Evidence-based practice and vulnerable young people: An exploration of practice wisdom in a third sector setting.

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Abstract

This qualitative study considers the notion of evidence-based practice (EBP) and specifically what can be learnt from practice wisdom (PW). It is centres on a third sector organisation working with vulnerable young people.

The study uses methods of observation, semi-structured interviews and focus groups, to establish the core components of effective practice. Findings reveal the need to adapt programmes to make them culturally relevant and that four specific approaches are needed for positive outcomes regardless of context. These are building effective working alliances; establishing clear and consistent boundaries with structure and discipline; motivating clients who are not always ready for change; and building hope and aspiration in young people that shows them how their futures might be different. Consideration is given to the ethical imperative to do no harm and findings are presented as to why this might happen based on practice experience. Theoretical fidelity is discussed and findings are critiqued in order to establish why these practice components work, how to avoid causing harm and how such practice may be improved further.

It is concluded that although EBP cannot be achieved by an organisation alone due to wider client factors and policy maker decisions, there are core components identifiable through PW that encourage effective practice with vulnerable people.

Author's Declaration

I declare that the work in this thesis was carried out in accordance with the regulations of the University of Gloucestershire and is original except where indicated by specific reference in the text. No part of the thesis has been submitted as part of any other academic award. The thesis has not been presented to any other education institution in the United Kingdom or overseas. Any views expressed in the thesis are those of the author and in no way represent those of the University.

Signed:

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Justin Dunne – 2nd July 2017.

Contents

Tables/Diagrams

Abbreviations

AAP - The American Academy of Paediatrics

DAT - Differential Association Theory

EBIs – Evidence-Based Interventions

EBM – Evidence-Based Medicine

EBP – Evidence-Based Practices

EBTs – Evidence-Based Treatments

ER - Economic Rationalism

ESTs – Empirically Supported Treatments

KT – Knowledge Translation

NEET – Not in Employment, Education or Training.

NPM - New Public Management

PE - Phenomenological-existential

PS - Post-structural

PW – Practice Wisdom

RAP - Routine Activity Patterns

RCTs – Randomised Controlled Trials

ROI – Return on Investment

SDT - Self Determination Theory

SLT - Social Learning Theory

SROI – Social Return on Investment

SPP – Supporting People Programmes

YP – Young People

Introduction

> Experienced frontline practitioners are repositories of knowledge that is highly personal and often unarticulated … conceptual tools and resources [should be provided] that allow practitioners to use their ability to make professional judgements, grasp scenarios accurately, mobilize knowledge and learn from both their successes and failures. There has never been a better opportunity for [researchers] … and frontline practitioners to work together in order to discover and create knowledge through action, to pass age-old wisdom and to make context specific knowledge generally accessible. (Chu & Tsiu, 2016, p.52)

The primary aim of this study is to discover new knowledge about effective practice with vulnerable young people. This is achieved by exploring the wisdom of those who work in such environments. The discovery of such knowledge should provide a more complete understanding of evidence-based practice (EBP) in this particular field. Discussions are timely given that there is an increasing pressure on third sector and non-profit organisations working with vulnerable people, to become increasingly effective and evidence-based (Schalock *et al*., 2014). EBP puts a focus on using the best available evidence for decision making in practice (André *et al*., 2016; Ooi *et al*., 2016) and in this study, it is argued that this evidence may be found by examining practice itself.

The definition of EBP is contested. Samson (2015) draws attention to a debate concerning what kind of knowledge should be considered as legitimate evidence to inform practice. Some believe EBP should be based only upon the best systematic research and be discovered through Randomised Controlled Trials (RCTs) and reviews of such trials (Florin *et al*., 2012). As EBP originated in medicine (Ooi *et al.,* 2016), it is perhaps unsurprising

that a more empiricist approach developed initially as proving that specific treatments work for specific conditions could be discovered through controlled experiments. These Empirically Supported Treatments (ESTs) provided the foundation for practice in the early evidence-based movement (Williams *et al*., 2015; Mackey & Bassesdowski, 2016).

However, Walker (2003) and Holmes *et al*., (2006) believe this approach to EBP is too narrow and that the focus should broaden beyond treatment and consider all the components that contribute to effective programmes of care in real world settings. In this wider context, it is argued that EBP may benefit from exploring practitioner experience and wisdom gained over time (Archibald, 2015). Consideration of the values and choices of the recipients of care programmes are also thought to be important factor (Mackey & Bassesdowski, 2016) and this is prioritised by current government policy with regard to the personalisation of care (Department of Health, 2011).

This approach encourages a view of EBP that seeks to identify the essential components of successful programmes and widens the focus beyond specific treatment interventions. It causes us to look for what Haynes *et al*., (2016) call the active ingredients of an effective intervention. For example, the therapeutic relationship has been shown to be a positive factor for increased effect size in care programmes (Hogue *et al.*, 2006). Campbell & Simmonds (2011) argue that EBP should consider factors like these and look beyond ESTs to establish effectiveness. This approach is also appropriate for the many services that engage in what Coady & Lahmann (2008) refer to as general supportive interventions. These services provide a broad range of support for people who may present with co-morbid conditions and require both general care as well as referral to specialist agencies that deliver ESTs.

EBP is also concerned with the policy that drives practice. With changes to funding streams, there has been an increased focus on performance evaluation and key performance indicators with a view to continuous quality improvement (van Loon *et al*., 2013; Schalock & Verdugo, 2013). These evaluation processes aim, in part, to improve effectiveness and value for money. Therefore, policy makers, researchers and practitioners increasingly use the language of EBP.

This study seeks to provide an understanding of EBP with regard to working with vulnerable young people with a particular focus on a type of knowledge called *Practice Wisdom* (PW). As a concept, PW has received little academic attention perhaps because it focuses on the inductive and sometimes intangible creation of knowledge and thisis difficult to articulate using objective scientific language (Samson, 2015; Chu & Tsui, 2016). Definitions vary as to what PW means but the idea of knowledge arising out of practical experience is a common factor. Some like Litchfield (1999) describe it in terms of reflecting on practice to develop theory. Others such as Klein & Bloom, (1995, p. 801) describe PW as a "system of personal and value-driven knowledge emerging out of a transaction between phenomenological experience of the client situation and the use of scientific information". This definition provides a more complete understanding of PW as it recognises that practitioners make decisions based on differing types of knowledge. Dewane (2006) suggests that skilled practice should bring together knowledge obtained through education and training as well as knowledge arrived at through life experiences and belief systems. What might seem like intuitive practice has a basis in experience, reflection and learning from academic sources, colleagues and clients. In this way, PW knowledge is gained through embodied reasoning (Chu & Tsui, 2016). DeRoos (1990)

discusses the creation of such knowledge as 'evolutionary epistemology'; an accumulation of knowledge and ideas from multiple sources that is always growing and changing and impacting upon practice decisions. Samson (2015, p. 123) argues that for PW knowledge to emerge, two concepts should be considered. Firstly, there is the idea of tacit knowledge or "knowing-in-action" and secondly, the idea of evaluating the work a practitioner engages in or "reflecting-in practice". PW is based on both intuitive and analytical reasoning (O'Sullivan, 2005). Therefore, PW can be thought of as a process via which to arrive at new knowledge. Thompson & West (2013) suggest that PW is also about practitioners recognising their personal limitations and seeking out additional knowledge when needed. Similarly, Dybicz (2004) argues that PW is not just a description of tacit and practical knowledge but that it recognises the need for new knowledge to keep developing through on-going reflection. This study seeks to gain an understanding of PW from an organisation working with vulnerable young people by prompting a process of reflection with experienced practitioners.

Objectives

Specifically, the study has three objectives:

1. *To develop a contemporary understanding of EBP for general supportive practice with vulnerable young people.*

   This will be achieved through consideration of EBP definitions and by exploring what constitutes legitimate research, knowledge and evidence. An understanding of concepts such as fidelity and adaptation as they relate to the culture and context of practice organisations will be explored in order to explain emerging approaches to EBP.

2. *To identify and critically analyse the PW of a third sector organisation in order to identify what is considered as the essential components of an effective programme of care.*

   As PW themes are identified, they will be discussed in relation to existing theoretical models and ideas. The purpose of this is to describe what an experienced organisation believes are the active ingredients of effective practice whilst considering theoretical fidelity to ensure congruence between PW and existing knowledge and research. In doing so, confidence may be gained in what the key components of effective practice are whilst offering a critique of practice itself in order for improvements to be made.

3. *To explore the ethical imperative of EBP to 'do no harm'.*

   It is important to understand how to intervene appropriately in another person's life. Failure to do so risks harm and is unethical. This research seeks a greater understanding as to when and why harm might occur by examining a organisation that works with vulnerable young people and considering what a service might do to limit such harms based on their PW.

This study focuses specifically on practice with vulnerable young people. There are differing definitions of young people in terms of an age range. The focus of the primary research conducted in this study was with young homeless people aged 16-25 who were

clients of a charity called, Supporting People Programmes (SPP) [1] based in the south-west of England. Nearly half of people living in supported accommodation in the United Kingdom (UK) find themselves in this age bracket (Homeless Link, 2016). It was estimated that 83,000 young people were in touch with homelessness services in the UK in 2013/14 (Clarke *et al*., 2015). SPP provided sheltered accommodation units for young people across the region. One such centre was Hadley House[2], a high-support unit that acted as an assessment centre to ensure that clients were moved on into other housing options appropriate for their support needs. The work with vulnerable young people at Hadley House was the context and focus for much of this research. Despite the age limit of the unit being up to 25, most of the young people who accessed this service were older teenagers. This is usual with one youth homelessness survey revealing that 75% of clients coming into supported accommodation services aimed at 16-24 year olds were 21 or under (Homeless Link, 2015). This age range is acknowledged as a high-risk time for the onset of mental health problems, substance misuse and psychological distress (Kelly *et al.*, 2012).

Research has shown that young people who find themselves in care environments like Hadley House typically present with such risk factors. Vulnerabilities include higher rates of offending (Naccarato *et al.*, 2010). A recent survey reported that 14% of UK young homeless had an offending history (Homeless Link, 2015, p.17). Other problems, such as substance misuse and relationship breakdowns (Bueler *et al.*, 2000), mental health issues (Cook-Fong, 2000), unemployment (Creed *et al*., 2011) account for the reasons why

[1] SPP is a pseudonym. Pseudonyms are used throughout to protect the confidentiality of the service and its workers. A full description of the organisation is provided in chapter two and biographies of research participants from SPP can be found in Appendix A.

[2] A description of Hadley House and other SPP centres can be found in chapter 2.

young people need sheltered accommodation. A 2015 review of youth homelessness research conducted by the Institute for Social Policy, Housing, Environment and Real Estate (I-SPHERE), Heriot-Watt University confirmed the presence of such vulnerabilities:

> "…a number of factors are associated with higher risk of homelessness, including: experiencing abuse or neglect as a child; experiencing domestic violence, mental health or substance issues within the family home; running away as a child; truanting or being excluded from school; leaving school with no qualifications; having learning disabilities". (Watts *et al*., 2015, p.5)

A 2015 UK survey (Homeless Link, 2015, p.21) revealed the reasons why young people said they need supported accommodation - 10% reported they had mental or physical health problems, 9% had suffered abuse or domestic violence and 9% stated they had drug or alcohol problems. These issues are what make young people vulnerable and homelessness itself is a significant vulnerability.

Although the Hadley House hostel for young homeless people was a particular focus of this study, other projects run by SPP were considered in order to establish if common themes and a cultural identity existed regarding their work with vulnerable young people. This included work in a registered school that offered alternative education provision for excluded young people aged 11-16; an educational programme for those aged 19-24 with little or no qualifications; a peer-mentoring programme for those aged 8-17 and a youth club for those aged 10-16.

As a service provider, SPP had twenty-five years' experience of working with vulnerable young people and provided the necessary context for a study such as this. SPP delivered

what Mitchell (2011) describes as usual care. Hawley & Weisz (2002) discuss that usual care is not like the care of certain professions that focus predominantly on the delivery of ESTs for individual issues, for example, psychotherapy for mental health problems or medication for substance misuse withdrawal. Instead, usual care recognises that vulnerable young people experience a combination of interrelated psychosocial difficulties that need addressing with generalised and specialised support (Mitchell, 2011; Baumann *et al*., 2015). Kohl *et al*., (2009) and Raghavan *et al*., (2010) suggest the application of EBP and research in usual care youth settings remains limited compared to those who engage in specialist interventions.

SPP worked with young people who had a range of complex issues that required practical supportive engagement in a multi-agency environment where clients were encouraged to access other services to meet certain needs. Hawley & Weisz (2002) draw attention to a limitation in previous EBP research showing how it focused on developing ESTs for youth with single disorders and on young people who were less complex and vulnerable than those encountered in real-world services. August *et al*., (2010) suggest that unlike many Empirically Supoorted Treatments, Practice Wisdom is useful because it has been developed from within these complex environments, offering external validity for effective practice approaches. Despite this, Mitchell (2011) points out that PW remains largely undocumented and requires further research. This study seeks to extend the body of PW knowledge in a usual care setting. I will now describe the structure in which this takes place.

Thesis Structure

In chapter 1, an historical analysis of the origins of EBP is provided with a critical discussion regarding the disputed definitions and the types of knowledge that underpin such ideas. This includes discussion on the methods of research that should inform EBP and what constitutes as legitimate knowledge of 'what works' in practice. The chapter goes on to consider the ethical imperative for EBP, drawing attention for the need to ensure that clients are not harmed by intervening in their lives.

Chapter 2 introduces the research context, design and methodology for this study. The organisation at the focus of this study, SPP, is introduced with a description of its settings and participants. Having adopted a contemporary definition of EBP, the rationale for the ontological and epistemological position taken is explained along with a description of the methods, analysis and ethical issues within this study.

Chapter 3 discusses EBP with regard to changing culture and context when working with vulnerable young people. It addresses a specific challenge expressed by the Deputy Chief Executive Officer of SPP as to whether EBP is even possible. In considering this issue, a discussion around the nature of fidelity is provided. The culture and context of SPP is explored in order to highlight issues of fidelity and adaptation.

Chapter 4 addresses a core principle that SPP staff identified in their practice wisdom as being essential for effective engagement with vulnerable young people. The influence of staff on young people and the nature of the working relationship is explored. Consideration is given to how these relationships are formed and how workers engaged effectively with their clients. Theoretical fidelity is addressed through a discussion that considers relevant theories and wider research regarding the nature of the working alliance.

Chapter 5 discusses the need for routine, discipline and boundaries. The experiences of SPP that led to current practice are discussed with reference to particular difficulties encountered when working with this client group. Theoretical consideration is given to a parenting model that might explain why this approach seems to work.

In chapter 6, the importance of readiness for change and building client motivation is considered as another key ingredient for effective practice. An explanation is provided as to why sometimes, despite best efforts, the work of SPP could be ineffective and why intrinsic motivation is needed in clients to engage with a programme of support. Theoretically, a comparison is made between the experiences of SPP and the Transtheoretical Model for change with reference to some established evidence-based approaches.

Chapter 7 introduces the need to build aspiration. It considers how clients set realistic goals, expectations and aspirations that encourage progress in their education and careers. Consideration is given as to how SSP believed expectation and aspiration could be built. A critical discussion about the nature of aspiration is offered, drawing attention to the need for realism in terms of expectation or else the risk of harm exists.

Noting such risks and the ethical imperative of doing no harm, chapter 8 offers a critical discussion as to when things went wrong in the experience of SPP. Consideration is given to how wider life context and environmental factors impacted on the ability of an organisation like SPP to be effective. A discussion is provided about how resource and policy issues that influence practice may also cause harm.

In chapter 9, the practice wisdom themes identified as the core components for effective practice are drawn together. An ethical approach to EBP with vulnerable young people is suggested and attention to how these approaches might be implemented in practice is given.

Chapter 10 concludes with a summary of the key findings from this study. An ecological approach to EBP based on these findings is proposed. Ideas regarding further research in this field are offered along with consideration to the limitations of this particular study.

Chapter 1 – What is evidence-based practice and why is it important?

Over the past two decades, the concept of EBP has become increasingly influential and important (Bouffard & Reid, 2012). EBP has become a means by which services evaluate interventions in order to make decisions regarding how to deliver effective programmes of care to those they work with (Kaiser & McIntyre, 2010). The goal of EBP is to understand the approaches that can be taken that positively impact on specific problems and behaviours whilst avoiding further harm (Bouffard & Reid, 2012).

The UK Government has increasingly made evidence-based practice (EBP) a goal in working with young people (McNeil *et al.*, 2012). Mitchell (2011) suggests that youth services have been slow to implement EBP and there appears to be something of a disconnection between research and the policy decisions made by child-serving systems (Johnson–Reid, 2011). It is argued that some practice, for example working with abused children, is based on very little evidence of what works (Chaffin & Friedrich, 2004). That is not to say that such practice does not work but that at present, there is no agreed evidence base for such approaches. The reasons for this absence may be because EBP is poorly understood amongst those working with young people and that there has been a failure in helping this particular workforce to understand evidence-based approaches.

Definition, understanding and relevance are important factors for ensuring practitioners take EBP seriously. In this chapter, the origins and criticisms of EBP will be examined. Consideration is given to contemporary debates around how EBP is defined with reference to what kinds of evidence and knowledge should be considered when informing practice. Finally, the ethical imperative that drives the need for EBP is discussed.

Origins of Evidence-Based Practice

The origins of the EBP movement lie within medicine in the early 1970s (Williams *et al*., 2015; Mackey & Bassesdowski, 2016; Ooi *et al.,* 2016) and gained popularity in the 1990s when the term evidence-based medicine became widely established in academic literature (Schalock *et al.*, 2011; Beyea & Slattery, 2013; Terry *et al.*, 2015). The move to an evidence-based approach was triggered by Cochrane's criticism of the medical profession for not organising a summary of randomised controlled trials (RCTs) in health care, whilst pointing out that limited budgets meant more efficiency was needed (Biesta, 2007; Williams *et al*., 2015; Ooi *et al*., 2016). Cochrane was particularly critical that practice was driven by clinical opinion and tradition rather than any emerging scientific evidence and sometimes contrary to research (Chaffin & Friedrich, 2004; Williams *et al*., 2015). As RCTs and other research developed, it was clear that clinical decisions about treatment were being made based on unfounded assumptions and that there was a wide variance of practice to treat the same illnesses (Mackey & Bassendowski, 2016). By examining the evidence provided by clinical trials, it was suggested that it might be possible to obtain reliable information on effective interventions so that valuable resources were not wasted and a more consistent approach would be taken across the workforce. Archibald (2015) discusses how this resulted in increasing calls on practitioners to use interventions 'that work' meaning empirically supported treatments (ESTs), along with the establishment of evidence clearing houses such as the Cochrane Collaboration that through systematic reviews, sought to decide what constituted as credible evidence. These clearing houses also responded to a criticism of Cochrane that empirical findings took too long to filter into practice, sometimes over ten years (Williams

et al., 2015). The International Council of Nurses (2012) described the rise of EBP as an effort to close this gap between research and practice.

Governmental accountability for spending the increasingly stretched resources of funding bodies has also given impetus to EBP (Chaffin & Friedrich, 2004). Brase (2008) suggests that the desire to cut costs has driven the development of evidence-based medicine (EBM) and the evidence-based movement more generally. Effective approaches may provide value for money and thus EBP seeks to ensure that money is not wasted on interventions that do not work (Mitchell, 2011). Walker *et al.,* (2015) highlight growing evidence that investment in EBP produces a positive Return on Investment (ROI) by replacing less effective and more expensive interventions with more efficient programmes that produce better outcomes. In this way, the EBP movement finds its roots in Managerialism and what Walker (2003, p.147) describes as Economic Rationalist Theory. Economic Rationalism (ER) considers the cost–benefits of a particular approach and provides the means of evaluating satisfaction and outcomes of provision (DiRita *et al*., 2008). New Public Management (NPM) arose as one example of ER in the later part of the 20th century and was embraced by the New Labour government of Tony Blair (Hammersley, 2013) and has dominated the policy agenda for public services in the UK for over 20 years (Deem, *et al*., 2007). NPM recognised the need to move away from inefficient bureaucratic processes to a more entrepreneurial approach to delivering services with explicit standards and key performance indicators (KPIs) (Osborne & McLaughlin, 2002, Ferlie *et al.*, 1996). Marks (2002) suggests this approach to EBP embraced a commissioner/provider split that has been championed by successive

governments, ensuring that funding is only provided for specific approaches defined within policy frameworks.

