is important to plan even if (especially if) work with a young person seems crisis driven. With proactive planning, the inevitable crises can be addressed within a purposeful context, rather than through reactions that, while they resolve the situation today, may be counter-productive in the long-term (Department of Human Services 1998; Brentro 2004).

For example:
Excluding a young person who comes home to a residential under the influence of a substance increases the risk of harm, when reinforcement of the positive (that they did come home) is called for. Other ways to address the unacceptability of the substance use of associated aggression may be planned, from a bottom line that the young person will not be excluded.

Planning based upon understanding the nature and extent of a young person's needs allows more focused and 'on-track' responses to predictable crises, as well as to the day-to-day challenges of risky behaviour. Applying this understanding in practice means that the way in which a young person's needs are addressed will necessarily take account of their current functioning – for example, therapeutic input may need to 'come to' the young person when they are incapable of attending appointments. Conversely, the ways in which behaviour is responded to must take account of need–for example, take care that consequences applied for unacceptable behaviour do not undermine activities which could help meet a young person's needs.

Young people whose inner lives are chaotic, require the structure of predictable responses and enforced boundaries by those providing care, both day-to-day care and case decision-making. Unacceptable behaviour, and in particular dangerous behaviour, does have to be responded to – "children do not function well in settings that lack safety, order and well-being. Thus, ignoring aggression or allowing youth to act out angry feelings for 'catharsis' is not helpful" (Brentro 2004:10). However, where possible, involve young people in planning about bottom-lines and boundaries – about what will happen when they want or do something that is dangerous for themselves and others.

The use of authority and the power that is inherent in the roles of the department and those caring for the young person is to be openly acknowledged–recognise it and plan for its reasonable use. However, the **way** in which authority is used must always be informed by knowledge of this young person's needs.

For example:
A young person who has strong attachment issues will be emotionally triggered by consequences which include their exclusion from a group due to dangerous behaviour–plan ahead and about how to achieve this consequence in a way which remains empathic and demonstrating inclusion (for example, a group leader might stand aside with the young person and talk them through their anger at their exclusion, demonstrating ongoing commitment).

In extreme cases where coercive or restrictive strategies are required to respond to imminent risk of harm (for example, non-voluntary hospitalisation), a team effort will be required to reinforce the

message of the caring context of this action, and to help the young person move from a position of enforced powerlessness to making choices.

Richardson (2001:33-34) advocates a) consistent exposure of young people, by those in caring roles, to prosocial behaviours or values (that is, being fair, resolving conflict peacefully, listening empathically, not abusing drugs or alcohol), b) challenging young people to think about values and decide for themselves what changes to make and c) allowing them to experience natural and logical consequences and make the connection between these consequences and their decisions.

Richardson (2001:39) also reminds us that "Every youth's behaviour is their best attempt at that time to meet one or more of the following five basic needs common to all humankind: survival, love and belonging, power and achievement, fund and freedom…. I have found the need for love and belonging and the need for power and achievement to be particularly crucial for many challenging youth".

Positive ways must be found to try to provide for these needs, or a young person will be compelled to use whatever other (anti-social) means are available to them. For officers trying to address challenging behaviours in a way that meets these basic needs, resources may be a barrier. However the argument to broker services or create them is strong–for 'high-risk' young people the consequences of not providing specialist services may be higher.

4) Aim for unconditional commitment

Unconditional commitment is at the very heart of a therapeutic response to 'high-risk' young people (Glasser, in Richardson 2001).

To respond to pervasive needs stemming from loss and trauma, building trust and security are essential. The literature is clear–unconditional commitment is required if the most severely damaged young people, those with the most destructive behaviours, are to be supported to heal (Cairns 2002; Richardson 2001; Penzerro & Lein 1995). Young people need to experience an unwavering message that 'whatever it takes, for as long as it takes, we are here for you. Nothing you can do will make us give up on you'. This understanding must be backed up by action–by patience, persistence and an unconditional, ongoing commitment to the young person over time by the system as a whole.

In practice, it is preferable if this commitment can translate into stability of placement **and** of persons working with and caring for the young person. Where circumstances and the safety of others make this not possible, attention to the continuity of the commitment is important–a young person may have to move placement but those working with him or her are still there and the care planning is continuous. Existing connections are maintained while new ones are made (Cairns 2002; Department of Human Services 1998; Penzerro & Lein 1995).

It is difficult for any one worker to commit to 'being there' for a young person long-term. However, practitioners can seek to build a caring network for each young person with the idea that this network as a while can encompass an unconditional commitment, to be there for as long as it takes. As persons come into or leave the network, attention to continuity of relationships for the young person is important, as is planning to avoid sudden changes of involved persons. Predictability and familiarity are important to a young person's developing security–knowing who is going to be involved, not being 'shunted' between CSSCs or between workers. As far as possible, maintain the same workers over time with each young person, even if this requires some flexibility of roles (Success Works 2001).

One of the great challenges for young people who have experienced abuse or neglect is that developmentally they are struggling with a drive for autonomy, independence and identity without having a secure base to separate out from (Daniel Wassell & Gilligan 2002). Some young people in the child protection system have never experienced a secure base, others have had this fractured or damaged or made insecure over time. They are trying to accomplish developmental tasks with abilities and skills that have been damaged by their experiences (Richardson et al. 2006).

The team associated with a young person's care, while promoting the felt security and positive attachments of the young person, must bear in mind the conflict engendered by the developmental goals at adolescence (Department of Human Services 1998). Where a young person does not have a secure base from which to achieve the developmental tasks of growing independence, they will find it difficult to venture into less-supported living, even if the young person is ostensibly striving to be 'out of the system'. A premature focus on independent living can invoke fear and feelings of being overwhelmed, with the young person potentially seeking supports in undesirable peer groups or (particularly for girls) dependent relationships with older adults (Penzerro & Lein 1995). Unconditional commitment in this context will mean maintaining the secure base (of place, if possible, but primarily of helping relationships) during an extended period of transition.

5) Build resilience and hope

One risk to ongoing commitment is the danger that, in working with young people with high needs and challenging behaviours over a lengthy period, workers begin to lose hope. When faced with the chaos of a young person's life, workers can start to believe that these young people are on a downward spiral that is unlikely to be arrested. This inevitable affects how a worker engages, interacts and plans with a young person, with the potential for the young person to pick up on this message and react to it.

Yet contemporary thinking in both the areas of child development and resilience theory strongly suggests that workers should always maintain hope. Developmental theory suggests that adolescence presents a 'second chance' to complete developmental tasks that were disrupted earlier in childhood (Cashmore 2003; Daniel Wassell & Gilligan 2002). Resilience theorists argue that things can still change positively late in childhood for you young people at 'high-risk' (Gilligan 2001). In turn, workers must communicate the message that "I, we, won't give up on you, even if you give up on yourself".

Young people who hold significantly negative self-images, whose behaviour masks or expresses a pervasive sense of shame (for example, through bravado or self-harm), are very receptive to subtle messages that they are 'hopeless'. Hope is about having a sense of a future in which you figure as an 'okay person' and where things will be better than now (Bostock 2004). A worker may need to hold the belief on their behalf that a young person will change and grow, before the young person can come to believe this.

One of the core pillars in building resilience is education. While educational and vocational training or employment are easily 'dropped off the page' for 'high-risk' adolescents, Gilligan (2002) suggests that the cycle of 'once we arrange a stable placement, then we can consider education' is a disservice to young people. Maintaining an engagement with an educational setting can help a young person on multiple levels: with attachment, belonging, the opportunity of adult mentors, trying out interests and talents, social connections, self-efficacy and skills (Bostock 2004; Klein, Kufeldt & Rideout 2006), not to mention the life-long benefits for those young people who may otherwise not achieve literacy.

Ongoing engagement with an educational setting can be the stabilising force which helps maintain a placement and flows beneficially into other areas of the young person's being as self-esteem grows (Bostock 2004). To achieve this rather than the negative impacts of educational disengagement and lowered self-esteem, significant team work involving committed and flexible education personnel is required–the time and resources involved are justified given the potential pay-out in building the resilience of 'high-risk' adolescents.

Resilience is the capacity for a young person to overcome adversity and to deal positively with life's challenges. It includes both internal and external strengths, that is, having the social supports a young person can rely on when things get tough in the future. In this regard, workers must recognise that a young person won't be in care forever and should see themselves as a catalyst for linking young people into a network of lifelong connections (Bostock 2004).