This approach requires transparent accountability and competition around service provision whilst challenging the culture of judgment-led professional practice (Osborne *et al.*, 1995; Walsh, 1995). The accountability that found expression in industry by establishing KPIs has spread into the public sector so that funders can assess performance with the belief that this can increase efficiency (Hammersley, 2007a). This has also meant the introduction of quality assurance processes that have led to greater standardisation of practice (Chamberlain *et al*., 2012). Walker *et al*., (2015) argues that EBP is determined at a policy maker level by financial constraints, with a desire to provide the best possible services but with cost-benefits for taxpayers. Hammersley (2013) argues that EBP in the UK has been driven by cost as much as quality.

How success is measured in public services is another important issue. The rise of EBP has increased demands for the answer to the question 'what works?' (Slavin, 2004; Littell, 2008) and resulted in KPIs that indicate measures of success. However, KPIs do not necessarily capture all positive outcomes of a programme. For example, Biesta (2007) in the context of education asks what might be considered as effective schooling. Effective might mean good results, good socialisation, and it could be about young people keeping out of trouble irrespective of good academic achievement. KPIs may focus on specific educational outcomes in terms of results but not on measures such as socialisation, which are harder to quantify, but of importance. The Department of Education sponsored, 'A framework of outcomes for young people' (McNeil *et al.*, 2012, p.4) acknowledges that, "Providers have tended to depict the value of their work through the individual journeys

of young people, and by measuring the activities that are easiest to quantify, such as the number of young people attending, or how many hours of provision was delivered." In this way, the monitoring of success has a tendency to focus on outputs as much as outcomes. In answering, the question 'what works?', there may need to be further discussion regarding the outcomes used to define success because KPIs may not capture the full impact of successful interventions beyond the relatively easy to measure throughputs and outputs. DiRita *et al*., (2008) criticises Economic Rationalism as an approach as it contextualises recipients of an intervention as the average representation of the individual identity that the provision targets. It asks, what typically works for the average person? This fixes the presentation of what it means to have particular vulnerabilities and how to address such needs based on economic principles of what works most of the time for most people.

When measuring success there is also a challenge in understanding how factors such as the values of workers, the influences of wider culture, policy, and the influence family, peers and community might affect programme delivery and impact on a client's readiness to change[3] (Beyea & Slattery, 2013). To what extent is their certainty that change, or a lack of success, is the result of the programme being delivered when other factors are influential? Measuring the impact of an intervention may not be as simple as it first appears when wider factors are taken into account and this calls into question the idea of cause and effect based on interventions alone.

Since the 1990s, EBP as a concept has moved beyond health and has been adopted into other fields such as psychology (APA, 2006), education (Hammersley, 2001), social work

[3] The concept of client readiness for change is discussed in chapter 6.

(Social Work Policy Institute, 2010), social care (Ooi *et al*., 2016), physiotherapy (da Silva *et al.*, 2015b), policing, occupational therapy, management, (Donaldson, *et al*., 2009) and many other disciplines. This has been reflected in the development of further evidence-based organisations such as the Campbell Collaboration and the Institute for Education Sciences, who engage in conducting systematic reviews of evidence (Archibald, 2015) as a means of providing research evidence for practice. EBP is now an established concept although definitions have evolved over time, as will now be explored.

Early definitions of Evidence-Based Practice

Defining EBP has proved challenging. Mitchell (2011) suggests that no agreed definition currently exists. Early definitions focused on a positivistic approach arguing that EBP is about services becoming informed by the best existing scientific research (Sackett *et al.*, 2000). For example, for Chaffin & Friedrich (2004, p, 1098) state that EBP is, "… the competent and high fidelity implementation of practices that have been demonstrated [as] safe and effective, usually in randomized controlled trials." Archibald (2015) suggests that as the origins of EBP emerged from evidence-based medicine, the idea of EBP has become synonymous with Empirically Supported Treatments (ESTs) resulting from clinical trials. Mackey & Bassendowski, (2016) discuss the belief that RCTs provided the most reliable form of evidence and should be the foundation of decisions made in practice. It was argued that EBP should have an experimental or empirical basis where interventions are justified through the evaluation of well-controlled studies in a replicable way (Brailsford & Williams, 2001; Schalock *et al.*, 2011). The inference from this is that other studies have lower evidential status and attempts have been made to position qualitative approaches as second-class science (Morse, 2006). The debate regarding definitions of EBP often focus on the nature of the evidence that informs practice. Claes *et al*., (2015, p.

132) suggest that an “empirical-analytical” perspective dominated early explanations and EBP became synonymous with the implementation of ESTs (Cohen *et al.*, 2004). Proponents of this approach supposed that RCTs eliminated bias and were less influenced by external factors that might confound results (Williams *et al*., 2015).

This research approach has traditionally been seen as the ‘gold standard’ for informing decision-making in practice (Bouffard & Reid, 2012; Archibald, 2015). For example, the Coalition for Evidence-Based Policy (CEBP) advocate that, “Well-designed and implemented randomized controlled trials are considered the ‘gold standard’ for evaluating an intervention’s effectiveness, in fields such as medicine, welfare and employment policy, and psychology.” (CEBP, 2003, p.1). This approach is necessarily positivistic and argued as the only way for effectiveness and best practice to be shown beyond reasonable doubt (Walker, 2003; Biesta, 2007; Ooi *et al*., 2016). RCTs have led to the development of manual based ESTs that when delivered with fidelity, are clinically effective for specific problems and disorders (Mitchell, 2011).

This positivistic approach seems to represent early attempts at defining EBP. Mosteller & Boruch (2002) suggest that researchers, funders and policy makers have at times adopted the position that only scientific evidence from randomised controlled trials (RCTs) is valid as a means of informing EBP. However, in contemporary definitions, the belief is that policy and practice should not only be informed by this kind of research evidence but by other kinds of knowledge that exist beyond positivistic experiments. As the limitations of this positivistic view of EBP are explored, it will become clear as to why derivations of what Hammersley (2013, p. 4) calls the “classical model” have arisen.

Contemporary definitions argue that the type of research conducted in the classical model should continue to inform EBP but that by itself, produces an incomplete body of knowledge. However, as there is still value it is useful to understand the benefits of the classical approach to EBP. Proponents focus on the value of positivistic research as something that is systematic, rigorous and that provides explicit evidence of what works in practice. An example of the value of this approach to EBP is found in Weiss *et al.*, (2005a) who considered several meta-analytical studies regarding prevention and treatment for young people with or at risk of mental health problems. They concluded that studies demonstrated significant effects for a range of evidence-based treatments when compared to non-intervention. The average treated child across these studies was likely to be better off than 75% of the young people in control groups. More importantly, the same studies concluded that usual practice, where practitioners simply used their judgment, not constrained by EBP interventions or manuals, had an effect size of around zero, indicating no treatment benefit. Thus, those in favour of this approach suggest the question of EBP should be a technical-rationalistic one, which focuses on improving implementation of EBP through increased fidelity to ESTs (Galbraith *et al*., 2009).

Fidelity is an important issue when considering EBP. Fidelity refers to the degree that practitioners implement programmes as intended by the programme developers (McGrath *et al.*, 2006). Manuals explaining how these interventions should be implemented for maximum effect size have traditionally provided the basis for delivering ESTs and there is support for such an approach. Henggeler *et al.* (1997) demonstrated that when Multi-Systemic Therapy was used for youth with behavioural problems, the effect size decreased the less practitioners adhered to the manual. Other studies (Chaffin

& Friedrich, 2004; Escribano *et al*., 2016; Toomey *et al.*, 2016) demonstrate that structured manual-based ESTs show greater success than individualised approaches based on practitioner judgement when working to treat specific conditions or problems.

However, a debate exists around how strictly such protocols should be followed and to what extent interventions can be individualised. Much of the discussion around fidelity has focused purely on specific interventions for specific problems rather than in more generic supportive care situations. The classical approach may not effectively consider wider factors such as the idea that interventions are delivered within the context of a worker/client relationship[4] that can have an effect size on such interventions, improving outcomes by as much 20-30% (Diamond *et al.*, 2006; Hogue *et al.*, 2006; Campbell & Simmonds, 2011). In this way, Karver *et al.*, (2006, p. 50) suggest the EST approach to EBP in the classical model has ignored the "more universal aspects of the therapeutic process". Chaffin & Friedrich (2004) suggest proponents of the classical model try to explain variations in effect size from service to service as a fidelity issue rather than considering universal factors such as the therapeutic relationship. Such criticisms will now be considered in more detail.

Criticisms of a Classical View of Evidence-Based Practice

Current EBP literature reveals an acrimonious debate regarding the nature of EBP. Hammersley (2001) suggests that EBP can be used as a slogan and designed for proponents of the classical approach to try and discredit others as it is unlikely that people will disagree that practice should not be based on some kind of evidence. Holmes *et al*., (2006, p. 181) describe the early EBP movement as, "outrageously exclusionary … a

[4] The worker/client relationship is explored in detail in chapter 4.

good example of micro-fascism at play in the contemporary scientific arena." Walker (2003, p. 146) also warns of the, "… deeply ideological function [of EBP] as a set of ideas and practices designed to persuade and seduce specific audiences in pursuit of particular vested interests." Others suggest that early definitions are an oversimplification of professional health practice and that the real world context is much more complex than the controlled settings in which ESTs are developed (Shahar, 1998; Archibald, 2015). Archibald (2015) argues that only when RCTs are conducted in practice situations can they be considered as true experiments. Scriven (2008) asks if this is even possible, suggesting that RCTs have little practical application and are almost impossible to conduct in real world settings.

Hammersley (2001) puts forward the idea that practitioners would not necessarily improve their practice even if they had a greater knowledge of research findings from RCTs. He cites three reasons in this respect; firstly, that EBP can draw on wider knowledge than that provided by empirical research. Secondly, that although empirical research may be seen as the 'gold standard' it is nevertheless fallible. Thirdly, there can be problems with the translation of research findings into practice and the claims made by policy makers. These ideas are now explored in turn.

Research evidence is not necessarily the only kind of knowledge available to inform Evidence-Based Practice

Establishing credible evidence in social research that guides practitioners, policy makers and researchers is challenging (Archibald, 2015). Evidence may be broadly defined as "… information bearing on the truth or falsity of a proposition" (Bouffard & Reid, 2012, p. 5). Discussion regarding evidence has led to an epistemological debate around whether

scientific research must be the only knowledge that informs EBP (Ooi, 2016). Archibald (2015) discusses the epistemological politics of the EBP movement suggesting that there are certain people 'in the know' with certain kinds of knowledge and who feel they are better placed than others to make decisions about policy and practice. These tend to be advocates of the classical model. However, many disagree that scientific knowledge is the only valid basis for EBP (Ashcroft, 2004; van Baalen & Boon, 2015). RCTs may be argued to be the best way of producing high-quality evidence and knowledge about what works (CEBP, 2003) but this does not mean that other kinds of evidence cannot be understood in a robust way to improve knowledge and understanding of 'what works' and also 'why it works' and 'how it works'. Larner (2004) argues that much of the debate around the definition of EBP is not a question of whether there is the need for evidence but rather who controls the definition of legitimate evidence.

The definition of EBP is influenced by ontological and epistemological questions and beliefs and this has opened up an old quantitative versus qualitative debate (Morse, 2006, Archibald, 2015). An understanding of what constitutes evidence and knowledge inevitably drives the researcher towards different methodological approaches. Questions such as 'what is evidence?', 'how do we know?', and 'are some methods of knowing better than others?' all affect the approach that one might take in conducting research (Bouffard & Reid, 2012). The classical model is dismissive of the notion of practice experience and tacit knowledge as a basis for EBP. One of the purposes of the early EBP movement was to de-emphasise the use of intuitive approaches based on tacit knowledge (Bouffard & Reid, 2012). However, as Avis & Freshwater (2006) argue, careful

critical reflection of practice experience can produce quality knowledge and evidence for effective interventions.

Mitchell (2011, p. 208) draws attention to the idea of Practice Wisdom (PW) and describes it, "… as practice-based knowledge that has emerged and evolved primarily on the basis of practical experience rather than from empirical research." PW provides an opportunity to learn from experience. Ooi *et al.,* (2016) suggest knowledge based purely on scientific research limits the diversity of ways of knowing and discourages discovering and validating other types of knowledge such as the wisdom of practitioners. In this way, an over reliance on RCTs as the 'gold standard' may limit our understanding of EBP.

Archibald (2015) suggests that RCTs have weaknesses in their application and external validity. Biesta (2010) supports this view, making the case that RCTs by themselves may lead to a knowledge deficit, as what works in a controlled setting is no guarantee of what works in a real-life setting. Kazdin (2008) questions that although RCTs establish that specific interventions work in highly controlled contexts, they may not work in practice contexts where decisions are made by individual practitioners within a broader context with patient considerations in mind. RCTs with young people are also criticised, as those involved in such studies are often from different community settings in terms of culture and economic diversity (Ehrenreich-May *et al*., 2011). Stirman *et al*., (2003) highlight that those who take part in RCTs often have fewer comorbid issues, come from less troubled contexts and are not as vulnerable as young people in practice settings. For these reasons, Archibald (2015) argues that the contexts of RCTs differ so considerably from where EBP takes place that claims of external validity and generalisability stretch philosophical limits.

Clay (2010) criticises RCTs as the claims made, can be based on comparisons between mean scores and this does not show if some in an experimental group ended up worse than in a control group or vice versa. Because of a tendency of positivistic research to focus on the average client, even where there is support for a particular intervention, there is still a question of will it work for every client and if not, why not?. The real world of practice has to work with clients who are not always typical or average. Bouffard & Reid (2012) point out how inferences about the wider population are made because of a sample but such generalisations cannot aggregate to the individual person. Therefore, as Upshur (2005) explains, RCTs tell us that in general, intervention 'X' works better than intervention 'Y' for a particular issue but that does not mean it will always work for an individual person who will still require support when entering a programme of care. Bouffard & Reid (2012) argue that in practice situations there appears to be person-by-person variability that requires different approaches and adaptations within such programmes.

Walker (2003, p. 148) critiques the positivist and empiricist view of knowledge that lies at the heart of the classical model of EBP describing it as "naïve realism". Walker suggests controlled trials are insufficient in constructing our understanding of reality and do not address the gap between practice experience and research. Writing on behalf of the Health Development Agency, Marks (2002, p. 4) agrees, describing the positivist approach as "naïve and counterproductive" and puts forward the view that the evidence base must be broadened and use more inclusive methods than found in RCTs.

When considering the knowledge that informs EBP, one must look at the quality, robustness and relevance of the evidence and this need not be restricted to RCTs

(Schalock *et al*., 2011). Hammersley (2001) suggests that other types of knowledge and evidence can be drawn upon to help inform practice decisions. Biesta (2010, p. 494) discusses "true knowledge" as that which accurately represents "things" as they are in the real world, arguing that RCT experimentation alone leaves a knowledge deficit because what works in actual practice may be different to a highly controlled setting. Archibald (2015) takes an ontological position that the world is not static and therefore knowledge about the world evolves when questions are asked of that which is observed in practice. Consequently, writers like Bernstein (1983) call for a view of knowledge that is wider than the sphere of science. Kim agrees (2010) proposing four domains of knowledge with regarding to EBP: science, hermeneutics, critical hermeneutics and ethics. Scientific knowledge is gained through research and is needed in order to technically define and generalise specific intervention approaches and techniques. Hermeneutic knowledge is concerned with adapting practice to the client and their perception of their situation. Parrish & Crookes (2013) and André *et al*., (2016) discuss this in terms of understanding the client, their culture and background and knowing how to adjust practice accordingly. Critical hermeneutic knowledge is about understanding organisational or human barriers that prevent an effective intervention (Kim, 2006). Ethical knowledge is about understanding environmental influences on the well-being of a client and the need to increase or adjust individual care as needed (André *et al*., 2016).

Trevithick (2005, p. 3) says knowledge is constructed by, "… gathering, analysing and synthesizing different theories in order to arrive at some kind of tentative understanding, hypothesis or judgement." In this way, knowledge is established by exploring theories and experimental research whilst taking into account factors such as culture, personality, and

values. Matthews and Crawford (2011) agree suggesting that knowledge is complex, multi-themed and expanded through practice and reflection on what happened. Thus, an evidence base cannot be arrived at through the findings of an experiment in a controlled setting alone. Instead, knowledge is built through consideration scientific evidence and wider factors.

Pawson *et al.,* (2003) in their work for the Social Care Institute for Excellence (SCIE) Knowledge Review, embrace such ideas and suggest various categories of knowledge that practitioners can draw upon to inform practice. The relative strengths and weaknesses of these categories are considered below.

Fig 1.1 Knowledge Typology Table based on knowledge types suggested by Pawson et al., (2003)

Knowledge Type	Strengths	Weaknesses
Organisational Knowledge *Knowledge gained from organising care*	Can be arrived at through reflection on what works and what fails. Collective experience is more reliable that individual practitioner experience.	Cultural assumptions-based or poor evidence can be passed from worker to worker with a pressure to conform to organisational norms.
Practitioner Knowledge *Knowledge gained from doing social care*	Based on practice experience and real-world application. Helps understanding of service user perspectives. Accessible to practitioners	Potential for practice myths from anecdotes to underpin practice. Difficult to articulate or quantify.
Policy Community Knowledge *Knowledge gained from wider policy context*	Can draw together experienced practitioners and researchers to identify processes that work.	May be driven by political agendas based on poor evaluative research and is ideologically driven.
Research Knowledge *Knowledge gathered systematically with a planned design*	Robust research methodology to ensure the accurate reporting evidence. Offers systematic guidance to ensure fidelity of interventions.	May fail to take into account the complexities of practice, culture and personalities. Information often not communicated to or accessible to practitioners.
User and Carer Knowledge *Knowledge gained from experience of and reflection on service use*	When informing practice, this is where the evidence comes from. Do users and carers say they actually benefit? This can reveal 'why' something worked.	Knowledge based on evaluative studies may be unreliable as it is based on subjective feelings rather than objective outcomes.

When considering such typologies for knowledge, it is argued that EBP should take into account all kinds of knowledge. Beyond RCTs, Kim (2010) and Pawson (2003) suggest that practitioner knowledge has particular value in informing practice approaches.

However, for PW to be understood and appreciated as a basis of evidence, it is important to be aware of the strengths and weaknesses of how this wisdom is formed and from where such knowledge is derived. Although PW knowledge is not dependent on research, sharing wisdom does require identification of the experiential knowledge of the practice community and assessing its relative value is necessary. Schalock *et al.,* (2011) suggest that the relevance of evidence should be determined through a process of analysis, evaluation and interpretation that enables knowledge development. Analysis examines the component parts of evidence such as how evidence has been gathered to evidence indicators for effectiveness. Evaluation considers the integrity of the evidence and the level of confidence in such proof through careful appraisal of the results. Interpretation evaluates evidence in light of practice approaches. It takes into account the expertise of those delivering interventions, considering their judgement on effectiveness.

It is suggested in contemporary definitions of EBP that a more integrative view is required that takes into account the best research evidence but that also draws upon other sources of knowledge including practice experience (Mitchell, 2011; Bouffard & Reid, 2012).

Research-based knowledge is fallible

Another challenge to the classical view of EBP is that despite its 'gold standard', the evidence provided and knowledge gained is fallible. The Open Science Collaboration (OSC) (2015, p.1) states that, "Scientific claims should not gain credence because of the status

or authority of their originator but by the replicability of their supporting evidence". Peer reviewed research publications that form the basis of knowledge for practitioners are not always reliable in terms of replication. For example, whilst considering 100 experimental and correlational studies published during 2008 in three high-ranking psychology journals[5], OSC (2015, p.1) revealed that, "Replication effects were half the magnitude of original effects, representing a substantial decline. Ninety-seven per cent of original studies had statistically significant results. Thirty-six per cent of replications had statistically significant results." This raises questions over the validity so-called 'gold standard' evidence as the basis for EBP. Garattini *et al*., (2016) acknowledge that literature from RCTs considered in systematic reviews have their validity threatened by design errors and bias and recommend that treatment interventions should not be selected where there have only been observational or single RCTs suggesting more evidence is needed.

Ooi *et al*., (2016) draw attention to another example where in 2002, the Cochrane Review had to repeal its view on the effectiveness of a particular medical treatment based on ten studies conducted in the 1990s when two later RCTs demonstrated a lack of efficacy[6]. There is a danger that practice based on such studies becomes embedded because of initial evidence even when it is later discredited. Hammersley (2003) gives an example of this problem in the field of education drawing attention to work by Rosenthal & Jacobson (1966) entitled 'Pygmalion in the Classroom'. This research focused on a teacher's

[5] The journals were Psychological Science (PSCI), Journal of Personality and Social Psychology (JPSP), and Journal of Experimental Psychology: Learning, Memory, and Cognition (JEP: LMC). According to OCS, the first is a premier outlet for all psychological research; the second and third are leading disciplinary-specific journals for social psychology and cognitive psychology, respectively.