This requires working with a young person to reconnect or reinforce existing family, community and cultural connections. Again, this work cannot wait until a young person has 'stabilised' and again, it may bring stabilising benefits in itself. This may be particularly true for Aboriginal and Torres Strait Islander young people whose cultural identity needs have not been met. Where a young person is not yet able to engage in this work due to the overwhelming nature of other needs, establish working relationships with other people important to the young person to keep them in the loop for the young person's future. If a practitioner does not have the time to undertake this work, it is their role to ensure that the work is undertaken, by establishing with members of the young person's safety and support network will help build and maintain connections.

For older young people, it is important to acknowledge and address the myth of independent living. Daniel, Wassell and Gilligan (2002) note that no person is truly 'independent' and that developmentally, young people need family as much as friends. 'Family' may include members of the young person's family of origin and/or foster families who can offer an ongoing sense of belonging and identity. Young people need a network of people who provide a framework of interdependence to support their lives after care, just like anyone else.

6) Work as part of a team

Research is clear that an integrated approach to a young person's care is imperative (Joughin & Morley 2007). The system cannot rely upon one person, worker or carer, to adequately meet the needs of young people with high-risk behaviours (Bostock 2004; Farmer, Moyers & Lipscombe 2004). Practitioners must build a 'care team' for each 'high-risk' adolescent, that takes responsibility for planning and implementing intervention and can ensure a timely response to the young person when they are in crisis or reach out for help (Success Works 2001; Department of Human Services 1998). Membership of this team must include people the young person considers significant in their life, those who have a commitment to the young person's welfare and those who can input resources. This will include significant family members (Joughin & Morley 2007).

For some young people, the longest-term persons involved in their care are members of their family and/or foster family (Gilligan 2001). This may be true even where a young person is currently disengaged from parents or long-term carers (Mason & Gibson 2004). As members of the care team these people may be able to convey significant emotional support for the young person by virtue of the longevity of their commitment, provide useful historical information and provide continuity as other team members change (Bullock, Gooch & Little 1998; Gilligan 2001).

Current practice in line with the Framework for Practice refers to a safety and support network, rather than a care team. It is the responsibility of practitioners to ensure a 'safety and support network' exists for planning intervention with the young person. Work with the young person must be holistic and integrated–these words aren't just jargon, they represent a way of attending to the

young person's needs which recognise that the various agencies and departments involved cannot work in isolation.

For example:
A young person meets with a psychiatrist and therapist to receive counselling related to depression and suicide ideation, has a drug and alcohol counsellor, seeks out a favoured youth worker at an inner city youth service, attends a special school sporadically, lives at a residential service where she is close to the key worker but is regularly absent, receives medical treatment to help avoid pregnancy and STDs given high-risk sexual behaviour, has a youth justice case worker and a requirement to complete community service, at times visits for a few days with her aunt who remains concerned about her, and occasionally travels to the coast unannounced to see her father and brother. She is also in care and her CSO, recognising the 'professional dangerousness' of all these persons acting in isolation, works hard to coordinate them as a safety and support network*. Their individual work with the young person is significantly improved by being coordinated, and their team-work is especially important when the young person's behaviour indicates escalating mental health/drug related issues.*

7) When behaviour is extreme, act to minimise harm

When young people behave in ways that are acutely dangerous for themselves and/or others, it is necessary to work proactively to minimise harm until they can be helped to make changes. To do this:

- Keep open and timely lines of communication with all concerned. Discuss your concerns with the young person, their family and other helping professionals. Put in place a mechanism for quick communication which keeps everyone with a 'need to know' informed (for example, an email group or phone web).
- Negotiate plans for timely responses by members of the young person's safety and support network, as relevant to their roles, with contingency plans for possible scenarios. Ensure that each member of the network is clear about their role, and knows to keep the department and each other informed of any new information suggesting heightened risk.
- Discuss 'bottom lines' with the young person, that is, any activity on their part which will trigger a non-negotiable response, possibly involving medical professionals or police. Never deliberately leave the young person uninformed about crisis-response plans (Department of Human Services 1998), unless it has clearly been assessed as unsafe to tell them.
- For Aboriginal and Torres Strait Islander young people consult with the cultural practice adviser or appropriate community member who is part of the network. There may be current cultural or community impacts on the young person that you need to be aware of.
- Organise some capacity for flexible responses–for example, availability of key persons out of hours, pre-approved 'standby' resources, emergency respite and out-of-hours contact numbers.
- Use persistence in 'tracking' the young person, and consistency in the messages conveyed to them about the tenacity of team members in caring about them and wanting to work with them.
- Learn about sound practice in responding to a young person's very high-risk behaviour, such as responding to suicide ideation, or to a growing dependency on a particular substance. Build a working consulting relationship with specialists about these issues, and liaise with them regularly. Consult with the senior practitioner and CSSC manager, rather than acting alone.