[6] The studies considered the traditional application of Saw Palmetto in controlling BPH-related lower urinary tract symptoms.

expectations and their role in learning. The study seemed to show that if teachers had higher expectations of certain children, then this led to greater academic achievement. This idea was popularly embraced, widely reported and widely quoted. However, following a re-analysis by Elashoff and Snow (1971), it was shown that the findings of the original study were questionable and could not be replicated. Nevertheless, as the idea had already entered the consciousness of many, it continued to pervade. People wanted to believe the myth and despite contrary evidence, it became widely accepted in educational settings (Rogers, 1982; Hammersley, 2003).

Even when an RCT has internal validity and reliability, there is a danger that generalisations arrived at are not always applicable to all environments due to numerous differences and complexities found in any social situation. Hammersley (2001, p. 3) questions whether evidence-based practice can provide, "Specific and highly reliable answers to questions about what works and what does not." Instead, he argues that practice has to be guided by, "tacit judgement, local knowledge, and skill." RCTs may demonstrate how in highly controlled environments, certain interventions are effective but what about factors in wider social environments that may influence the efficacy of the intervention? Unless these subjective and unique factors can be discounted, the suggestion that RCTs are truly evidence-based is questionable.

Biesta (2007, p. 3) argues that the problem with the question "what works?" is that it calls for "causal analysis by means of experimental research". It assumes that an intervention can be delivered and cause and effect measured. This is problematic as an intervention is delivered in a context. For example, Bradley *et al.*, (1998) and Forehand *et al.*, (1986) demonstrate that the home environment is influential in relation to academic outcomes.

Research based on the cause and effect of teaching is limited because of how other factors and values impinge on the process. As Biesta (2007) somewhat flippantly argues, if there is a desire for evidence-based practice in education then for some children, the most successful way to achieve best educational outcomes is to remove them from parents and put them in the ideal environment.

Walker (2003) suggests that asking questions of why or how certain practice works in particular situations is as important as 'what works'. Understanding 'why' is an important aspect of Theoretical Fidelity. This refers to how a programme is delivered in a manner consistent with the intervention theory (Haynes, 2016). It suggests that there are active components in an intervention that make it effective and if understood, can be delivered in programmes that are adapted to context without loss of efficacy because the causal mechanisms remain in place (August *et al*., 2010).

This why contemporary views of EBP embrace PW as a source of knowledge. Critical reflection on PW allows for the myths and false assumptions that have entered into practice based on discredited research to be identified and challenged. This critical approach also ensures the new myths based on current PW are not presented as effective practice.

A problem of translating research into practice

Schalock *et al.*, (2011) argue that for policy decision makers, evidence is needed that supports them to be effective and efficient; enhances long-term outcomes; changes training strategies; and improves resource allocation. However, the science found in intervention studies has not spread rapidly outside the research community, leaving an implementation gap between science and practice (Weiss *et al.*, 2005b; Akin *et al*., 2016;

André *et al*., 2016). It is unreasonable to expect all practitioners and even policy makers to be aware of the entirety of research studies in their field and to be able to assess them methodologically. Marks (2002) and Littell (2008) suggest that even when academics produce systematic reviews of research, these can be based subjectively on what the writer believes are the important findings in the studies they identify and in this way are subject to selection bias.

If practitioners and policy makers are unable to assess the value and quality of the research they are considering, then this is a questionable basis upon which to encourage EBP. Hammersley (2007b) queries whether practitioners without research experience and a particular knowledge background have the ability to judge the quality of research. Research findings tend to be read within a framework of what the reader already believes and may be interpreted, accepted or even rejected because of this prior knowledge (Hammersley, 2001). Hammersley (2007b) suggests that because of this, evaluating practice that is based on research findings is still a challenge because the practitioner's ability to make consistent judgements is unknown when they seek to apply their understanding of any research papers they may have read. Marks (2002) suggests that even where a practitioner fully understands the research before them, there is still a pressure of conformity to 'normal' practice and ambition may mean that what is read is not embraced because that is not the approach of the organisation.

Although policy makers are keen to use the language of EBP, they may make claims about research that are over-stated or not true. Marks (2002, p. 24) discusses this problem, drawing attention to decisions being made based not on the latest or best evidence but on out-of-date ideas and debunked evidence. He describes this as "Opinion Based

Practice" stating that prior opinions tend to influence decision-making more than new evidence.

When policy makers and practitioners are unable to assess the value and quality of research it is a challenge for them to base practice on a current and reliable evidence-base. The process of understanding what is high quality and replicated research is needed before claims of EBP can be made. RCTs may provide good evidence much of the time, but how practitioners and policy makers interpret, assess, and translate research into practice is an implementation issue that needs to be addressed.

Another criticism of the classical view of EBP based on RCTs/ESTs is that manual-based approaches are likely to reduce creativity and professional judgement in practitioners. This will discourage cultural and individual adaptation and in doing so, may fail to address unique and complex needs of the individual who is not the average client (Cluett, 2006; Clay, 2010).

Debate will remain around how EBP is defined and what constitutes valid and reliable evidence. All definitions embrace the notion of best evidence and there is no doubt RCTs can produce findings that support useful and effective ESTs. However, as will now be discussed, contemporary definitions of EBP embrace other ways of knowing and finding evidence that are also beneficial.

Emerging Definitions of Evidence-Based Practice

Archibald (2015) suggests it is not possible to find a consensus of what EBP means and consequently it has become an umbrella term for a diversity of views on what evidence is, how it is gathered and how it is applied in practice (Bouffard & Reid, 2015). Kazdin (2008)

argues that EBP has to be more than what is studied scientifically and is critical of the lack of evidence produced in practice contexts. As discussed, early empirical definitions have come under criticism not least because such approaches lack grounding in actual practice (Archibald, 2015). Mackey & Bassendowski (2016) argue that what is spoken about in the classical definition is research utilisation rather than evidence-based practice. Research utilisation is an attempt to assess research evidence so that it can be implemented into practice but by itself lacks the holistic qualities of actual practice such as costs, patient-specific situations, frameworks, etc., (Beyea & Slattery, 2013). McCormack *et al*., (2002) suggest EBP should be based on three considerations – evidence, context and facilitation. Evidence is arrived at through research and experience, context is to do with culture and leadership, facilitation is about ensuring the right roles, and skills are in place to deliver practice (André *et al*., 2016).

With this wider view of EBP, Chaffin & Friedrich (2004) highlight the call for multiple research designs that provide evidence from qualitative studies and information from clients. This demonstrates how ideas about EBP have progressed from positivistic experimental approaches to what Weiss *et al.,* (2005b) call a new kind of research agenda that integrates science and practice. Attempts have been made to broaden the definition of EBP beyond the classical model to integrate other ideas such as practitioner expertise and client preferences and values (Bouffard & Reid, 2012).

For example, the Department for Education (2012a) adopt a position that EBP should be based on a combination of best research and practitioner experience. By embracing these wider sources of knowing, contemporary definitions adopt a systems approach to understanding how an intervention programme works (Patterson, *et al*., 2000, Schalock,

2011). Consideration is given to how factors at multiple system levels affect the efficacy of programmes. For example, at the micro-system level, how do the values, culture and familial and peer influences impact upon the individual and their readiness to engage and respond to interventions (Melnyk & Fineout-Overholt, 2015; Mackey & Bassendowski, 2016; Ooi *et al*., 2016)? At the meso-system level, how is the delivery of programmes affected by professional values, organisation structures, and quality-assurance issues (Schalock *et al*., 2011)? At a macro-system level, what is the influence of commissioning, policy decisions and ideological approaches upon those organisations that provide care (Dishion, 2013)? Marks (2002, p. 14) describes this approach as 'Critical Realism'. Consequently, new lines of research have emerged, moving beyond empirical experiments to social constructionism methodologies that look at observed positive outcomes in differing contexts and attempt to explain the mechanisms that led to such results (Cooper, 2001). These approaches are not just interested in what works most often for the 'average' client, but how any individual client responds in the context of real programmes.

Definitions of EBP have emerged that integrate these wider ideas. With regard to evidence-based medicine, Sackett *et al*., (1996, p. 71) described EBP as the, "… judicious use of current best evidence in making decisions about the care of individual patients … [based on] individual clinical experience with the best available external clinical evidence …". This approach re-introduces the notion of practice judgement that the classical model had sought to de-emphasise. The American Psychological Association (APA) similarly suggests that a psychologist may start with an EST-based treatment but needs to decide whether it is effective in specific circumstances. The APA explains that ESTs provide

specific psychological treatments but EBP in psychology should encompass broader ideas around assessment and therapeutic relationships. EBP is, "… a decision-making process for integrating multiple streams of research evidence … into the intervention process." (APA Presidential Task Force on Evidence-Based Practice, 2006, p. 273). Within this emerging context, patient and client values are important. It has been argued that EBP should help a person to make decisions about interventions they receive based on their values, preferences and beliefs (Claes *et al.*, 2015, Ooi *et al*., 2016). As individual life context and personal factors impact on readiness to change[7] (Moos, 2012), consideration of these client values is important to ensure effective engagement in a programme. Taking into account such factors, the Institute of Medicine in America offer what would now be considered a contemporary definition of EBP, stating that it is about the "integration of best research evidence with clinical expertise and patient values" (Levant & Hasan, 2008, p. 659; Mitchell, 2011, p. 209; International Council of Nurses, 2012). Such definitions require research approaches beyond RCTs for establishing the evidence and knowledge that informs EBP, and value other forms of knowing such as PW (Institute of Medicine, 2001; Levant & Hasan, 2008; Mitchell 2011).

The integrative approach, also referred to as the Consensus-driven model (Henderson *et al.*, 2008) introduces two important ideas beyond the empirical-analytical approach of the classical model. Firstly, it takes a phenomenological-existential (PE) view of EBP based on the experiences of successful practice and secondly, a post-structural (PS) view, that evaluates EBP with regard to ideas such as inclusion and empowerment (Claes *et al.*, 2015). The PE approach emphasises the need to evaluate success beyond the laboratory

[7] Readiness for change is discussed in detail in chapter 6.

in real world settings. It seeks to understand the recorded experiences of well-being from interventions by those who deliver and receive them (Mesibov & Shea, 2010; Schalock *et al.*, 2011). Shogren *et al*., (2009) suggest that as PS perspective considers how policy principles such as participation and self-determination have also been successfully included and affect programme effectiveness. Mackey & Bassesdowski (2016) argue that even when there are reliable RCT studies available, the merit of these must be considered alongside patient preferences and values for an ethical approach to be maintained. When phenomenological-existential and post-structural views are considered alongside and empirical-analytical approach, then there are three perspectives that lead to an integrative view of EBP that is more complete because it draws from diverse ways of knowing.

Walker (2003) proposes that a key feature of integrative approaches is that they are not simply interested in 'what works?' but 'for whom?', 'where?', and 'how?'. Mitchell (2011) recognises that this equates to a research agenda that focuses on different levels of analysis than that found in RCTs. EST literature focuses on 'what' is delivered whilst PW literature focuses on 'how' it is delivered and 'why' it works or fails. These two bodies of literature are reconcilable and can be integrated to discover new meaning. Aarons & Sawitzky (2006) argue that the integrative model seeks to understand how ESTs are adapted in the practice environment and that a reciprocal approach between researchers and practitioners is needed to establish EBP that works in the real world. Researchers such as Weisz *et al.*, (2003), Chamberlain *et al*., (2008) and Daleiden & Chorpita (2005) now encourage the process of integrating ESTs with PW to show how adaptations of interventions in real practice-based situations are carried out effectively whilst taking into

account the individual needs of clients. Such approaches have led van Loon *et al.*, (2013) to conclude that the integrative approach leads to a more complete view of EBP, drawing upon real-life situations to determine best practice. Claes *et al.*, (2015) agree stating that this approach reflects on a broader range of evidence and is helpful for arriving at a more complete EBP model.

Within this integrative approach, Mitchell (2011) suggests that EBP can be discovered by looking for the common factors and characteristics of effective programmes. If these can be understood theoretically, then it may be possible to teach practitioners what appear to be the active ingredients of successful programmes. The approach focuses on wider systemic factors such as the context and structure in which services are delivered with the possibility that local adaption may be needed. The common factors that make interventions effective need to be delivered and maintained with theoretical fidelity with adaptations being made to peripheral elements to ensure contextual relevance[8]. EBP in the common factors approach can be identified through individual studies but also through systematic and meta-reviews (Mitchell, 2011). Consideration is given to wider factors, for example, research that suggests that the quality of the client relationship may be as important as specific treatment approaches in some circumstances [9](Diamond *et al.,* 2006; Ilgen *et al.*, 2006). Therefore, as an approach it draws upon ideas from ESTs and scientific research but also highlights the importance of wider factors that influence the efficacy of programmes. Exploring PW can help identify these common elements.

[8] A full discussion on theoretical fidelity and adaptation takes place in chapter 3.
[9] A detailed discussion on the importance of the working alliance takes place in chapter 4.

A study by Henderson *et al.,* (2008) is an example of this approach. They identify a number of characteristics to indicate what they see as EBP for those working with juvenile and adult offenders. These include the use of particular ESTs like Cognitive Behaviour Therapy, whilst drawing out features like the use of sanctions and incentives, family involvement and assessment processes. In doing so, they provide EBP principles that are accessible to practitioners.

A further example is provided in a review of effective programmes by Garland (2008). She suggests four broad themes that the common factors for practice should be grouped under: therapeutic content, treatment technique, aspects of working alliance and treatment parameters. Garland (2008) also warns of a potential weakness of the common factors approach suggesting that a treatment programme is more than the sum of its parts. Important factors such as sequencing of elements and incorporating them into coherent care plans require some attention. Characteristics of evidence-based programmes do not explain the organisation and delivery of such programmes and this needs to be reported and understood for a programme to be effective.

The ethical imperative for EBP

In the final section of this chapter, consideration moves from the debate about the nature of EBP to why EBP is important. Matthews and Crawford (2011, p. 7) argue that, "It is immoral to intervene in people's lives without any clear idea as to the potential effects of the work being undertaken and without knowing if their situation is likely to be improved or be made worse as a result of your intervention." The possibility that programmes of intervention can cause harm has ethical implications and poses a dilemma for those in practice (Rhule, 2005). There are researchers who remind us of the Hippocratic Oath to

'First do no harm' (Arnold and Hughes, 1999; Rhule, 2005; MacKenzie, 2013). Zane (2016) suggests it is important not to simply think of programmes and interventions as effective or ineffective but to consider the possibility that harm can be caused. In our search for evidence as to 'what works?' attention must also be drawn to 'what harms?' as it is an ethical requirement of practitioners to try to prevent increasing problems for the client because of their involvement.

Johnson-Reid (2011) contends that those carrying out research need to make it clear where interventions or services are failing and to understand that if outcomes are negative, then this may be due to some aspect of the intervention programme itself. For example, in their review of interventions with adolescents with drug and alcohol issues, Werch & Owen (2002) highlighted 17 studies showing numerous negative outcomes for young people. Lipsey (1992) in a review considering 444 controlled intervention studies focused on adolescent problem behaviour, estimated that 29% of these programmes showed negative effects. Littell (2008) also draws attention to the problem that intervention researchers are probably unlikely to publish null effects and negative effects (Dishion, 1999, Zane *et al.*, 2016). Therefore, the extent of the problems and the extent of poor intervention approaches may not be fully appreciated. Poulin *et al.*, (2001) suggest that our understanding of EBP would be enhanced if these findings were reported. As Hopewell *et al*., (2009) argue, it is unfortunate that positive results are likely to be made available for publication in a way that null or negative results are not as this gives an unrealistic picture of what works and when. If ineffective or harmful practices are ignored, this detracts from the evidence base for practice, leaving it incomplete. McCord, (2003) suggests that it may cause policy makers to have a lack of appreciation as to what

might happen to clients when designing social interventions. For true claims of EBP, Weiss *et al.*, (2005b) argue that longitudinal intervention research is needed that documents the absence of negative outcomes over time before claims are made of effectiveness.

A goal of this study is to draw attention not just to the PW that teaches us more about effective approaches but to explore why some approaches seem to result in iatrogenic and negative effects. There is a difference between an iatrogenic and a negative effect (Weiss, 2005b). An iatrogenic effect in medicine is when planned treatment inadvertently causes a negative outcome (Huefner *et al*., 2009). The term literally means "physician caused" (Bootzin & Bailey, 2005, p. 872) but is often more broadly considered as "harm that is induced by treatment itself" (Moos, 2012, p. 1592). Rhule (2005) points out that it is accepted that a treatment is designed to cause change and it is therefore reasonable to assume that deterioration is a possibility as well as improvement even if harmful consequences were unintended. However, a negative effect may still occur within a programme due to wider factors but not as a direct result of a specific intervention itself. Moos (2012) show that wider personal and environmental factors can cause deterioration effects within the context of a programme of care. For an ethical approach, it is important to understand why things go wrong and to consider what can be done about this within programmes of intervention. EBP can only be complete when the question of what works is addressed alongside the question of what harms.

One example of an intervention that seemed to cause harm to young people can be found in the Cambridge Somerville Youth Study (McCord 1978). This large-scale longitudinal study was able to successfully follow up 253 men from a previous study who during their youth had received a number of interventions aimed at preventing

delinquency among school children. These young people were understood to either be "difficult" or "average" and be more likely to go on to commit crimes (McCord, 1978, p. 284). When comparisons were made with a control group, not only had the intervention programme failed to reduce criminality but it had produced negative side-effects. This included signs of alcoholism, mental illness and stress-related disease. Although these side-effects were subtle, they should be of concern to all who implement interventions with young people as it seems the programme itself may have been responsible for causing harm. and understanding why may help future programmes to avoid the same errors. There has been criticism of this study for validity issues due to the inclusion of mental illness as a negative outcome of a social intervention (Weiss *et al.*, 2005a), and the self-selecting nature of treatment decisions made by the counsellors, (Vosburgh & Alexander, 1980). It has also been argued that observed iatrogenic effects may be the result of measurement bias (Zane, 2016). However, McCord hypothesised why the harmful effects might have occurred and investigated this in further studies in (McCord, 1980, 1981 and 2003) where the data was re-examined[10]. In these studies, McCord continued to demonstrate that negative effects for the treatment group had occurred. She concluded that expectations had been raised in clients without providing the resources to achieve the new aspirations that thus resulted in disillusionment and contributed towards poorer outcomes[11] (McCord, 1981). In her 2003 study, McCord considered that the iatrogenic effects were caused by peer contagion within a sub-group in the treatment programme. Specifically, she considered peer influence during

[10] A summary can of this work and further discussion about the Cambridge Somerville Study can be found in Zane (2016).

[11] The issue of expectations and aspirations is discussed in chapter 7 and their potential harmful effects in chapter 8.

involvement in summer camps to be a problem as participants were considerably more likely to experience undesirable outcomes than their matched pairs in the original study (McCord, 2003).

This is of particular concern when working with vulnerable young people as they do tend to congregate with each other (Van Ryzin *et al.*, 2012; Melkman, 2015) and peer-group interventions deliberately bring vulnerable young people together. Dishion *et al.*, (1999) suggests that in certain circumstances where peer-group interventions take place, there may be an increase of problem behaviour and poorer outcomes in adulthood. For example, an increased probability for initiation of addictive substances (Dishion *et al.*, 1995); an increase in self-reported delinquency (Dishion *et al.*, 1996) and an increase in self-reported and police-reported violent behaviour (Dishion *et al.*, 1997). Poulin *et al.* (2001) in reviewing the Adolescents Transitions Programme, found that grouping high-risk young people appeared to undermine any treatment effects with an increase in self-reported and teacher-reported problematic behaviour. Wiggins *et al*., (2009) also showed that peer-group interventions led to an increase in teenage pregnancies and earlier commencement of heterosexual sex. Gatti *et al.*, (2009) draw attention to a 20-year longitudinal study around juvenile justice, revealing that iatrogenic effects were evidenced when young people were poorly supervised and exposed to other adolescents who demonstrated problematic behaviours. A more recent meta-analysis (Welsh & Rocque, 2014), looking at a crime prevention initiative with adolescents and adults concluded that around 75 per cent of the programmes that experience iatrogenic effect occur in groups rather than individual settings.

Not all researchers agree about the extent of such risks and there are numerous examples of peer-group interventions where there are no iatrogenic impacts (Weiss *et al.*, 2005b). Burleson *et al*., (2006) contest the idea that group therapy for vulnerable young people causes problems. Their results in an adolescent treatment study for youth with substance use disorders support the common clinical belief that group therapy is a safe and effective treatment modality. Making sense of conflicting studies is problematic and requires further understanding and research. Integrative research approaches are needed to reveal how certain interventions cause iatrogenic effects in certain circumstances and how programmes may cause negative effects. Wendt and Slife (2007) point out that this is a much ignored but important concept in their critique of the EBP policy of the American Psychological Association. Such findings are of particular interest to this study as SPP did cluster groups of vulnerable young people together in housing and educational environments. Indeed, this is typical of approaches with vulnerable young people across the country where they are gathered together in groups in settings such as pupil referral units and youth offending services. With such common practice, an understanding of the potential problems of working in this way is important and steps to reduce the likelihood of negative outcomes should be taken. In chapter 8, consideration is given to why negative effects may occur based on the experience of SPP and in chapter 9, ways to combat this problem are suggested.

When it is understood that there are risks in intervening, the ethical question as to whether to intervene at all is an important one. There is an idea known as Natural Recovery (NR) that is, "defined as a process of initiating and sustaining recovery, without professional intervention or involvement." (Rebgetz *et al*., 2015, p.107). The origins of NR

lie in the work of Charles Winick (1962) who noticed that people seemed to mature out of drug use. His initial studies suggested that as many as 65 per cent of stopped using without intervention although this study has not been replicated. Further studies indicate that a quarter to a third of people mature out of substance use (Searby *et al*., 2015). As a concept, NR was developed in the field of addiction with many studies now showing that people recover from substance abuse without any professional intervention (Ellingstad *et al*., 2006). NR is also in evidence regarding some mental health issues (Searby *et al*., 2015). There are various reasons offered as to why this phenomenon occurs such as an individual choosing to evaluate the consequences of current behaviours and making a decision to change. Other reasons included external pressures from family and friends, financial or health problems (Toneatto *et al*., 1999). Those that find recovery express a feeling of being tired with a certain lifestyle and a fear about what the future holds if nothing changes. NR studies tend to focus on self-change although other factors that influence recovery, such as being in a relationship, are considered (Rebgetz *et al*., 2015).

If people can recover from such problems over time when there is a risk that an intervention may do more harm than good, then the ethical question of whether or when to get involved is an important one. Although studies like Searby *et al*., (2015) suggest around a third of people do mature out of their difficulties, there are still two-thirds who do not and will require help and support. It must also be understood that some needs require help immediately. Homelessness, for example, may be accompanied by substance misuse and the person may grow out of their substance use eventually but homelessness is an immediate need that makes a person more vulnerable in the present. Therefore, an intervention that seeks to provide a home should be viewed differently to say a

psychological intervention that may help someone to stop using drugs. Without the first intervention, the latter might not even be possible, something reflected in humanistic models of care like Maslow's Hierarchy of Needs (Maslow, 1943). Although there are risks to intervening, programmes of support are necessary for those who cannot make progress without help and for reducing vulnerabilities whilst other issues are worked through.

Summary

EBP is now an established idea but with contested definitions. Integrative definitions have become widely accepted with endorsements by professional bodies like the APA. However, it must be recognised that problems with differing definitions and inappropriate use of terminology poses a challenge for those who would like to research or advocate for EBP, as does the gap between research and practice. When considering the idea of EBP, quality research is critical for this concept to remain credible. Most now agree that EBP research evidence should go beyond that provided by empirical experiments. EBP incorporates studies that seek to understand the influence of context, beliefs, relationships and that values PW as a way of understanding such factors. Current thinking is perhaps best summarised by Schalock *et al.,* (2011) who suggest that when defining EBP, four core aspects should now be present. Firstly, reliable ESTs should be considered as they provide evidence that specific interventions may work in specific circumstances. Secondly, broader research should be considered from qualitative studies. This enables us to understand contextual and cultural issues and their impact on specific approaches whilst revealing insights into what the core components of effective usual care look like in general settings. Thirdly, practice driven evaluation is needed where researchers and practitioners work together to gather information. Fourthly, EBP must

act as an aid to decision-making, helping services to deliver individual care in a conscientious way.

In this chapter, the epistemological debate regarding EBP has been discussed. In the next chapter, the ontological, epistemological and methodological position of this study will be established.

Chapter 2 – Research Methodology and Design

Although early approaches to EBP embraced a highly positivistic approach to discover evidence (Sackett *et al.*, 2000) and became synonymous with RCTs (Archibald, 2015; Mackey & Bassendowski, 2016), contemporary views embrace other methods for gathering the knowledge that informs practice. These include an examination of the experience and wisdom of those in practice (Melnyk & Fineout-Overholt, 2015). This study seeks a greater understanding of such practice wisdom (PW).

Morse (2006) suggests that researchers who are used to a world of natural sciences may not understand how the questions of qualitative researchers can be investigated. This in part is due to the differing methods and measurements used in positivistic approaches to draw conclusions, for example the idea of statistical significance. Kazdin (2008, p. 148) reminds us that although an RCT may show an intervention to be statistically significant, this does not necessarily reflect in the everyday functioning of a client as significance in such studies is, "a function of sample size and variability between subjects." Actual significance in measurable outcomes that make a detectable difference in the everyday life of a person may not be seen in statistical differences and do not always translate into long-term effects in the lives of participants.

Southam-Gerow *et al*., (2012) reflect that the real world settings of practice are more varied, busier, have less supervision and work with a more diverse client group than those working in the controlled settings where ESTs are developed. RCTs tend to be conducted by highly educated people, often doctoral students carrying a small caseload. What is achievable in controlled environments may not be achievable in real world situations and

although such interventions have a scientific basis, they lack external validity (Archibald, 2015).

Bouffard & Reid (2012) argue that EBP should be concerned with efficiency and effectiveness. Efficiency is concerned with whether an intervention works. Internal validity is of particular importance in efficiency studies. (Shadish *et al*., 2002). Internal validity is, "… the extent to which a treatment or stimulus (the independent variable) causes changes on any outcome measure (the dependent variable) …" (Cook & Rumrill, 2005, p. 279). If interventions are shown to be effective in highly controlled conditions then it is argued that effectiveness studies can then be conducted in real world situations to ensure external validity. Kerner *et al*., (2005) suggest that external validity is equally, if not more important than internal validity in order for practitioners to understand that interventions are appropriate for their settings. Before external validity can be assured, Prochaska (2010) reasons that multiple replications of an intervention in differing populations and environments are required.

In adopting an integrative definition of EBP, the researcher must go beyond a mechanistic view of delivering an intervention and consider other concepts such as practitioner experience and client values in an effort to widen external validity. Epistemological pluralism is needed that adopts multiple methods to find new knowledge (Bouffard & Reid, 2012). That is not to dismiss RCTs but to acknowledge that they only contribute by providing what Galbraith (*et al*., 2009) describe as technical-rationalistic information. A phenomenological-existential approach leads to knowledge that is discovered through understanding practitioner experiences of delivering interventions within the context of

care programmes (Mesibov & Shea, 2010; Schalock *et al.*, 2011). It requires the opinions of practitioners and clients and these can only be explored through qualitative methods.

Such an approach is useful for a study that aims to identify the specific PW of an organisation. As previously discussed, PW is practice-based knowledge that has emerged and evolved primarily on the basis of practical experience rather than from empirical research (Chu & Tsui, 2016). Larner (2001, p. 36) suggests PW research focuses more on the discovery of "how to do" and "with whom". It is based on a practical knowing that comes through experience of delivering intervention programmes. The exploration of PW helps to identify the broader common factors for effective practice that Mitchell (2011) suggests is a useful approach for establishing EBP. PW research allows an understanding of the creative and intuitive responses of practitioners and how such responses interact with analytical reasoning in deciding best practice in their context (Larner, 2004; Samson, 2015). Mitchell (2011) proposes that PW helps us build knowledge of the way practitioners work with clients rather than descriptions of therapeutic content. In this way, Chu & Tsui (2016) reason that research into PW cannot be discovered within a positivistic paradigm as in practice we deal with people, not things or objects. Stratton (2001, p.13) calls for "interactional evidence" where findings are established through a practice dialogue with those engaged in creating the context for treatment. Such considerations inform the epistemological and ontological approach of this study.

Epistemology and ontology

Ontologically speaking, when a person asks 'what works?' there may be an assumption that the world operates in a highly mechanistic way (Shadish *et al*., 2002; Biesta, 2007). However, the ontological belief in this study takes the position of Clarke (2009) that all

human action is meaningful, intentional and not merely reactive to external stimuli. Therefore, a constructionist view is appropriate that seeks to understand 'why', 'how' and 'in what context' intervention programmes work. Constructionism recognises that social phenomena are produced through social interaction (Bryman, 2015). As understanding is sought regarding the core components of effective EBP, consideration is given to how these components interact. It is necessary to look beyond interventions and consider them in the context of programmes of care that are dynamic in terms of relationships, culture, resources as well as the values and influences upon clients, workers and the organisation. As Crotty (1998) explains, truth and meaning is constructed through our interaction with different realities. Our understanding grows when interactions are examined such as why certain people respond differently to the same intervention approach. Shadish *et al*., (2002) suggest that experiments that show that something works in a defined setting can reveal cause and effect but do not necessarily explain the phenomenon of why and how it works. Exploring PW may offer insight into these wider questions. Litchfield (1999) argues that PW falls within the paradigm of constructionism in that it is discovered as part of a participatory process. Cooper (2001) too says that understanding practice using a constructionist approach is needed because this approach considers experiences, relationships and interactions.

Biesta (2010, p. 495) discusses "transactional epistemology" where knowledge is not a picture of a static world but is discovered through transactions in an ever changing world. This study adopts the same position taking the view that social domains do not operate in a mechanistic fashion but are non-linear and dynamic. This places the study within the tradition of Interpretivism. It is an appropriate position because findings from the natural

sciences are different to those from the social sciences in terms of generalisability. As Bouffard & Reid (2012) remind us, people in social systems act differently and unexpectedly. Mason (2002) says that this interpretivist position is essential in how the social world is understood and experienced. Interventions developed in controlled settings can only be claimed to be evidence-based when external validity is established in real and often complex social settings. Such a position relies on data collection methods that are sensitive to the social context for a deeper and richer understanding to emerge.

Research context

As well as discussing the methodological approach taken in this study it is useful to provide a description of the organisation at the focus of this study. In this section the context and demographics of SPP are discussed and in chapter 3 the culture and values are explored. The epistemological position taken suggests that it is not just what SPP do in terms of practice that is important to understand, but who they are and the context in which they work. For any replication study to be possible, the organisation as well as the methodological approach for gathering data must be understood. Replication in social settings is challenging. Bryman, (2015) discusses the limitations of replication in qualitative approaches because of fluid structural approaches to data collection and because of subjectivity of the researcher. However, only with the replication of findings in other studies can external validity be claimed and generalised. In this way, replication is important for cumulative development of social science knowledge (Hakim, 1987) and through further studies, confidence can be gained in the core components of effective practice identified in settings such as SPP. Therefore, describing the organisation and approach in detail is important.

Supporting People Programmes (SPP) was a charitable organisation based in a medium-sized town in the South-West of England. According to 2015 data provided by the local authority, [12] those under 19 accounted for just over a fifth of the population. Although the town had pockets of deprivation, it was affluent with over a fifth of people stating they worked in professional occupations. However, the Index of Multiple Deprivation (2015) estimated that around 10% of people in the town were considered in the first quartile for being the most deprived in the country. When SPP was founded in the late 1980's, its first major project was to run a hostel for young homeless people. This hostel soon relocated to what is now known as Hadley House and is the location where many of the observations and interviews in this study took place.

Hadley was a 10-bed unit providing housing and support for young people aged 16 to 25, and is staffed 24 hours a day. It acted as an assessment centre looking at the needs of young people before establishing appropriate long-term move on options. Hadley House was based in an area considered by the Index of Multiple Deprivation to be in the highest category in terms of deprivation. In 2011 the area was predominantly white with around 10% coming from Black and Minority Ethnic (BME) communities although this represented a doubling of the BME community in 10 years. The area was largely residential although there was a University campus present and many local houses were rented to these students. Opposite Hadley House was a large church and a couple of local small convenience stores. The ward bordered the edge of the main shopping area in the town centre but was separated from this by one of the main through roads that carried a large volume of traffic. Hadley House was an old Victorian building that has been

[12] Precise references for statistics in this section are not provided for confidentiality reasons.

converted into a series of individual rooms of differing sizes and quality over three floors. It was accessed through a small courtyard. As you entered the building, a small staff office was opposite. A corridor led to a communal living room and meeting space to the right, and to a kitchen and space used for education activities to the left. Stairways led off upstairs in both directions to the ten bedrooms (one room was specifically for emergency accommodation for up to two nights). It was limited because of its age with no specific disabled facilities. CCTV was mounted in some of the corridors, by a security gate at the entrance and in communal rooms. Staff commented that the building was less than ideal and could be more homely and better decorated. The office was very small, with only one computer and shelves jammed with paperwork. A white board dominated one wall with staff rotas written on and key information regarding the young people, for example, if they had a meeting with a Social Worker that day.

Seven of the sixteen participants in this study were Support Co-ordinators who worked at Hadley House[13]. A support co-ordinator at Hadley House worked across a series of shifts. A typical 8am to 4pm shift would start with a hand-over from the night staff, with those coming on the day-shift being made aware of any issues that had occurred and needed to be followed up. The hand-over meeting also looked at things that needed to happen that day, for example helping a client make a GP appointment or attend a meeting at the job centre. This was followed by wake-up calls for all the clients with an encouragement to have breakfast. This provided an opportunity to check on the state of the premises. A second walk round was needed on many occasions to wake up some clients. All clients

[13] Biographical notes on each of the respondents and their place in the organisational structure can be found in Appendix A.

were required to be downstairs by 9.30am. If they were staying on premises, they would go to Foyer[14] training at 10am. Being part of the Foyer Federation required SPP to provide extra developmental input, although this was not something for which they were specifically funded. This training was varied and included discussions on topical issues, first-aid training, sporting activities and help developing employability skills. Volunteers and other agencies often came and took this training so it was not always dependent of the staff team. During the day a client may also have had a one-to-one review with their support co-ordinator or be part of a multi-agency meeting to look at their on-going needs. Foyer training lasted a couple of hours before lunch and recommenced for a couple more hours in the afternoon. If a support co-ordinator was not involved in Foyer training they would tend to either be completing paperwork or helping individual clients to put further support in place. This could be advice around issues like budgeting or helping them to find and apply for a college course. Much of the role, especially in the evenings was about being around in a general supportive capacity, ensuring a safe and secure environment.

During the 1990s, SPP introduced additional services such as an Appropriate Adults service for young people arrested for an alleged crime and detained in police custody. The charity developed its work further to address wider needs within the area for socially, educationally and economically disadvantaged young people.

In 2000, alternative education provision was offered for excluded young people and in 2005 this project became a registered school. A youth Information drop-in advice and guidance centre also opened that relocated to a 'High Street' location in 2005 and

[14] SPP joined the Foyer Federation in 2000, whose mission is to turn young people's experiences of disadvantage into solutions that support their transition to adult independence through the development of transformational programmes that fill gaps in community services. See http://foyer.net/

became a ‘One Stop Shop’ for information and advice that offered multi-agency support for the wider community by relocating key service providers to a single point of access. In the first year, this service recorded over 6000 client visits. In 2005, SPP became the lead provider of four organisations that offered countywide training for young people aged 16 – 19 Not in Education, Training or Employment (NEET). During this period staff levels increased from 19 to 53.

Youth clubs, the school and NEET provision became located at an education centre about hundred yards away from the One Stop Shop at the far end of the main High Street in an area dominated by an increasing number of ethnic food shops and small independent fast food establishments. This area was in a ward with a population of nearly 7,000 people representing a growth of nearly a fifth between 2005 and 2015. It was an area known for anti-social behaviour and had been subject to a six-month police dispersal order in 2013, due to increasing anti-social incidents and threatening behaviour from groups of young people. There was also a problem with street drinkers gathering in this area. The Index of Multiple Deprivation places this area in the highest category in terms of crime and disorder problems.

Since 2010 further supported accommodation was secured offering a further 29 medium support beds. A new youth service infrastructure contract was established with the local council and advocacy work expanded. Funding from the Police & Crime Commissioner helped establish a youth club in the town centre and a work readiness program for young people was opened. SPP achieved Advice Quality Standard accreditation and the Gold Quality Mark from Investors in People. At the time this research was conducted in 2013,

SPP had the equivalent of 78 full-time staff across 90 posts and around 200 volunteers working within their projects.

The young people SPP engaged with predominantly come from the wards in which their services were based. They had often experienced challenging family backgrounds and broken relationships. Besides homelessness, other common vulnerabilities existed around drug use and mental health difficulties. Many were NEET, which according to the Social Exclusion Unit (1999) is linked with an increased likelihood of criminality, poor health and depression.

Methodology and method

In seeking to understand the practice of SPP, a qualitative methodology was chosen to explore what staff considered to be effective practice. Sackett (1993) classified what he considered quality evidence for guiding practice and in so doing, placed qualitative approaches in his lowest classification (Grade C) and concluded this is not recommended to inform practice. As a methodological approach it is a poor approach for establishing certain kinds of knowledge, for example whether a particular medication might treat a certain condition (Morse, 2006). This is where RCTs that establish ESTs make a helpful contribution to EBP. However, Rhule (2005) argues that valid and reliable qualitative methods bridge the gap between those who deliver interventions and the clients who receive them, giving greater understanding as to why certain approaches work better for some people than others and how subtle adaptations can make a difference. Qualitative research is concerned with in-depth investigation that seeks to understand the relationship and/or patterns and trends between certain variables (Grix, 2001) and is therefore appropriate for discovering PW. Qualitative approaches allow practitioners to

express what they feel makes a real difference or prohibits effective work with young people, whether that be specific interventions, the nature of the working relationship or other client, organisational and influential factors. This allows the researcher to seek an understanding of how such variables come together in a holistic programme of care. Qualitative methods reveal how people feel and think and give explanation not just to what people do but why (MacDonald & Headlam, 2011) and this allows practitioners to justify their approaches and why these may have changed over time as practice wisdom has developed. Öhman (2005) suggests that a qualitative approach emphasises the importance of understanding human behaviour and social interaction to reveal a deeper understanding of practice processes. Exploring intervention programmes in this way develops an understanding of the complexities of why one person seemingly has positive outcomes whilst another experiences negative effects within the care of the same organisation.

Data Collection

Methods of observation, one-to-one semi-structured interviews and focus groups were used to collect the data that has informed the findings and discussion in this study.

Observations

Researchers from the interpretivist tradition often use observational methods, as they believe that human interaction and behaviour is socially constructed and to be understood fully, this needs to be observed (Clarke, 2009). Because of this, there is a growing interest in the value of unstructured qualitative observational methods (Saks & Allsop, 2007; Reeves *et al.*, 2008). Qualitative observational methods offer detailed accounts of hidden and taken for granted social processes, which reveal the reality of

actual practice (Clarke, 2009). As an approach, it does not rely on what people think or say because it offers a direct way of understanding what actually happens in a particular setting (Denscombe, 2010).

In this research, there were three purposes to the observation stage. The first was to become familiar with the practice and culture of the organisation. Hammersley and Atkinson (2007) recognise that observations tend to be general to begin with when a broad understanding is sought but then become more focused on particular activities that seem relevant to the research questions and this is what transpired in this study. The second purpose of these observations was to provide a basis of conversation during semi-structured interviews. This allowed reference to certain events or approaches to be discussed. Thirdly, it allowed the researcher to become more familiar with the participants in the study making them more likely to agree to be interviewed and less threatened by the process. Patton (2015) suggests that when the interviewer is able to get to know the organisation at an emotional and not just an intellectual level, an understanding develops that allows the expression of empathy. This helps in building relationships that provide more open and honest answers during interviews. By the time interviews were conducted, most staff had met the researcher on multiple occasions and as Gray (2009) points out, this addresses the problem in part, of interviewees who have never met a researcher being concerned about how the information they are collecting might be used.

Eleven observations were carried out between October 2012 and January 2013. Observations took place in various practice settings including four at Hadley House, a high support hostel. Three observations took place in the Education centre where time was

spent looking at practice in the school, the youth group and a project for NEET provision. There were single visits to the Head Office, the medium support hostel, a council office where a multi-agency meeting that discussed housing options for young homeless people was observed, and a local church where the young people from the hostels put on a play about homelessness.

Gold (1958) first identified an observation continuum where the researcher acted as complete observer through to a complete participant. The extent of participation can vary over time and in different settings, which is why a continuum is a useful way of viewing this activity (Patton, 2015). My involvement was guided by the staff on most occasions. At Hadley House, when I observed staff in the context of planning, handover meetings and administrative tasks, a more non-participatory approach was taken due to the functional nature of what was taking place. However, as I shadowed staff in the delivery of their work, I became more participatory helping with wake-up calls, talking with the young people in the educational programmes and helping run activities in the youth groups. As staff got to know me, they would ask me questions about practice from my experience as an academic and background in substance misuse treatment. With regard to the young people themselves, SPP had many volunteers so clients were used to seeing new and sometimes unfamiliar people around the projects and this did not seem to have any significant impact. However, my default position was to try to act in the 'participant as observer' role. This is where the researcher is not just present as an observer, but where relationships are established with those being observed (Robson, 2011).