This type of coordinated approach to risk management and harm minimisation requires that a safety and support network is in place prior to any acute episode or dangerous or highly risky behaviour such as attempted suicide, drug overdose or serious assault. It presupposes that communication between team members, including those closest to the young person in daily life and those with other relevant areas of expertise (mental health, drug and alcohol etc), is kept up-

to-date (Success Works 2001). Assessment of the situation is always be informed by the latest information. The team must have a driver, either the CSO or another team member who clearly understand the role, who will ensure that communication flows, and that alarm bells are sounded if necessary.

Risk management (planning ahead to reduce risk and having processes to respond) and harm minimisation (accepting that dangerous activity will occur and planning responses to contain and/or reduce its impact) must translate into actual plans when working with 'high-risk' young people whose behaviour is extreme. However, planning will be more than reacting to crises to keep the young person safe. Remember that extreme behaviour indicates extreme need, and use the team approach to plan, with the young person if possible, about how to start meeting some of these needs.

When a crisis or chronic downhill slide results in hospitalisation or incarcerations of the young person, ensure that a plan is in place before they return to their community, to support continued efforts to change. Crises can be the turning points which trigger new stages of positive development (Gilligan 2001; Richardson et al. 2006).

A working relationship

The capacity to work effectively with young people rests on your ability to develop a working relationship where they feel supported, respected and important to you (Mason & Gibson 2004; Brentro 2004). Attention to maintaining a positive engagement is critical at every contact, every time you speak with or meet the young person. You will be aiming to engage them in a working relationship where the relationship itself carries therapeutic benefits while also sustaining the harm work of planning and decision-making.

The practice points discussed below are commonly agreed as part of a basic repertoire for effective engagement. However, a key to effective work with young people is flexibility – if what you are doing isn't working, try something else! (Richardson 2001).

1) Be honest and respectful
The qualities of honesty and respect are widely recognised as being critical to any relationship and particularly in working with young people (Anglin 2006; Brentro 2004). Young people will build their perception of your honesty from both what you say and what you do. Keep your language plain and direct, don't hide behind jargon when delivering bad news, if you don't know something simply say so.

Above all, don't make plans which impact upon young people without attempting to involve them – while young people may not be able to have 'what they want' they must be given the chance to hear what is being considered and to 'have their say' (Mason & Gibson 2004; Klein et al. 2006). Don't assume that because they may have disengaged from planning processes they are not interested – be persistent in providing a range of flexible opportunities for involvement.

Listen to the young person: "Listening and responding with respect to young people helps them to develop a sense of dignity, a sense of being valued as persons, a sense of self-worth" (Anglin 2006:37). Officers are aware of their obligation to listen to the views of young people and to take these views into account in assessment and intervention planning. It is important to remember that fully 'listening' to a young person requires careful consideration of the messages conveyed by their behaviour, which may or may not be congruent with their words. For developmental reasons, any young person, let alone those who have been severely emotionally harmed, may not say exactly

what they mean or mean exactly what they say. This is compounded when young people protect themselves by hiding vulnerabilities beneath layers of 'acting out' behaviour.

Working respectfully with young people includes being culturally aware. Understanding the cultural (and any religious) values, beliefs, traditions and family structure of the young person will help you to better understand what is important to them, their view of the work, how they perceive their history and current circumstances, and how they communicate (Richardson 2001). Taking cultural factors into account will help ensure real communication occurs with the young person, particularly important when high-risk behaviours are a concern.

2) Be clear about your role

State your role clearly, time and again (including to yourself!). In developing a working relationship with a young person, the worker must negotiate a clear understanding of both their role and the young person's. Research suggests that overt and transparent negotiation of roles, right from the beginning, is a key factor in developing a successful working relationship (Trotter 2004). It provides a clear context for ongoing work and reduces the risk of unfounded assumptions derailing trust, communication and planning. Communicate who you are, what your job is and isn't – and do this again at key points along the way. Ensure this includes open and clear recognition of your power. If this isn't done from the beginning, then you are effectively trying to engage a young person in a relationship for which they don't know the rules – of course they will 'resist' (Trotter 2004).