A researcher should complete observation records during periods of activity in the field (Clarke, 2009) but data should be collected in ways that cause as little disruption as possible to the ordinary activities of the research context (MacDonald & Headlam, 2011). Therefore, brief field notes were taken during observations and then written up in full as soon as possible after each visit to SPP.

The purpose of qualitative observational studies is to focus on how social and interactional processes occur in a particular setting with the aim of helping to develop an understanding and explanation of observed practice and behaviours (Clarke, 2009). One advantage of direct observation is that it reveals things that participants may not readily talk about (Patton, 2015). For instance, observations in this study of a staff hand-over meeting at Hadley House and a Housing Options meeting at the local council revealed a situation where a young man was getting worse in the care of SPP. This observation led to a specific line of questioning in interviews as to why programmes of care may not always work and even cause harm. As Bryman (2015) proposes, observation in this way often works well when accompanied by other methods. Robson (2011) says observation allows contrast and comparison with other methods like interviews and focus groups where discrepancies between what was seen and what is being said can be challenged. During interviews, especially with managers, I was able to ask about issues like discipline and boundaries where there appeared to be some inconsistency between what was said and the approach of certain support co-ordinators as to how strictly rules should be applied.

Semi-structured interviews

Having conducted observations over a four month period I felt familiar with the service, understood something of its culture and practice, had built relationships with a number

of staff and identified a number of issues that I wanted to discuss in detail. It was at this point that engaging in the interview stage of this research seemed suitable. When exploring complex or subtle phenomenon, interviews are an excellent choice of method as they allow for exploratory investigation (Denscombe, 2010). Gray (2009) tells us that when conducted effectively, interviews can provide rich data on people's views, attitudes and the meaning that underpins their behaviours and practices. An advantage of semi-structured interviews is their flexibility, making them ideal for obtaining information and opinions from experts and practitioners (Walliman, 2006; Bell & Waters, 2014) and thus are perfect for exploring PW.

Sixteen interviews were conducted between January 2013 and June 2013. Interviews were digitally recorded and transcribed in full. The population of interest in this study was those who work with vulnerable young people in third sector environments. Gray (2009) says a sample should represent the population of interest or what Bryman (2015) describes as a microcosm of the population. To achieve this, a convenience sample of staff within the organisation was selected that provided a cross-section of those involved in frontline delivery, supervisory roles and senior management roles. Convenience samples are those selected purely on the basis that they are conveniently available (Bryman, 2015; Gray, 2009). Specifically this happened following an initial meeting with the Chief Executive Officer (CEO) to discuss the research proposal. Permission was given to draft an email to all staff letting them know they would see me about the premises and that I was seeking participants for interview. This was circulated by Sally Kirkwood, Senior Support Co-ordinator who was asked by the CEO to become my main contact within the service and helped me arrange observations and interviews with frontline staff. Sally co-

ordinated the day to day running of the hostels and provided first line supervision for support co-ordinators and so was ideally placed to encourage staff involvement and provide rooms and times in which interviews could take place. With her encouragement, I was able to interview frontline staff who varied in age, gender and experience, providing the best cross section of workers possible. Most of these staff had been met during the observation stage, which helped facilitate this process as I was able to refer back to specific incidents where we were both present. Sally also directed me in whom to contact amongst senior staff to ensure I could interview people with significant SPP experience at every management level within the organisation. Sixteen interviews were conducted in totl. When the research began, it was anticipated that 15-18 interviews would take place and would cease once a representative cross-section of staff were interviewed.

Denscombe (2010) suggests that semi-structured interviews follow a framework rather than a rigid set of questions in order to address key themes. They allow the interviewee to develop ideas and elaborate on issues raised by the researcher. Questions asked are often general in nature but this method allows the flexibility to ask follow-up questions based on the answers of interviewees and to explore ideas as they arise (Bryman, 2015; MacDonald & Headlam, 2011). In this study, six broad questions were identified for discussion with frontline workers around their day-to-day work and six questions that looked at similar ideas about practice but more from an organisational perspective were identified for those in more senior roles (see Appendix B for questions and themes that formed the basis of interviews). Cresswell (2013) states that themes allow for questioning based on the objectives of a study although in an interview it is important to phrase these

ideas into questions that the interviewee can understand. This is the reason for a differing set of questions between frontline practitioners and those in senior positions.

Many of the interviewees were already known because of the observation stage. Arksey & Knight (1999) argue that this strengthens the validity of the method as when there is trust and rapport, informants are more likely to express themselves honestly. The interviews lasted from about 30-45 minutes for frontline practitioners and 45- 90 minutes with more senior and experienced staff. In this way, Gray (2009) suggests that validity is also more likely as interviews need to be sufficiently long and focused on exploring the main themes.

Interviews took place at various SPP settings. Of the sixteen interviews conducted, six took place at the Hadley House Hostel in the main office, lounge or education room; four took place in staff offices at the Head Office; two took place at the medium support hostel; two took place at the Education Centre; and one took place in an interview room at the One Stop Shop. In ensuring a suitable place for conducting interviews Gray (2009) and Cresswell (2013) suggest a balance between convenience and suitability. This was more challenging for frontline practitioners who needed to be present in the hostels should they had been needed and interviews were sometimes interrupted because of this. Interviews with senior staff and managers took place mostly in their own offices being convenient for them and highly suitable in terms of privacy and noise.

Focus groups

Having conducted these interviews and having carried out some initial analysis and reflection, I entered into the third stage of this research. During July 2013, three focus groups were conducted to discuss the themes initially identified.

According to Walliman (2006), focus groups are a type of interview that bring people together based on some commonality to engage in a discussion. Unlike semi-structured interviews, lines of questioning are normally more tightly defined to a particular topic or issue and is useful when more in-depth information is needed (Bryman, 2015; Bell & Waters, 2014). In this study, I focused discussion on four themes identified during the initial analysis of interview data: the influence of staff and working relationships; the need for routine, boundaries and discipline, the notion of readiness for change and need for motivation; and the importance of building aspiration in clients.[15] At the beginning of each focus group, a brief description was given regarding each of the themes identified in the initial analysis in order to provide an understanding of what I thought I had heard at the interview stage. The focus groups were then conducted in two stages. Firstly, participants were asked whether they felt this accurately reflected what the organisation understood to be important and whether there were other significant themes that had not been identified. Bryman (2015) recognises that focus groups are useful in understanding why people think in the way they do and enables ideas to be challenged by members of the group if they understand something differently. Allowing my early findings to be developed and discussed in this way seemed a sensible approach. Secondly, participants were asked to reflect on each theme individually, expanding on what they felt this meant in practice and the relative value of each theme against the others identified. This allowed a fuller understanding of practice and experience to be developed within each theme.

[15] These themes are discussed in chapters four to seven of this study. See Appendix C for lines of questioning in the focus groups.

Members of a focus group should have some particular knowledge or experience that is relevant to the research (Walliman, 2006; Denscombe, 2010) and on this basis, it was decided that three focus groups with differing experience, knowledge and perspectives would be useful. The first two groups were senior staff/managers and frontline workers, reflecting the slightly different lines of questioning during the interview process. In addition, a small group of young people who were recipients of SPPs work were invited to comment. As with the interview stage, a convenience sample approach was taken. Sally Kirkwood as Senior Support Co-ordinator allowed me to come to Hadley House following a staff meeting to meet with four of the six support co-ordinators that had been interviewed. Sally also arranged for me to meet with four young people at the medium support hostel. These young people were chosen as they were less vulnerable than those who had recently entered the service at Hadley House and had all been recipients of SPP support for a minimum of six months. For senior staff and managers I was given time as part of a normal monthly meeting. Not only were some of the Senior Staff present who had been interviewed but other staff from different areas of the organisation with whom l had no contact previously. This provided a wider perspective that allowed me to understand not just the importance of the themes but how they existed as part of a wider organisational culture and approach.

As Cresswell (2013) states, focus groups used in this way are useful when interaction among interviewees may help uncover the information sought and when the quality of the research output may be improved through such interactions. The process of conducting focus groups confirmed that themes identified during the observation and

interview stages were the most significant drivers of SPP practice whilst providing additional insight and reflections on each theme.

Collectively these three methods allowed for the triangulation and synthesis of data from multiple sources. Triangulation is where more than one method of collecting data is used in a study so that findings can be cross-checked (Bryman, 2015). As stated by Denzin & Lincoln (1998, p. 4) "The combination of multiple methods, … perspectives and observations in a single study is … a strategy that adds rigor, breadth, and depth to any investigation".

Data analysis

Analysis was conducted in stages. An initial thematic analysis took place following observations and semi-structure interviews. Recordings of interviews were listened to twice and the data summarised in table form, highlighting significant ideas (see appendix G for an example from three interviews). Flick (2015) recognises that it is helpful to analyse individual findings in such ways before being able to establish themes. This approach is an example of inductive interpretation where themes are drawn out in response to the aims of the study (Charmaz, 2014). As these themes emerged, they were colour coded offering a visual reference to the ideas being most commonly discussed. Cresswell (2013) recommends organising data into appropriate text units in this way as reducing the body of data gathered into table form, makes the process of identifying important ideas much easier. As Walliman (2006) discusses, the process of data reduction is important as qualitative research produces a mass of information that is not easily analysed when presented as an extended text. Initially, fourteen broad themes were identified and colour-coded. This kind of coding can be used as an index of interpretative

ideas that helps the researcher indicate common themes (Walliman, 2006). However, qualitative analysis cannot be based purely on the number of times an idea appears. Qualitative research is not concerned with numbers but words and meaning (Walliman, 2006; Bryman, 2015). Therefore, I considered the value and importance of the themes, carefully paying attention to ideas from more experienced practitioners within SPP who had witnessed how PW had developed over many years. This further examination allowed the collation of ideas into four themes that seemed to be the most important and influential.

The next stage recognised that the analysis of qualitative of data can be interactive. Analysis can evolve as data is collected rather than be something that happens at a particular point in time once all data is collected (Denscombe, 2010). It is possible for qualitative research to have a constant interplay between the collection of data and analysis, as this improves understanding (Walliman, 2006). As mentioned, to ensure correct interpretation in this study, the identified themes were discussed and analysed further with staff and clients in focus groups. Here it was confirmed that the initial analysis of data was an accurate reflection of the PW found within the organisation and that the ideas mentioned were some of the most important concepts that drove practice. As part of this process, focus groups were asked to rank the relative importance of each theme discussed. Full results are presented in Appendix D. It was observed that all groups found this challenging as all themes were felt to be significant although the two staff-based focus groups ranked routine, boundaries and discipline as the most important factor whilst the young people felt the influence of staff and the working relationship was most important.

The data was then organised further by drawing together observation notes and fully transcribing the interviews and focus groups. These were placed into a single Microsoft Word document that allowed data to be searched for by using keywords from each theme. This allowed for easier selection of material that could then be presented in the data chapters of this study.

This research is concerned with identifying PW and in doing so, identifying the theoretical ideas and models that might explain why such practice is effective in real world settings like SPP is important. Therefore, critical analysis of the themes revealed in the research findings takes place in the data chapters using a desk-based approach. By engaging in a critical discussion of the data in this way, the active ingredients needed for effectiveness in this programme can be identified and explained. This allows for theoretical fidelity to be understood in other programmes that may seek to replicate the approach of SPP. It is also important as this critical approach guards against questionable practice-based evidence found in the data being presented as a suggestion of what works.

Ethical considerations

Bryman (2015) identifies important ethical principles in conducting research that ensure no harm is caused to participants. As Denscombe (2010) states, research subjects should be no worse off at the end of their participation. A number of steps were taken which adheres to these principles.

As research is reported, Gray (2009) reminds the writer of the potential risk of embarrassment and mental distress caused by the presentation of such findings. Preserving the confidentiality of individuals and the organisation is important so that what is being shared does not cause any future difficulties. The use of pseudonyms is

recommended (Bryman, 2015), and are used throughout this study. Other identifying details have been changed or redacted to protect the identity of those involved in the research project.

However, despite efforts to keep information confidential, voluntary informed consent should be obtained, as there is the potential for harm if a person is recognised in a study (Bryman, 2015). On this basis, participants need to be able make an informed choice about their involvement and so information sheets about the study, one aimed at staff and one aimed at young people, were produced (see Appendix E) and written consent was sought that made it clear how the findings could be used (see Appendix F). A right to withdraw from the study at any time was made clear. As is now commonly the case with social research (Denscombe, 2010), this study and the aforementioned paperwork was subject to approval from the University of Gloucestershire's Research Ethics Committee before the research could commence (University of Gloucestershire, 2017).

SPP worked with a vulnerable population and being present in practice settings meant I was subject to their safeguarding protocols. This meant completing an enhanced Criminal Records Bureau check and attendance at an induction and training programme in Principles of Effective Client Support and Safeguarding before I was able to engage with SPP services. Due to the context of working with vulnerable young people and the participant observer approach, the possibility existed that the young people themselves could report harm to me. Therefore, as part of the consent agreement and local safeguarding protocols, it was agreed that anything said about suffering significant harm would be reported to Dennis Williams (Deputy Chief Executive Officer) who took overall responsibility for safeguarding at SPP and subsequently reported concerns to the

appropriate authorities. This included if a client or participant expressed an intention to commit self-harm, harm a named person, or to pose a threat to security. When observations were conducted, they were done so in the presence of SPP workers. The only research conducted where an SPP worker was not present was the client focus group as it was felt this may impact on the responses given. However, the session was introduced by a SSP support co-ordinator who then worked in the office next door. Before this research started, I re-emphasised the guidance in the information sheet and stated that the young people could leave at any time. It was agreed that should talking about such events cause any distress then the support co-ordinator would be immediately available to help these young people.

Having considered these methodological and research issues, consideration is now given to the findings in this study. In the next chapter, the culture of SPP is examined as part of a wider discussion about how culture and context impacts on EBP. Concerns expressed by mangers at SPP about the possibility of EBP in an ever-changing climate are also explored.

Chapter 3 – Culture and Context

The Interpretivist approach in this study to discovering EBP requires us to understand the people, culture and context in which SPP operates. There is a danger when discussing EBP to think of it only in terms of the interventions delivered. Nelson and Nelson (2010) say that EBP is misunderstood when merely applied to ESTs. Interactions between human beings and their world result in differing and unique situations (Bryman, 2015) and so for understanding, one must look beyond the highly controlled setting of the clinical trial. The APA Presidential Task Force (2006) argue that interventions are delivered within a context and culture that is subject to change so this context should be understood when delivering interventions. As discussed previously, ESTs only account for part of the variance in successful programmes with other factors affecting success (Mitchell, 2011). McCormack *et al*., (2002) suggest that a failure to address cultural concerns by those devising ESTs is cited by practitioners as part of the reason for such a low uptake of implementation in practice. For any future replication studies, it is also important to recognise any different cultural or contextual factors that might explain different approaches or outcomes. By establishing the culture and context of SPP, an insight is provided regarding the organisation behind the approaches discussed in the next four chapters.

In this chapter, the culture and values that drive SPP are described. Consideration is given to concepts such as fidelity and adaptation, whilst looking at how SPP practice has changed over time in order to become and remain effective.

SPP Culture and Values

Drennan (1992) encourages the study of the way things are done in organisations, including the culture of the organisation as this provides the context for practice. Organisational culture is about values, assumptions, norms and expectations. These factors have been shown to influence the performance of staff and thus increase organisational effectiveness (Aarons & Sawitzky, 2006; Kim *et al.,* 2012). In this way, culture and values are part of the active ingredients that make an organisation successful, and should be considered in a common factors approach to EBP (Mitchell, 2011).

SPP stated in its mission statement that its purpose was to transform lives. The priority was to support people who had serious and immediate needs, with an aim of equipping them to meet the demands of an ever-evolving society. SPP staff demonstrated a belief anyone could improve their life for the better, but some may need help to do this.

Leadership and the cultural identity of an organisation are often linked (Schein, 2010) so a starting point was to consider how senior managers in SPP viewed the culture in which they believed their staff should operate. Colin Amsden was the Chief Executive Officer (CEO)[16] of SPP and joined the organisation in 1999 to work with young people at risk of

[16] See Appendix A for an organisational structure and biographical information about participants.

exclusion from school. Colin was noticeably a person of great passion and enthusiasm and this was reflected in what he thought the approach of SPP should be:

> [We] always push this culture about going the extra mile. About don't settle for second best. …We are much more likely to have staff that are much more likely to help young people to get out of the hole they are in. And so for me, [it's] constantly pushing that message and making sure that our staff are working as hard as they can for young people who are just in a place that they shouldn't ever be. (Colin - CEO)

Dennis Williams was the Deputy CEO. Like Colin, he had been working at SPP for a number of years having joined in 2001 to work as a training officer with young homeless people. With regard to the approach of SPP, Dennis explained:

> Our role is to actually look into the community and see who are the most vulnerable. Who are those who are absolutely struggling to engage within society or the community, and give them a leg up. Be there! Be that comforting arm around their shoulder. Be that service which won't exclude them no matter how difficult they make our lives. Our lot is to always be there, to be that surrogate family member that doesn't give up on them at any point. And I think it is as simple as that. (Dennis – Deputy CEO)

These two statements introduce us to the culture and values of SPP. They appeared to be an organisation with staff who were expected to go the extra mile to help the young people they worked with no matter how vulnerable and difficult they may have been. An example of going the extra mile was noted in the work at Hadley House, a high support

hostel for those aged 16-25. Here, they delivered educational and development work on a daily basis, despite this not being a funded contractual requirement, because they believed it resulted in better outcomes. Kiera Cox, Foyer Manager, someone who had previously experienced homelessness herself, had responsibility for the work conducted in the hostels reflected:

> We pay to be part of the Foyer Federation[17] … which has a holistic approach to housing which we very much agree with and have signed up to. …To help them, you have to take an holistic approach, … you have to do training and education with them on site so we do training which is very different than kind of school education because a lot of the young people we have might have not gone to school or not done very well at school, don't fit that environment. So, we will do life skills with them – how to cook, clean, wash up. We'll also do CV writing, interview prep, and then we take it a little bit further than that as well. There's no actual expectation to do what we do. We don't get paid to do it.
>
> (Kiera – Foyer Manager)

In this way, it was observed that staff at SPP not only talked about going the extra mile but appeared to work beyond contractual obligations when they believed it made their work more effective. A further observation concerned contractual targets and KPIs. SPP appeared to target the most vulnerable, even though this made their work harder and could count against them in terms of the number of successful outcomes possible. Graham Archer was Head of Operations. Having worked within the supported

[17] SPP joined the Foyer Federation in 2000, whose mission is to turn young people's experiences of disadvantage into solutions that support their transition to adult independence through the development of transformational programmes that fill gaps in community services. See http://foyer.net/

accommodation units, he was promoted to take on responsibility for managing the 30-40 contracts held by SPP. He explained how they worked with vulnerable clients regardless of how this affected contractual outcomes:

> We've accepted clients who already have the possibility or sometimes definitely, a custodial sentence over their head, so we know that's going to be technically a negative outcome so if we were being contract-savvy, we would go, “there's no point in working with you”. When actually, you know, three to six months before that happens we might achieve an awful lot of work getting them into a much better kind of place. … They can then use that as a springboard to come back out to us or somewhere else. I have knowledge of other agencies who will look at someone and go, “well that's a quite straightforward case, we'll hang on to that one ‘cause they're not so challenging”. (Graham – Head of Operations)

In a commissioning culture driven by economic rationalism and funding based on KPIs (Osborne & McLaughlin, 2002; Deem, *et al*., 2007), SPP senior management presented a picture that although reliant on contracts financially, they nevertheless tried to deliver what was considered best for their vulnerable clients regardless of the impact on targets. Cortis (2012) discusses the temptation for services to work with less demanding clients as it is easier to demonstrate positive outcomes to funders. However, SPP claimed not to give into this temptation and focused on doing the best for its clients more than financial survival.[18]

[18] We will explore a specific example of this in chapter 8 with reference to SPP alternative education provision.

SPP also recognised that for this culture to be established in the organisation, then you needed a particular kind of worker. Colin, as CEO discussed the kind of person they tried to recruit:

> I think the other thing then goes back to culture. It's about having a staff team that follow a particular culture and are up for the job. You can't afford to take passengers, not in supported accommodation. You shouldn't have to afford to take them anywhere but supported accommodation, 24/7, it's a high octane environment. You need staff that are up for the job, that are resilient, that are motivated, that want to make a difference, that are passionate, that are committed and that are doing it because they want to be there, not because it's a job.' (Colin - CEO)

In this sense, SPP demonstrated a belief that the culture is defined not just by the message in mission statements but also by recruiting staff with the right kind of attributes. Much about the culture of SPP was observed in the way these workers engaged with clients. However, before this is explored further it is useful to understand the clients and their context. Consideration is then given to SPP responses in this environment.

Client Context for SPP Work

Observations revealed that SPP predominantly worked with vulnerable white British young-people from socio-economically disadvantaged backgrounds. Many came from challenging family environments with broken relationships. Besides homelessness, other common vulnerabilities existed including drug use and mental health difficulties. Many were not in employment, education or training (NEET) which in itself is linked with

criminality, poor health and depression (Social Exclusion Unit, 1999) and these factors were in evidence with a number of clients. Many had experienced poor parental guidance and discipline and this is associated with antisocial behaviour, poor educational outcomes and problems in relationships (Scott *el al.,* 2010; Gunnoe, 2013). According to Strategic and Structural Family Systems Theory, this makes them more likely to require the help of services but at the same time less likely to participate (Kim *et al.,* 2012). Cortis (2012) says it is common that organisations who exist to meet such needs struggle to engage effectively so understanding how SPP addressed this is necessary. Brannigan *et al*., (2004) demonstrate that adolescents with the vulnerabilities observed at SPP are less likely to stay engaged in specific treatment programmes like substance misuse services. Doherty *et al*., (2003) reveal a number of factors that make young people like these hard to reach. These include their beliefs about the services offered and previous experiences of services. Young people weigh up the costs and benefits of involvement based on such perceptions before participating (Cortis, 2012). Other barriers to engagement include literacy issues with difficulties understanding information about what services offer, low trust in practitioners, and chaotic lifestyles. Coe *et al*., (2008) argue this results in those who need such services being the very same young people who avoid and disengage from help available.

Even when engaged with services, the background issues often experienced by vulnerable young people result in greater challenges. Parental issues, such as maternal depression, paternal substance misuse and personal issues such as existing anxiety, depression, and criminal histories have been shown to moderate the treatment response in young people or cause them to avoid services altogether (Beauchaine *et al*., 2005; Avis *et al*., 2007).

Doherty *et al*., (2003) suggest these factors may make vulnerable young people service-resistant. Without specific strategies to address such contextual and cultural challenges, trying to engage these young people with specific interventions, for example, a specific EST to treat a drug problem, is unlikely to make a difference as such young people will not participate in the first place or will disengage quickly (Mitchell, 2011).

The background and vulnerabilities identified in the young people at SPP often resulted in a challenging working environment. Observations at Hadley House recorded several notable incidents. One morning, Julie Mallon, a support co-ordinator who had graduated from University with a psychology degree in the previous year, was tasked with waking up the clients. Field notes recorded:

> During wake-up calls, one client responded in a very threatening way to Julie Mallon, a young female member of staff. She was visibly shaken by the incident when she returned to the office. Apparently, this client is often expressing anger and had verbally abused her the week before. I was told that he seemed to be bubbling with rage.

On my next visit to Hadley House, the stressful environment was evident once more. Julie, was again the victim of verbal abuse with one client calling her a “fucking slag” after she had asked him to leave the site temporarily for refusing to engage with the training provided that morning. Another young man knocked on the office door whohad recently moved into medium support housing from Hadley House. Hewas annoyed that he could not speak to his support co-ordinator, who was not due in until later that morning. His frustration was obvious as he became rude and abusive to the staff, swearing at them and eventually he too, was asked to leave. Observations revealed an environment where

these young people often expressed anger, frustration and non-compliance. However, the client focus group and one-to-one conversations with these young people revealed that staff seemed enormously appreciated. One young man who had been in SPP hostels for about six months and seemed to be the most critical about the organisation remarked, “The thing is, the staff are good at their jobs. You can't deny that, they are good at their jobs.”

It was interesting to observe both the abuse and appreciation of staff. In trying to understand this, consideration is now given to the approaches staff took in working with clients and this might explain what seemed like a mixed response. In describing this practice, an introduction is given to some of the core components that emerged from the PW of staff at SPP that were believed to be important for success and are explored in detail in subsequent chapters.

Attitude and approach of staff to clients

Hostile client behaviour was observed on several occasions but the culture of SPP was revealed in the reactions of staff. Rather than being angry, staff worried that they had responded in the right way when things had not gone well. Julie, the support co-ordinator who I had witnessed receiving a lot of abuse reflected on an incident where she had asked a young person to leave the hostel for few hours. Field notes recorded how:

> She talked to me about how bad she felt kicking him out and that she did not know if she had done the right thing. She expressed the same self-doubt to a fellow worker when he arrived at work. The worker tried to reassure her that she had done the right thing. She talked about how she felt sorry for these kids and

how she thought she had a difficult upbringing but that it was nothing compared to these kids.

What was seen in Julie and observed in other support workers was a demonstration of empathy rather than negative emotional responses regardless of how abusive the young people might have been. The client/practitioner relationship was something SPP staff considered as extremely important. Empowerment through relationship building has been identified in research as overwhelmingly important when working with vulnerable clients (Cortis, 2012; Kim *et al*., 2012). Mitchell (2011) points out that client-centred approaches, built on good relationships, are a common factor of effective approaches when engaging with vulnerable young people and this is identified in the PW that emerged from staff at SPP as one of the core components of their programme.[19]

Many staff had experienced vulnerabilities themselves and it is suggested that employing people from similar backgrounds is a useful strategy because of how this encourages empathy with clients (Cortis, 2012). Besides Kiera, the Foyer Manager, other support co-ordinators had shared some of the vulnerabilities of these young people. Nathan Jenkins, who had started working for SPP a few months earlier, expressed that he felt he could connect with these young people because of his life experiences stating that his own life had been a complete mess a couple of years earlier. Lesley Spragg explained that her experience of living in supported housing had shown her the value of this kind of support and believed it gave her a particular empathy with the clients. Naomi Friend revealed she "went off the rails" when she was younger and had a brief spell in care stating she used to run away and stay with a friend at a supported housing unit. Clearly, these experiences

[19] The client/worker relationship is discussed in detail in chapter 4.

allowed for empathy to be expressed. However, although these background characteristics may help, Moran *et al*., (2004) argue that they are less important than staff skills and an ability to engage.

The SPP approach in trying to build good relationships was driven by what seemed to be a cultural belief that they were often making up for poor parenting and the experience of broken homes. The need to build good and healthy relationships was influenced by a belief that these young people needed positive role models and influences that some might not have experienced previously. The purpose of this influence seemed to focus on building motivation and confidence in the young people, trying to give them self-belief. To do this support could be quite practical, for example, prompting a client to go to an appointment and perhaps walking them there if they are anxious. Much of the observed support was general encouragement and it was noted that staff looked for any reason to try and praise their clients for things they had done. Behavioural Modification Theories (Bandura, 1977) suggest that positive reinforcement like this can lead to behavioural change (Kim *et al*., 2012). However, just as good parenting requires support and care, there is also the need for discipline and boundaries (Baumrind, Larzelere, & Owens, 2010). It was observed that in the culture of SPP, workers offered empathy and care in order to build responsive relationships but discipline and expectation was also evident. Enquiry revealed this was an adaptation to SPP practice made over time, based on a perceived lack of discipline and routine for these young people in their lives so far. This idea is now explored further.

Establishing discipline and boundaries

SPP practice was based on clear and consistent boundaries around conduct and behaviour of the young people. This was in evidence in all settings but most noticeable at Hadley House where were rules and consequences were explained during an initial assessment. These young people then had to sign a contract to say they understood and agreed with these rules before they could move into the accommodation. Graham, Head of Operations, and Dennis, Deputy CEO, shared that SPP had been criticised by other agencies in the sector for their tough approach. They also expressed that they felt other agencies adopted a soft approach because they felt sorry for the young people because of the life they had lived thus far. Consequently, such organisations tended to focus only on care and compassion. This is of note as research suggests that this may lead to poorer outcomes without a high disciplinary balance (Bednar & Fisher, 2003; Chassin *et al*., 2005). The firm approach taken was a very specific practice adaptation that SPP staff had made over the years, having discovered, that without what the client focus group described as “tough love”, they were less effective or ineffective. Both empathy and expectation were needed with SPP arguing this was a secret to their success. Sally Kirkwood, the senior support co-ordinator at Hadley House explained:

> We have so many clients kick off while they're here and fight against the routine and the intense staffing levels and the curfew and all of this kind of day-to-day training and yet when they come back in a year’s time, “it really sorted me out, it was what I needed”. And I think it does work. And it only works because we've got people here that believe the same as I do. (Sally - Senior Support Co-ordinator)

Practically speaking, discipline is handled in the hostels through Behavioural Management Contracts and Retractable Eviction Notices that set out clearly the expected conduct and what the consequences will be if this is not adhered to. CEO, Colin Amsden revealed:

> We've got a strong leaning towards non-eviction although we did try a complete no eviction policy. [It] didn't work because what happened was young people would cite back to us, “I can do what I want because you can't evict me” and that bred a very different beast that we just couldn't control. But we have a very strong leaning towards second, third, fourth chances because actually, these young people are at the end of the road and their life has hardly begun. …So there are all those sort of cultural messages that we'll be getting out to the staff all the time. (Colin - CEO)

Without the threat of any kind of consequence for breaking rules, SPP recognised that at times, they lost control of the behaviour of the young people. Previous approaches dis-empowered their workers and in this way helped nobody. Instead, the culture of SPP seemed to have evolved to a belief that teaching a life lesson where consequences have actions was an important component of their work. For clients moving on to tenancies, it reminded them that there were expected levels of social behaviour or else eviction would be a consequence and they would once again find themselves homeless. Elsner *et al*., (2002) demonstrate from neuroscience how linking consequences to actions helps promote learning and control of voluntary actions, thus providing a scientific basis for this approach in improving helpful behavioural outcomes.[20] One way SPP established

[20] The issue of discipline and boundaries is considered in detail in chapter 5.

discipline and boundaries was through structured days and routine. This idea is now explored in detail.

Make each day constructive

Cortis (2012) and Gunnoe (2013) explain that the kind of vulnerabilities observed in SPP clients, have been shown to increase the likelihood of antisocial behaviour. One approach to reduce the circumstances in which young people might cause trouble is by adding structure to their days. At SPP, this is borne out of the belief that if there is no structure and nothing to do, boredom will set in and antisocial behaviour is more likely.[21] Meehan *et al*., (2006) and Moswela (2006) demonstrate the link between boredom and antisocial behaviour and that the provision of meaningful activities reduces such problems especially in residential settings. Therefore, there appears to be an evidence-base for taking the approach that SPP experience tells them is important. Part of the structure and rules for being at Hadley House was that clients must do something useful with their day. Kerrie as Foyer Manager explained that clients were expected to get up and get active in some way.

> I don't think a lot of supported houses … look after the welfare of the young people as well [as] make sure that they are doing something with their days and sort of looking at every aspect of their life rather than just saying, right, they need a roof over their head, we've given them that. (Kerrie – Foyer Manager)

[21] This is discussed in detail in chapter 5.

SPP provided positive group and one-to-one activities for the young people, often with an educational or vocational focus that sought to build the skills and confidence of the young people. Colin explained:

> We are adopting more of a strengths-based approach to our work, so we are trying to look at people's assets and help them to help themselves … try and look at people's own strengths to get them out of their own hole rather than keep relying on us to drag them out sort of thing. (Colin - CEO)

In identifying the strengths of young people, SPP staff sought to raise their expectations and aspirations with the hope that this would create motivation to work towards agreed educational and vocational goals. Dennis, the deputy CEO explained that SPP tried to establish the same high expectations and aspirations that are more likely found in young people brought up in secure middle-class family environments. Research by Ashby & Schoon, (2010, 2012) demonstrates that aspirations are higher for young people in families with economic advantage and these aspirations result in improved outcomes. SPP recognised this deficit in those they worked with .

One challenge that SPP had to overcome in order to raise the expectations of clients at Hadley House was that these young people had no other housing option than to be there as it was the assessment centre for the region. Young people had to pass through this hostel to be assessed for suitable accommodation. Karver & Caporino, (2010) show that when there is no choice, young people are often highly resistant to change. To counter-act this, SPP placed a significant emphasis on building client motivation. Urbanoski *et al.*, (2012) show that motivation in adolescents is a predictor of engagement with practitioners and successful outcomes. By focusing on the strengths of these young

people and by building expectations and aspiration, many at SPP believed that motivation could be improved.[22]

The approaches taken by SPP to working with their young people revealed something of the culture as well as the practice of the organisation. It was noted that practice had adapted to meet the behavioural challenges posed by young people who had lacked discipline and routine. A significant EBP debate is concerned with the extent that culture and context should affect practice approaches and adaptations. Before considering further adaptations that SPP had made in response to cultural and context issues, an understanding is required regarding how an organisation might remain evidence-based in the context of ever changing social situations. This wider discussion is now considered.

Adaptation and Fidelity

When thinking about the impact of culture and context, researchers are increasingly arguing that modifying treatments and interventions is inevitable because of the different characteristics of clients and the context in which such programmes are delivered (Hogue *et al*., 2008; McHugh *et al*., 2009; Mitchell, 2011). For example, Karver & Caporino (2010) argue that flexible adherence to manuals when there are ruptures in the client-provider relationship, does not necessarily compromise therapeutic success because it is related to treatment participation by attending to the working alliance.

Reflecting on a conference that discussed evidence-based policing, Dennis expressed his concerns about the notion of EBP when considering how so many variables outside of an

[22] The issue of motivation and readiness for change is discussed in detail in chapter 6.

organisation can impact on practice and how practice within SPP has had to change and adapt:

> For me it's practice that you can say you have got evidence that it works. That if you put that … model of intervention into practice you can be assured that 40/50/60/70/80% of the time you're going to get a positive outcome whatever that outcome might be based upon a pre-determined set of criteria. That's great until the dynamics of the children that you get through change and then suddenly the evidence that you had two years ago is pointless because it's a totally different cohort of kids now or the issues within the community are vastly different. So, what I worry about [with] evidence-based practice is evidence based on where, on what time, on what cohort and under what circumstances? (Dennis – Deputy CEO)

This is an important consideration when thinking about programmes of care in usual practice. The context of the highly controlled experiments that demonstrate the efficacy of certain interventions is different to the everyday lived experience of an organisation like SPP and Dennis recognised that the young people do change from cohort to cohort and over time. This PW reflection raises a legitimate concern about EBP and challenges the classical view that assumes the future is predictable.

In social sciences, the belief is that people can alter responses depending on how they see and understand a situation (Bouffard & Reid, 2012). Things are less predictable than in the biological sciences where anatomy is a more stable concept. The social environment affects interventions. The concern expressed by Dennis is not new with Paul (1967, p. 111) asking, '*What* treatment, by *whom*, is most effective for this

individual, with that specific *problem*, and under which set of *circumstances*?' Circumstances change and therefore the belief amongst senior managers in SPP was that the practice must also change. Dennis reflected on this by considering the delivery of training to young homeless people from his own experience:

> If I was to go back and try and deliver the training to the same group that I delivered to ten years ago I'd die a death. I wouldn't be able to do it because I'd probably try and do what I did with kids ten years ago that kids today just wouldn't respond to that at all. Strength? I guess is our ability to be flexible to change to the needs of the kids that are coming through and identify what they are able [to do] … What's going through their heads is changing on an ever increasingly rapid rate, you know. Kids probably that we saw in Hadley house last year are nothing like we're seeing this year. (Dennis)

What is observed in the PW of Dennis and others at SPP is the need to adapt as things change year on year, because of culture and context and the young people they have worked with present differently over time.

However, the issue of adapting EBP, especially ESTs, is a contentious idea because of the issue of fidelity. Fidelity is the extent to which an intervention has been operationalised as intended by its developers and it is argued that to make changes to the intervention may compromise its effectiveness (Carroll *et al*., 2007; Haynes *et al*., 2016; Perez, 2016). Not all agree. There are those who argue that because ESTs seem to lack context and cultural sensitivity, then they should not be implemented without modifications and specific adaptions (Lau, 2006; von Thiele *et al*., 2015; Perez, 2016). This has led to a debate as to whether established evidence-based treatments should be changed and has

become known as ‘fidelity tension’ (Archibald, 2015, p. 142) or the fidelity/adaption dilemma (Cherney & Head, 2010).

Bernal *et al.*, (2009) reflect that culture and context do influence diagnostic and treatment processes but also show a concern regarding fidelity because of the supporting evidence base regarding its importance. A number of interventions have been shown to be less effective when the programme is not adhered to closely (Dusenbury *et al*., 2003; Mowbray *et al*., 2003; Chaffin & Friedrich, 2004; Saunders *et al*., 2005; Carroll *et al*., 2007; von Thiele *et al*., 2015; Sundell *et al*., 2016). Lack of implementation fidelity has shown to result in Type-III errors where a useful intervention fails to be effective because of a lack of adherence to the model (Doyle & Hungerford, 2014). Advocates of fidelity also point to studies that show that in culturally diverse circumstances, the same intervention works effectively for a range of clients (Marques *et al*., 2016). One example of this is seen in a study that looks at the effective delivery of mental health ESTs with different cultural groups (Feeny *et al*., 2003). Research also confirms that when fidelity monitoring ensures the close delivery of an intervention, within a supportive context, then there a positive impact occurs not just for clients but also in terms of lower staff turnover and improved morale (Aarons *et al*., 2009; Akin *at al*., 2016).

Carroll *et al*., (2007) state that fidelity monitoring has traditionally focused on five areas – adherence, dose, quality of delivery, responsiveness of participants and program differentiation. However, this approach to monitoring is based on a narrow view of what fidelity means. Haynes *et al*., (2016) suggest that our understanding should widen to include two distinct ideas that they call *implementation* fidelity and *theoretical* fidelity. Implementation fidelity refers to how an intervention is delivered in terms of adherence

to an intervention manual. Theoretical fidelity is the extent to which a programme is delivered in a way that is congruent with the intervention theory. Domitrovich & Greenberg (2000) have suggested that implementation fidelity receives far more attention amongst researchers because funders and policy makers want 'one-size fits all' EBP that can be put in place and widely replicated with effectiveness. However, as SPP have reflected, practice settings vary and clients pose differing challenges over time. Consequently, August *et al*., (2010) suggest that implementation fidelity sets up a tension between internal validity where a model is faithfully delivered as intended, and external validity where a community will want to adapt a programme to local conditions.

The idea of fidelity is criticised as many RCTs that result in manual-based approaches, have been developed with largely white middle-class people with single rather than co-morbid issues (Southam-Gerow *et al*., 2012; Doyle & Hungerford, 2014). This raises the question as to whether these interventions would work for other populations without some adaptation. Von Theile *et al*., (2015) reflect on increasing calls for adaptation and that interventions should be designed where developers build in pre-defined changes. Perez *et al.*, (2016) suggest this is needed because of the differences found from client-to-client and context-to-context. There were those at SPP who reflected on the need to take different approaches with each young person they worked with. Kiera (Foyer Manager) who started work at Hadley House six years prior to interview, described herself as someone with great affinity with the young people having experienced poor care in hostels when she was younger. In reference to working with clients, her experience told her that:

> It completely is different depending on what client it is. So, you can't really have a set way of doing that, 'cause different clients need completely different things. (Kiera – Foyer Manager)

Kiera understood as manager of the hostel services, that different clients required different approaches. It is a message of individualisation that is adopted by other frontline workers. Andrew Truss, a Support Co-ordinator with a Law degree and a background of church-based youth work held the same kind of belief about practice:

> …you've got a clean slate so you can individualise all clients … and treat them as per their needs. (Andrew – Support Co-ordinator)

Huey & Polo (2008) support such views, recognising that different groups of people respond differently in the real world, for example, young people from low-income families are associated with early withdrawal from treatment programmes. Godley *et al*., (2001) provide an example in adolescent substance misuse, where they reveal that flexibility in the delivery of treatment manuals is necessary where there is chaos and conflict in the family or where cognitive ability was low. In another example, USDHHS (2001) in a study considering mental health treatment, argue that culture counts as it shapes how people seek help and engage in services and thus cultural and contextual differences do have an effect on the successful delivery of an intervention. However despite the calls for flexibility, Baumann *et al.,* (2015) suggest that a problem exists in that there are no hard and fast rules on when to adapt or indeed whether adaptation is always needed.

In discussing this issue, consideration must be given to the idea that without fidelity-based ESTs to guide practice, then it is down to the judgement and experience of the worker. Practitioner judgement as a means of making decisions has been heavily criticised in terms of a lack of reliability, i.e. the consistency of practitioners to make the same decisions in a case for a particular person or in very similar cases (Williams *et al*., 2015, Mackey & Bassendowski, 2016). August *et al*., (2010) argue that efforts to adapt programmes based on judgement alone would increase the odds of deleting the active ingredients that make it work. In this sense, something is needed to guide practice beyond instinct whether that be the manuals of implementation fidelity or the understanding of active components from theoretical fidelity. This is why Kazdin (2008) questions whether the decisions made by practitioners produce better outcomes than those that would be directed by a manual-based EST. He also argues that to support the validity of an adapted practice decision making model, research is needed to show how the same or similar treatment plans would be conceived when different practitioners faced with the same case.