For example:
An officer explains to a young person in care that he is responsible (on behalf of the department) for helping keep the young person safe and working through some of the family issues that brought him into care. The officer explains that two important parts of his role are to a) listen to what the young person thinks and wants, and b) with his team leader, make decisions about what is best for the young person. The officer acknowledges that he might sometimes have to make decisions that don't fit with what the young person wants but that he will keep his commitment to listen first. The young person's role is to think about what he wants, talk with the officer about it, and let the officer know if he feels unsafe.

3) Show the young person that they matter to you

Research tells us that young people need to know they are important to you, that you value the relationship with them, and that the positive regard you convey towards them is genuine (Cashmore 2003; Brentro 2004). Richardson (2001:19) reminds us that "…challenging youth possess a unique capacity to recognise hypocrisy".

"…while most professionals do care, obstacles such as struggling for control and focusing on symptom behaviours sometimes make communicating this caring quite difficult. The real 'tasks is to communicate our caring to the youngster so that she or he feels cared about'" (Morse in Richardson 2001:19).

It may be difficult to have positive regard for a young person who functions primarily from a stance of in-your-face anger, and to respect when you don't receive respect. Officers must look beyond the young person as 'a problem' to see them for what they are: a hurt child expressing their pain (Anglin 2002). See the whole of the young person, spend time to get to know them, use your personality, use humour and don't be too easy to take offence (after all, it's not personal).

A key engagement strategy in conveying that you care about a young person is to spend time with them – negotiate regular planned contacts and be reliable in keeping these times. Even where a young person is inaccessible at these times (for example, because their whereabouts just now are unknown or they have had a change of commitments) convey your commitment to the

relationship–state that you were available and/or be flexible in accommodating changes in time and place.

Engaging with young people who are disillusioned by past experiences with helping professionals and/or who are not ready to trust or talk about themselves takes time, effort and persistence. You must persevere over time. When a young person rejects your invitation to a working relationship, acknowledge their reasons to mistrust but keep reaching out. This gives an important message the young person about their value. Strengths-based theorists suggest that 'resistance' is simply feedback telling you that you are yet to find an effective strategy for engagement (Richardson 2001; Trotter 2001)

4) Be consistent, predicable and reliable

Young people, particularly those who have experienced emotional insecurity and trauma-related anxiety, will need to know what to expect from you. Trust can develop only if your actions and reactions are consistent and reliable, that is, the way you behave will convey a stronger message than anything you might say.

If you have negotiated a schedule of regular contact with the young person, make every effort to comply with it. If you can't–get a message to the young person as soon as possible, apologising with sincerity. Avoid at all times making promises you know you can't keep (particularly that you will always be there for the young person). If a young person phones, take the call, or return it when you say you will. Don't let your work be derailed by the young person reaching the conclusion, on the basis of your actions, that they are not important to you after all.

A commitment to reliable contact and predictable responses can feel like an insurmountable challenge, given the many demands upon workers and the crises that can engulf your time. Yet acknowledging the very real difficulties in implementing these strategies does not give us leeway to discard them. Young people, and particularly those with high-risk behaviours, need the security of reliable, predictable responses from workers (Anglin 2002; Brentro 2004).

The challenge for officers and their managers is to broker creative ways of structuring their work. Is there capacity for work outside usual business hours when that might enable contact with an elusive young person? If you can't see the young person right now, what message do you give to ensure they believe you will respond as soon as you can? If you can't be available yourself, can you arrange for another member of the safety and support network to be available?

Conclusion

> "..the success of various strategies, regardless of their theoretical framework, lies in the ability of counsellors, youth, and families to view the problem in a different light and act accordingly".
> (Richardson 2001:xv)

> "To meet youth where they are individually, we must take the time to find out what makes each youth unique" (Richardson 2001:184)

There are no magic answers for engaging and working effectively with young people, particularly those deemed 'at high-risk'. Act to minimise harm in the short-term, while also pro-actively working to meet the needs expressed through risky behaviour. Key practice imperatives are to work through relationship, use teamwork and persevere. Unconditional commitment is a core requisite – although challenging to hold to, it can be the factor that makes the difference with a young person who has every reason to expect to be put into the 'too hard basket'. Every young person has

something pretty special about them when a worker makes the effort to get to know them. Perhaps the best approach of all is to enjoy working with them.

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