Matthews and Crawford (2011) draw the conclusion that one size may not fit all, but there needs to be confidence that adaptation and individualised approaches are effective and do not cause harm. Perez *et al*., (2016) remind us that adaptations may add positive or negative consequences to the intended outcomes and threaten the theoretical basis on which an intervention is built. Therefore, understanding the theoretical base of what is being delivered before making adaptations, and then monitoring the fidelity of adapted approaches is needed to safeguard effectiveness (Haynes *et al.,* 2016; Perez *et al.,* 2016). This is the goal of theoretical fidelity and is important as research has shown that

practitioners who make adaptations to programmes without any consideration on how this might affect the conceptual rationale of a programme may reduce its effectiveness (Elliott & Mihalic, 2004).

As ESTs have a basis in scientific evidence and account for some of the variance in successful outcomes, they should not be dismissed as some advocates of PW suggest (Mitchell, 2011). Instead, it is necessary to conceptualise these interventions as having components that allow for programme differentiation (Carroll *et al*., 2007). There is the requirement to identify core components that are indispensable in delivery and also the adaptable periphery elements, structures, and systems that can be adjusted in terms of the specific intervention and broader programme that allow for cultural adaption (Greenhalgh *et al*., 2004b; Damschroder *et al*., 2009; August *et al*., 2010; Doyle & Hungerford, 2014). Moos (2007) introduces the idea of active ingredients in effective treatments which can be discovered through theory-based analysis. By breaking down ESTs and wider programmes into smaller elements, it may be possible for practitioners to identify the core content that addresses the needs of their clients, leading to high levels of adaptability and making EBP more accessible (Bernal, 2009; Mitchell, 2011; Doyle & Hungerford, 2014).

This is where the concept of theoretical fidelity has value as it suggests there are active ingredients in an intervention that act as the essential elements for effective programmes (Haynes *et al.,* 2016). Theoretical fidelity has its roots in theory-based evaluation (Chen, 1990). This approach seeks to establish the theory within a programme as a means of providing a guide for how such an approach is expected to exert its influence through the identification of causal mechanisms (August *et al*., 2010). Masterson-Algar *et al*., (2014)

discuss this as Programme Theory and suggest that it creates a causal model of core elements that impact on the outcomes expected. Programme theory differs to intervention theory in that it considers how wider actions and approaches allow an intervention to be effective, for example, building good client relationships (the component) resulting in pro-social bonding and commitment to the programme (the desired outcome). Theoretical fidelity is about ensuring adherence to these causal mechanisms. This does require the training of practitioners when delivering EBP programmes on the active components that underpin the approach taken, with consideration to intervention theory and delivery methods (Lochman, 2001; August *et al*., 2010). Chorpita *et al*., (2007) propose that rather than training practitioners in multiple ESTs, it may be better to try and identify the core components in effective EBP that are commonly used for clients in vulnerable populations.

However, Garland *et al*., (2008) criticise this approach arguing that a treatment protocol is more than the sum of its component parts and deconstructing ESTs or programmes in such a way may compromise the effectiveness of interventions. Doyle & Hungerford (2014) suggest a problem exists in that there appears to be no common consensus about the make-up of these EBP core components. However, if careful evaluation can reveal what these theoretically informed essential elements are and the causal mechanisms, then adaptation based on theoretical fidelity might be possible. Haynes *et al.,* (2016) suggest this also tackles a problem with implementation from RCTs as such approaches to fidelity are often based on methods developed for individual behaviour change based on single issues, whereas true fidelity needs to take account of organisational issues that target complex multiple needs. Implementation fidelity may be too restrictive for actual

practice, whereas theoretical fidelity allows for increasing flexibility whilst remaining true to the core components that make an intervention effective.

The challenge of determining what these core elements are and what can be adapted without reducing effectiveness is a relatively new area for research but is increasingly the focus of attention (Breitenstein *et al*., 2012; Perez, 2011). Carroll *et al*., (2007) suggest essential elements can be discovered through component analysis conducted by the designers of interventions. Haynes *et al.,* (2016) argue that research into these essential elements allows the application of working theories into a practice context and takes us beyond the intervention to broader programme approaches that can be discovered through PW. These core components should be expressed as principles or functions rather than descriptions of specific techniques.

Doyle & Hungerford (2014) also suggest that core components should be categorised into core content (e.g. knowledge and skills in an evidence-based intervention); core pedagogical components (e.g. how an intervention is delivered and what are the theories of change that make it effective); and core implementation components (e.g. logistics, resources, etc.). Fidelity rests on how organisations approach these principles and adhere to their theoretical and practical underpinning. Hawe *et al*., (2009) remind us that to remain evidence-based, the core components of effective practice need to be theoretically understood by practitioners and then tailored with discretionary elements appropriate to the context, culture and client. To do this, components that are genuinely essential elements need to be identified alongside those elements that can be adapted (Hasson, 2010). Without this identification of specific elements, then robust evaluation to ensure the validity of such approaches is not possible. Fidelity monitoring remains

important although this means ensuring the use of theoretically informed approaches rather than implementation of an EST (Haynes *et al.,* 2016).

With the caveat of needing to understand such core components, some researchers argue that cultural adaptations to ESTs and programmes are warranted and necessary (Martinez & Eddy, 2005; Southam-Gerow *et al*., 2012). Contextualised approaches recognise complex and dynamic real world systems in which practice takes place and the idiosyncratic responses to interventions that occur (Shiell *et al*., 2008; Wells *et al*., 2012).

The PW that emerged from staff at SPP suggested the need for adapted and individualised approaches because of the differences in the young people they encountered and the multi-faceted context in which they worked. Kerrie Spalding was the Foyer Service Manager who directly managed the staff at Hadley House and reported to Kiera Cox as Foyer Manager. She had worked at SPP for two years and had experience of working with their clients on a day-to-day basis. Kerrie reflected on the highly individualised approach to working with clients that seemed to be a common feature in the support work of SPP:

> I think it's quite holistic really because we don't just offer support on housing, we offer an all-round support and its very person centred, you know. Our support development plans, they're very based specifically on that individual … and we will always try and do our best to work with that person and work around their specific needs. …You know, we just look at every part of their life and try and support them with every single part rather than just one little section.
>
> (Kerrie Spalding - Foyer Service Manager)

It is clear from Kerrie that a person-centred approach to what is described here as individual care is desirable. SPP operated a case management system where every young person had a Care Co-ordinator who offered emotional support but also developed specific plans and goals with the client. Case management with individualised service plans has been shown as an evidence-based approach that increases engagement from vulnerable young people and are viewed as an essential component of EBP (Burns *et al*., 1996; Kim *et al*., 2012).

An integrative view of EBP focuses on client values and preferences and as this belief has emerged so policy has developed over the past decade that calls for practitioners to take client-centred or personalised approaches to care. Examples include: Putting People First: A Shared Vision (HM Government, 2007); Working for personalised care: a framework for supporting personal assistants working in adult social care (Department of Health, 2011); Implementing Personalised Health and Care 2020 (National Information Board, 2015); Voice, choice and control (Department of Health, 2015). Such policy requires those working in practice to select interventions with clients and that these are adapted to be consistent with their needs in order that personalisation of services is truly embraced (Bell, 2006, Mitchell, 2011). The current PW that emerged from staff at SPP is consistent with policy and the growing belief amongst many EBP researchers of the need to adapt and personalise programmes of care.

The debate around what the active ingredients of effective interventions are and what might be the periphery elements, has influenced how people view adaptation in practice (Breitenstein *et al*., 2012). Some stress limited changes in local contexts and others discuss adaptation in terms of reinvention (Perez *et al*., 2016). Research into culturally-

adjusted EBP, has tended to focus on the issue of ethnic identity and there is a growing evidence-base to support cultural adaptions to treatments with ethnic communities (Hwang, 2009; Nicolas *et al.*, 2009; Lee *et al.*, 2013; Valdez *et al.*, 2013). However, research is still limited for specific cultural groups within a society such as those from socio-economically deprived backgrounds or those from a specific youth culture. Bernal *et al*., (2009, pp. 361–362) define cultural adaptation as, "… the systematic modification of an evidence-based treatment (EBT) or intervention protocol to consider language, culture, and context in such a way that it is compatible with the clients' cultural patterns, meanings and values". This highlights the need for adaptation beyond cultural ethnicity to take into account the values and sub-cultures like those described in the clients of SPP.

Lara *et al*., (2011) argue that every situation is unique and therefore translating ESTs from controlled conditions into the real world of practice should be seen as an art that produces an equivalent rather than a copy. Southam-Gerow *et al*., (2012) suggest the periphery elements that should be adapted include language, content based on cultural knowledge, concepts as they relate to the culture of a person, goals and approaches generally. Meta-analysis has shown that when cultural background is taken into account and integrated in such ways, then the acceptability, effectiveness and sustainability of an intervention is improved (Benish *et al*., 2011; Smith e*t al*., 2011).

Bernal *et al*., (2009) suggest that adaptation models increasingly seem to have commonalities such as consideration of how culture and ethnicity influence how a practitioner delivers an intervention. However, the problem still remains of 'when?' and 'whether?' to adapt (Southam-Gerow *et al*., 2012). Lau (2006) argues that a selective adaptation framework is needed that can justify when cultural adaptations should be

made. Such a framework should suggest when differences exist between cultural groups that relate to risk or protective factors or when outcomes for an intervention are likely to differ for a cultural group without some adaptation. There has been a growth in adaptation models and frameworks to guide practitioners through the process. Some focus on what to adapt in delivery like the Ecological Validity Model (Bernal *et al*., 1995). This focuses on ideas like language, content and goals (Baumann *et al*., 2015). Other frameworks focus on the process of adaptation and outline a series of step to be taken (See Bernal & Domenech Rodriguez, 2012 for examples).

As described earlier, this study holds a transactional epistemological belief where knowledge is discovered through transactions in an ever-changing world (Biesta, 2010). Therefore, adaptation is necessary and constant peripheral changes are needed, as culture and context are never static. As Head of Operations, Graham reflected that in his years of experience he had learnt that it was important to recognise this constant change:

> I think it's important to be progressive and kind of have continuous improvement because … society isn't static, people are not static, family isn't static … I'm thinking that now with what we are doing at Foyer … I think we need to kick it on the next stage and look at some things that we can do differently.
>
> (Graham – Head of Operations)

This PW reflects the need to adapt and adjust in order to stay relevant. Lau (2006) suggests that cultural adaptations should be based on local knowledge and this may help with currency and relevance. Therefore, such PW can reveal the changes that are helpful to periphery elements of ESTs and identify the common elements in effective programmes within differing cultures and contexts. In this way, Mitchell (2011) proposes

that PW can lead to a consensus-based model of ideas about how to provide services in differing settings.

Observations and interviews revealed that SPP had adapted its practice over time. Exploring these are useful as it may reveal more about the aspects of practice that can change to ensure relevance whilst the core elements from their PW explored in chapters four to seven remain in place.

SPP Adaptations

The vulnerabilities observed in SPP clients marked them out as a particular sub-culture. They are different to many young people that might be encountered in mainstream organisations like school and youth clubs. Therefore, consideration of adaptations made because of youth culture is important but by itself is not enough. Nelson and Nelson (2010) argue that adolescent culture should be defined and applied in adaptations for EBP. Being relevant in terms of youth culture is a starting point. During three observations of Foyer Training at Hadley House, it was noted many of the clients seemed very disengaged. However, when observing a programme aimed at NEET young people at the SPP Education Centre, which included some of the young people I had encountered at Hadley House, a very different reaction was noticed. The programme focused on building skills through the production of a CD. The idea was to write a song, then produce and market it thus drawing upon a range of academic and creative skills. Field notes revealed a different experience to what had been observed in the training at Hadley House:

> The young people seemed far more engaged than I had ever seen them at Hadley and quite relaxed. Sample tracks from artists the young people liked were listened to on 'You Tube'. They then constructed music inspired by these tracks on

> computers and keyboards. A SPP worker who was familiar with the equipment led them through this process in a highly interactional fashion. The young people were very hands on with what they were doing. They started to write lyrics and bring in samples to the developing track. I observed this from 10.30 until 12 noon and the young people stayed fully engaged throughout. The difference in the young people was noticeable. One offered me chewing gum where previously he had avoided contact altogether and this friendliness continued into the lunch break.

This is an example of cultural adaptation. The young people were engaged because culturally the music appealed to them, the equipment was modern, the approach was learning through doing, and they were able to express themselves in an honest way without judgement. In this way, it is argued that adapting interventions to the different context, culture and characteristics of clients is necessary for success (Hogue *et al*., 2008; McHugh *et al*., 2009; Mitchell, 2011).

However, due to the vulnerabilities of these clients, these kinds of adaptations on their own are not enough. Rotheram-Borus & Duan (2003) argue that youth development programmes should have the flexibility to meet client needs and cope with an evolving culture where social conditions, values and beliefs change. For the young people at SPP, this means approaches that are relevant to their age and their vulnerabilities. Reflecting on this, Dennis, the Deputy CEO, questioned the relevance of approaches by other services locally because of a failure to understand the level of vulnerability and background context. He had observed how when generic services came to do Foyer training that they got a very different response to what they were used to:

> So, you come out and try and talk to the Hadley House kids about what inspires them as young homeless people. You're going to get a very different response to kids that, you know, are doing OK at school or those that are somewhere in between. (Dennis – Deputy CEO)

Dennis felt that as a consequence, other programmes and practitioners did not seem equipped or able to cope with challenging responses and behaviours of the young people they worked with. Observations confirmed a very demanding and challenging context for workers in the supported accommodation. Threatening and abusive language towards staff was evident on numerous occasions. Such challenging behaviour was also observed frequently with younger teenagers in the youth clubs where on one occasion things became so disorderly that the police had to be called and a great deal of antisocial behaviour took place included the spreading of faeces over the wall in the girls toilet. There seemed to be a battle to maintain control in the midst of chaos. However, rather than steering clear of these difficult cases and challenging personalities, SPP staff embraced them, knowing that it would be hard. Foyer Manager Kerrie, when considering the challenges of working with this client group recounts:

> … it's not reading a risk assessment and saying we can't have that person. It's giving everybody a chance and knowing that no one is intrinsically bad and that everyone's got something about them … never give up on somebody, keep trying. (Kerrie – Foyer Manager)

This willingness to engage and adapt practice to the most difficult young people highlighted a specific cultural approach of SPP aimed at breaking a cycle of poverty and antisocial behaviour that existed in many of the families these young people come from.

Olson (2007) says the behaviour encountered by SPP is typical of those from socio-economically disadvantaged backgrounds. The SPP constructive approach was about revealing there are other possibilities, other choices and that these young people might be capable of more than they think. Helping people to want to change, to take control and to aspire to a better way of life is something SPP worked hard on with their clients

Cortis (2012) argues that it is important to deliver such interventions in non-stigmatising ways as a means of engaging with vulnerable groups. SPP encouraged their young people to shrug off labels from their backgrounds that might limit them and instead to raise their expectations and aspirations. Staff tried to encourage confidence and build motivation on a one-to-one level in support meetings in order to get clients to think about life goals. This was encouraged whilst providing practical opportunities for the young people that enabled them to experience that they were capable and had options. Kim *et al*., (2012) show that these individual level approaches have a positive impact on the motivation of vulnerable young people.

Summary

In this chapter, it is argued that making adaptations to practice because of culture and context is necessary although identifying the theoretical ideas that underpin evidence-based approaches is essential for ensuring fidelity that results in consistency and good outcomes. It was observed that in the work of SPP, adaptations were made to practice because of the specific vulnerabilities encountered in their client group that would not necessarily be experienced in some generic services working with young people.

Although peripheral changes were made to ensure that work was relevant and personalised, there remained core components by which wider work was guided and this

was established in the PW of staff at SPP. These core elements of SPP practice will now be discussed in the next four chapters.

Chapter 4 – Influence and Relationships

You need a good connection between the client and the support worker.

If you don't feel like you've got faith in that person - in your support worker, you're not going to do anything.

(Client Focus Group)

A core component of effective practice that emerged in the PW of SPP staff was around the importance of the staff/client relationship. Byers & Lutz (2015) argue that a good alliance between client and worker is a consistent predictor of good outcomes. SPP staff frequently discussed the nature of this relationship and the importance of being a helpful influence.

Naomi, a support co-ordinator working at Hadley House reflected that:

> You're trying to be a positive role model and empower and encourage the young person to make positive steps to improve their life.
>
> (Naomi – Support Co-ordinator)

Foyer Service Manager, Kiera also stressed:

> …what you've got to remember is these young people have never had those good role models. They've never had people who believe in them.
>
> (Kiera - Foyer Service Manager)

What was observed in the practice of SPP was a conviction that this worker/client relationship was essential for success. It was about providing a positive adult influence that encouraged young people to work towards goals and have the belief that these were reachable.

The American Academy of Paediatrics (AAP) (1994) suggest that a positive emotional tone and warmth helps build such relationships. This idea is reinforced by Gunnoe (2013) who discusses the need for *responsiveness,* which is about emotional warmth and supportive actions and was observed often in SPP staff. Responsiveness is an idea developed in the context of the parenting relationship which is of note because SPP staff expressed the view that the absence of good parenting had left a deficit in many clients that needed addressing. Matthew Loughlin, a former City Trader who described his past self as "bent on self-destruction", rethought his life and ended up at the age of 50, volunteering for SPP, leading a Peer Mentoring Project and working shifts at Hadley House. Having spent a significant amount of time with the clients in these projects, he commented that, "…you're dealing with a lot of young people here who have had no effective parenting." Similarly Colin as CEO reflected that, "… many of the young people have had a lifetime of probably, fairly poor parenting and dysfunctional families." As a support co-ordinator, Julie had conducted multiple client assessments and concluded from her experience, "… there's a lot of them have got home problems. So problems with their family like broken

homes or just challenging parents." These parenting deficits presented a challenge when workers tried to engage with these young people. The vulnerabilities caused by poor parenting and attachments have been shown to make engagement in treatment and care programmes notoriously difficult (Waldron *et al.*, 2007; Karver & Caporino, 2010; Mattos, 2016). Youth with conduct issues often fail to acknowledge their difficulties, struggle to regulate their emotions and engage in a way that might be considered as socially inappropriate whilst also being suspicious of the intent of those seeking to engage with them (Frick, 2012; Viding *et al*., 2012). Zack *et al.*, (2015) argue that where there have been poor attachments to primary caregivers, then forming a working alliance with adolescents is more challenging although when achieved, has a much stronger association with positive outcomes.

The PW that emerged from staff at SPP suggested that because of the vulnerabilities that resulted from poor primary care giver relationships, that building supportive and caring client relationships was essential for success. Karver & Caporino (2010) agree with such a position arguing that a good working alliance requires the same emotional tone and supportive relationship that makes parenting more effective.

SPP clients, when asked to rank the various core components identified during this study, considered the influence of workers as the most important ingredient for a successful outcome. Clients felt that the quality of the relationship between a client and the support worker was of fundamental importance.

> You need a good connection between the client and the support worker. If you've got a good connection between the two, then that person will become a better person. But if you haven't got [it], if you don't feel like you've got faith … in your

> support worker, you're not going to do anything and you're just either going to just float through the system or float by and not feel that you can do anything. (Client Focus Group)

This finding from SPP clients is not unusual. A study by Lemma (2010) has similarly shown that emotional support from key workers was regarded as highly important in the minds of young people. SPP practitioners like Kerrie recognised also the importance of forming these bonds saying:

> … it's about building the trusting relationship because a lot of young people there haven't been able to trust adults … I think they do rely a lot on the staff. (Kerrie – Foyer Service Manager)

SPP clients and practitioners reflected on the importance of this relationship and viewed it as essential to effective practice. However, some researchers question the relative value of the client/staff relationship. Like SPP, there are those who argue that it is of fundamental importance. Rodd & Stewart reflect on the PW of a participant in a youth work study stating (2009, p. 6), "For youth workers to be able to do their job, the relationship is often seen as central, foundational and a prerequisite to making other things happen." Berry & Greenwood (2015) suggest a positive relationship with young people may be even more important than therapeutic techniques. Indeed, Bruun & Hynan (2006) and Rodd & Stewart (2009) argue that these bonds may have therapeutic value in their own right beyond any therapy.

However, Dishion *et al.*, (1999, p. 760), noting the iatrogenic effects of a treatment programme aimed at reducing the risk of offending behaviour in young people, found

that a good therapeutic relationship did not make any difference in terms of preventing harm. It was found that, "… when comparisons were restricted to those with whom a counsellor had particularly good rapport, or those whom the staff believed they had helped most, the objective evidence failed to show the program had been beneficial." This may be attributed to the interventions themselves being harmful and so the relationship was inconsequential. It is a reminder that the active ingredients of an intervention programme are important and theoretical fidelity is required (Haynes *et al.,* 2016) as a good relationship alone may not be enough to achieve positive outcomes.

Even still, SPP clients and staff rated the importance of the relationship highly in order for favourable work to occur. Therefore understanding what an effective client/staff bond looks like and how it is built may be useful.

The practitioner/client relationship

The relationship between clients and staff has been widely discussed in research. It is sometimes spoken about as a therapeutic relationship or alliance. The term 'relationship' used in this way is a functional description of a person being assigned to work with someone whereas an alliance is when a client agrees with and engages in planned work with the support of a practitioner (Gelo *et al*., 2016). However, the concept of this practitioner/client relationship is poorly defined with terms such as therapeutic alliance, therapeutic relationship, and working alliance often being used interchangeably to mean the same thing. Elvins & Green (2008) draw attention to the fact that there is no unifying model of the working alliance and that the wide range of measures available to test alliance vary considerably. They also suggest that measures in the adolescent population may need to be different to many of the scales developed for adults. Shirk & Karver

(2011) and Zack *et al.*, (2015) show that there has also been a failure to understand the specific factors that affect the working alliance/outcome correlation.

Another challenge is that most research seems to focus on adult relationships with few studies considering adolescents (Hanley, 2012). This is surprising when a strong alliance is understood as important for vulnerable young people given low levels of motivation (Diamond *et al.*, 2006). Also, research literature is also often focused on the relationship in specific rather the general supportive domains such as alcohol and substance misuse or mental health (e.g. Diamond *et al.*, 2006; Urbanoski *et al.,* 2012; Connors *et al*., 2016). In the context of SPP, the approach can be described as what Coady & Lahmann (2008) call a generalist intervention. At SPP this means providing assessment and referral to other providers for therapeutic interventions around drug problems, mental health issues, etc., whilst working to support basic needs such as housing. Specific therapies are not delivered, although there are action-planning elements that encourage young people to take useful steps towards housing, education and employment possibilities. There are also specific educational interventions and general emotional support. Berry & Greenwood (2015) draw attention to the generic role of the care co-coordinator in such settings showing these working relationships to be a predictor of social inclusion and involvement in vocational activities.

One final research issue to consider is that many studies are quantitative and although they can prove an effect value for alliances they are not able to explain what it is about such an alliance that leads to better outcomes (Hogue *et al.*, 2006; Campbell & Simmonds, 2011). For example, quantitative evidence suggests greater engagement in employment and education when a positive working alliance is established (Wall *et al.*,

1999; Creed *et al.*, 2011) and the PW that emerged from staff at SPP supports this. However, the PW findings that are considered in this chapter add a qualitative element that helps to describe the SPP view of the staff/client relationship and what they believe are the active ingredients for effective engagement.

SPP view of the staff/client relationship

It appeared that SPP practitioners tried to establish a client bond by showing warmth and empathy but also with a sense of purpose to the relationship. Clients were encouraged to engage on a one-to-one basis with support co-ordinators. Practically this meant drawing up a Support Development Plan to establish goals and actions to be taken that could help the young people to work towards these outcomes through the provision of opportunities, education and general encouragement. Gelo *et al*., (2016) argue that the mutual negotiation of goals between client and practitioner is crucial in the development of the working alliance. SPP acknowledged that sometimes this was challenging because a client was not ready to engage.[23] However, they also stressed the idea of making the relationship of value by encouraging aspiration in the clients. Lisa Kemsley, who had worked at Hadley House for three years and been involved with an educational project delivering training to 16-18 discussed this approach:

> Each client has a support and development plan which they get when they move in and it gets updated monthly. …So, we can sit down with the young person and

[23] Readiness for change is discussed in detail in chapter 6.

> discuss accommodation, finances, health and well-being. They put goals on there that they feel they would like to achieve but might need some support with. … And then it gets reviewed every month and you kind of tick it off and see whether you've gone that next step. ... If there's anything we can put in place, like we just co-ordinate support really. So if you have a young person who needs … some counselling of some kind or has anger management. (Lisa – Support Co-ordinator)

What was observed at SPP was that the client/staff relationship was not simply based on getting along but was an alliance based on goals and action. This approach is an example of what is known as the pan-theoretical or trans-theoretical working alliance (Hanley, 2012; Gelo *et al*., 2016). Building on the work of Rogers (1965b) who stressed that the therapeutic relationship should be based on the principles of empathy, unconditional positive regard, and genuineness, Bordin (1979) suggested an effective alliance should consist of bond, tasks and goals. Berry & Greenwood (2016, p.1) have taken these principles to define the working alliance as, "a reciprocal helping relationship, comprised of a therapeutic goal, task agreement, and the affective bond". The relational approach of SPP was one of providing care and empathy but also one of expectations on the young people.

As mentioned previously, the working alliance was also driven by the view that they were making up for poor parenting marked by a lack of responsiveness, where empathy and support was limited, and a lack of demandingness, where discipline and boundaries were low. Baumrind, Larzelere & Owens (2010) discuss ideas of demandingness and responsiveness within a model that looks at the most effective parenting style.[24]

[24] This model will be discussed in detail in chapter 5.

Reflecting on this model, Berger (2012) discusses the *authoritative* style of parenting (regarded to be the most effective) suggesting the need for parents to be guides rather than authorities. This contrasts to an *authoritarian* style where parents see themselves as bosses and the *permissive* style where parents view themselves as friends. This authoritative style as applied to parenting shares the same characteristics that SPP described in their approach to working with young people although they did try to distinguish their role from that of a parent. A focus group with a number of the support co-ordinators explained:

> I think the difference between us and parenting, we're also trying to guide … just softly, softly, taking them by the hand, trying to ... empower them to do things. So support them to, I don't know, go to a job centre appointment. But try and get them to do it themselves so, rather than hand holding.
>
> (Focus Group – Practitioners)

Similarly, Dennis tried to describe the role of the worker in a way that differentiated from the parenting role:

> Now our support workers then become, I don't want to say surrogate parents because that's not what we want we try and engender. I think it's just that there is somebody there who cares. Somebody there who cares enough to make sure that that young person is able to succeed. (Dennis – Deputy CEO)

SPP staff recognised that despite parenting deficits, they were not there to replace parents. Yet, what was interesting to observe is that whilst trying to distinguish themselves from parents, their approach of responsiveness and demandingness shared

the same characteristics proposed in good parenting models (Baumrind, Larzelere, & Owens, 2010; Berger 2012; Gunnoe, 2013; Álvarez-García *et al*., 2016) and that is embraced in the pan-theoretical approach (Gelo *et al*., 2016). A culture existed of high-level personal support but with a requirement of clients to work towards goals with discipline and action. Further consideration of this is now provided, looking at the specific approaches used by SPP to engage with their young people.

Effective engagement

In building an effective relationship, the AAP discuss three things: the importance of showing that you respect the child; the importance of active listening; and the need for discussion to reduce undesired behaviours and to involve the young person in decisions (Flaskerud, 2011). In this way it is a reciprocal process influenced by personal attributes and skills (Cahill *et al.*, 2016). Karver & Caporino (2010) draw attention to the soft skills that achieve this such as empathy and warmth, identifying these attributes as important for good outcomes. It was observed in the PW that emerged from staff at SPP that these skills and characteristics were needed to establish a bond with the young people. In the pan-theoretical model, bond is to do with a trusting, accepting positive attachment where the client has confidence in the worker (Campbell & Simmonds,2011). The idea of a therapeutic bond is not a new one. Rogers (1965a) discussed the idea describing it as a combination of empathy and rapport. Hanley (2012) stresses that developing this rapport with a client is essential for an effective working relationship. Other characteristics that might predict a good bond are warmth and flexibility (Castonguay *et al.*, 2006).

Interviews with SPP staff revealed some specific approaches that they thought helped establish rapport including the ability to listen, build trust, show empathy and provide

general support. Campbell & Simmonds (2011) recognise the importance of such strategies but highlight that such approaches must be genuine and authentic as clients have the ability to detect insincerity resulting in a lack of trust in the worker. The tone expressed by workers in interview and during observations seemed to reflect sincerity and commitment to clients although this was not always easy due to client attitudes and behaviours. Eltz *et al.*, (1995) show that alliance formation with vulnerable young people is challenging as these clients are more likely to have relationship problems and negative interpersonal styles. Despite such challenges, SPP workers seemed to form strong bonds with many of those they worked with so understanding their approach is helpful.

Active listening

Many interviewees commented on the need to listen to their clients. The belief was that listening with focus and intent could be therapeutic. Matthew Loughlin recognised this as part of the peer-mentoring project. Describing the approach in this programme he said:

> A lot of chatting … someone that they could talk about stuff, get rid of some frustrations ... someone who was there for a while, who was actually paying attention and giving them time. And that was all that was needed.
>
> (Matthew – Volunteer, Hadley House & Mentoring Programme)

Andrew Truss, a support co-ordinator at Hadley House also recognised the value of this kind of focused listening:

> … just a reminder that it's more about listening and less about deciding what to do. Listen and then use what you've been told to work out what you need to do as

> opposed to decide what you need to do and then find the words that you need to back up your course of action. (Andrew – Support Co-ordinator)

Carl Boardman, who was the Youth Services Manager responsible for the youth clubs described this principle quite succinctly:

> If we were to not listen to a young person then that young person is not going to engage with us. (Carl – Youth Services Manager)

This PW finds support and explanation in research. Bryant (2009) reveals that by engaging in active listening, rapport is built with clients. When rapport is built a client is likely to feel heard, affirmed and understood (Karver & Caporino , 2010). This is because the use of active listening provides an opportunity for the client to share concerns and thoughts with attention and interest. Fradelos & Staikos (2013) show that when clients feel heard then the working alliance improves and leads to better outcomes.

SPP staff felt that listening was important for building mutual respect and that this could only be achieved by giving the young people time. In a focus group, one support co-ordinator commented on this process:

> I think that probably the most important thing is respect. Respect the client and then you hope to get that respect back. You give your client time and you listen to them. Don't judge them … let them do the talking … and you do the listening. (Practitioners Focus Group)

Again, this SPP view finds support in research literature. Roaten (2011) identify respect, openness and time shared, as something highly desired in workers by adolescents and key to any relationship. Although, the context of listening at SPP was often with a view to

discussing goals and making plans, it was also observed that staff would simply listen to what the clients wanted to discuss. This could be about their day, their interests or their stressors. Kerrie (Foyer Service Manager), believed that listening to the story they wanted to tell was both therapeutic and demonstrated that staff cared:

> It's about having someone who cares about them which is, you know, therapeutic and just someone to let off steam at whose, 'cause if you let off steam at the job centre, if you let off steam in other places it doesn't help you. So they can come back to us, let off steam, scream and shout about how horrible everything is and then we're there, we are the first response to that.
>
> (Kerrie – Foyer Service Manager)

Diamond *et al.,* (1999) draw attention to adolescent clients needing to be able to tell their story in this way and in doing so this helps them with identity formation and the development of their autonomy. Allowing clients to set the agenda when talking is useful as it has been shown to predict a good working alliance, whilst pushing young people to talk about things they are not ready to discuss reduces the likelihood of a good working relationship (Creed & Kendall, 2008). SPP also recognised that it might have been the first time that anybody had bothered to listen to these young people in this way. Graham, remarked:

> There is a lot of just listening, supporting people and building up that kind of relationship, that trusting relationship which for many clients they haven't had someone that they can kind of, I guess firstly, rely on because they might need that. It then empowers them to do stuff. (Graham – Head of Operations)

Graham, mentioned the importance of listening as a way to build trust and this is another important feature of effective engagement that is now considered.

Building trust

It was noted that both SPP staff and clients felt that trust was of high importance and necessary for a good working alliance. Foyer Service Manager, Kerrie remarked:

> It's about building the trusting relationship because a lot of young people there haven't been able to trust adults before. … I think they do rely a lot on the staff … and they'll feel like there are some people they can talk to. We're not there to be counsellors but, everyone will take time out of their day to listen to a young person because that's the best work you'll get out of somebody if you can get them to trust you, you'll get them to work with you.
>
> (Kerrie – Foyer Service Manager)

The clients also recognised that mutual trust was significant. In the focus group, one young person remarked:

> If I feel trusted, it is just a big thing. If you can trust them, and they actually show that they can trust you and they give you the encouragement to do it, you will go out and do it. (Client Focus Group)

Research literature reflects that trust is an important element in forming a working alliance. Campbell and Simmonds (2011) show how therapists valued the cultivation of trust as of particular importance to forming a bond. Griffith (2016) confirms this importance, demonstrating that an adolescent's trust in a practitioner enhances the positive impact of experiences they have in programmes of care. Karver & Caporino

(2010) similarly show that when trust is built between the client and practitioner, it allows the guidance offered from a worker to seem more plausible and is therefore more likely to be embraced and followed. Rugkasa *et al.*, (2014) add that trusting relationships are essential to establishing reciprocal agreements that allow clients to set goals based on such advice.

However, building trust with an adult worker and the developmental benefits from this, takes time. Griffith (2016) highlights this, explaining that trust often starts at a low level and is based on the experience of a person and whether they have encountered people who are generally trustworthy. Vulnerable young people such as those at SPP have often experienced broken or abusive relationships making this a challenge. Lewicki *et al.,* (2006) show that an adolescent is likely to weigh up the costs and benefits of trusting the person they are working with. Therefore, the ability to build trust is not simply down to the soft skills of the practitioner but the ability to make an offer to the client that seems plausible and is worth pursuing, hence the need to work towards agreed goals with perceived benefits.

In this way, a worker builds trust through credibility, something Karver *et al.*, (2005) say is strongly related to client engagement. Credibility is established through the practitioner's skills, expertise and the ability to present information in a way that can be understood and conveyed with a sense of confidence (Moyers *et al.*, 2005; Karver *et al.* 2006; Lewicki *et al*., 2006). Trevithick (2003) agrees, acknowledging that the quality of the working relationship is influenced in part, by the skills and knowledge base of the practitioner that give them credibility.

There is an important benefit of building these trusting relationships. Byers & Lutz (2015) suggest that if young people in residential settings with relational difficulties are able to form an alliance with a worker, that ability to trust another may transfer into secure and healthy relationship choices in the future. This trust is established through the ability of workers to show care, empathy and to validate the client's experience (Karver & Caporino, 2010) and by making an emotional connection (Lewicki *et al.,* 2006; Griffith, 2016). These elements are now discussed further.

Care and empathy

Many SPP staff expressed that demonstrating care for their clients was important. Aaron Brumfield, a support co-ordinator recognised, "You've got to have staff that care passionately about what happens to their clients". Foyer Manager Kiera agreed and noted that this was a key characteristic they looked for during recruitment stating:

> [It is about] getting staff that really care about what they do so, they do it because they really care about it. Because in this line of work you don't do it for the money, certainly. And its shifts and its hard work and staff can obviously get demotivated and you'll have times when you've got a house of ten clients and they all hate you and they're all angry with you for something or other and they're smashing windows and it is so hard to remain positive but you have to. Because what you've got to remember is these young people have never had those good role models. They've never had people who believe in them. That is what we have to do so really picking a staff team is very important.
>
> (Kiera –Foyer Service Manager)

The ability to show care, patience and understanding in a challenging environment was observed as an important characteristics for SPP staff. Cahill *et al.*, (2016) demonstrated that young people received better care when workers showed that they understood the past relationship experiences of a client as well as how they have experienced care up to that point. Understanding the client background, as a way of developing empathy and care seemed important to SPP. Karver *et al.*, (2006) shows that such an interpersonal approach predicts positive outcomes. One of the support co-ordinators, Julie Mallon identified that this was significant, as many of the young people had lacked this support in their life so far. She remarked:

> What I first noticed is a lot of them come in and they've never really had anyone who really cared about them. You know, who's really wanted to help them and you know when they say, "I want to be a pilot one day", has said, "Well you can do that". How you going to work towards that? People would just laugh it off so I think probably a massive part is just giving them ... it's empowering them ... almost enabling them to make that success for themselves.
>
> (Julie – Support Co-ordinator)

The observed belief expressed by SPP staff was that showing warmth, care and empathy was essential. Empathy can be defined as, "the feeling that you understand and share another person's experiences and emotions: the ability to share someone else's feelings". (Merriam-Webster, 2016). Diamond *et al.*, (2003) say that empathy requires the worker to present as an ally, attending to the emotions of the client and this is what seemed to be in evidence at SPP. Roaten (2011) says for empathy to develop, then grasping the intended meanings of clients, validating their experiences and showing understanding is

important and this seems similar to the approach that Julie described. Empathy can be considered at two levels. Firstly, it is an attitude and way of being with another person based on conditions of warmth, genuineness and listening. Secondly, it is operational – a communication skill that portrays this warmth through an awareness of the world of the client (Cutcliffe and McKenna, 2005). In the client focus group, it was acknowledged that this warmth and understanding was often shown. They talked particularly of one incident where a young person was highly emotional because of a distressing incident:

> Someone who was there [was] upset from a situation. Staff were there to sit down and help them go through the situation. Even though they might not have resolved the situation, they helped the person come to terms with what had happened. (Client Focus Group)

Showing empathy in this way has been suggested as the most important factor in effective intervention with adolescents (Roaten, 2011) and is argued to be the best starting point when working with vulnerable clients (Byers & Lutz, 2015). Establishing empathy in this general care setting may also be useful when clients are referred for specific help. Studies have shown that ESTs such as Motivational Enhancement Therapy, stress the need for empathy, which in turn increases participation and reduces problem behaviours (Borsari & Carey, 2005; Karver & Caporino, 2010). Empathy is important for generating motivation and necessary with vulnerable clients who often present with ambivalence to change (Moyers *et al.,* 2005).[25]

[25] This concept is explored in detail in chapter 6.

According to Diamond *et al.*, (1999), the kind of care described and evidenced at SPP validates the client experience by accepting their thoughts and feelings. This has shown to be important for a working alliance and good outcomes.

Practical and social support

One predictor of a strong working alliance is social support at admission (Garner *et al.*, 2008; Urbanoski *et al.*, 2012). Evidence suggests that extra-therapeutic factors such as social support accounts for greater variance in outcomes in therapeutic settings (Leibert *et al.*, 2011). Therefore, as well as attending to emotions, it is important that practical and social support be put in place in order to allow clients to work towards the goals as Julie Mallon (Support Co-ordinator) explained:

> So, I think a big part of it for us is putting them in touch with other agencies who can support them. Then some of them are just frightened but they might want to go to [a named local substance-misuse treatment service] but they don't want to go because they're frightened so, just having one of us say, look, I'll go with you. Or the same with Court, you know some of them have got a court case and they'll bury their head in the sands and they won't go to court. But if one of us says that we'll go with you, we'll be there whatever happens, we're going to be there, I think that's a really big thing as well. They're not feeling like they are on their own anymore and they've got people that care about them and are going to help them and support them in what they want to achieve. (Julie – Support Co-ordinator)

Exit interviews with clients revealed that the day-to-day support of SPP staff was especially important. PW had grown from such evaluations as Kerrie noted:

> The feedback I always get is always how supportive the staff team are. That's probably the main thing we get every time. [Clients say] no matter how much I shouted and swore at you, you still came back and worked with me. And I think that's what a lot of the young people aren't used to. They are used to people giving up on them and we won't, so I think they quite like that. We've never given up on any of them. (Kerrie – Foyer Service Co-ordinator)

Support consists of many factors from helping a client settle into a service, feeling secure with others in the service and can be very practical in terms of helping a client to cope with day-to-day to tasks for living. Clearly, clients appreciated this when it was discussed in the client focus group. One young person commented:

> I've been through like several support workers and the level of support that they actually give is a lot different. I mean when I first moved in I was given a certain support worker and she did help. She helped me, you know, find my peer group and going through Hadley and then I was given another member and it just didn't work out. My current support worker is amazing. She's helped me so much. I've had quite a lot of problems especially with bills and you know, life things, life skills and she's helped me with my bills and my debts and stuff like this.
>
> (Client Focus Group)

General support is about helping clients to achieve the tasks necessary to reach the goals agreed as part of the working alliance. In settings like SPP, it is important that support is very practical as well as emotional. Learning to pay bills and manage money requires more than encouragement. Support is needed that helps develop new practical skills. This may be through demonstration and training at first, but then through working with the

client as they seek to exercise such skills for the first time. Adler-Constantinescu *et al.*, (2013) support such an approach saying young people need to feel confident in their competence to engage in new tasks that in turn, builds confidence to address life's challenges. Therefore, this practical support and development is significant.

This aspect of building a working alliance is also part of the pan-theoretical model. Collaboration on tasks is important as it creates a behavioural connection between client and worker based on mutual engagement and involvement (Karver & Caporino, 2010). Such tasks are based on agreed *goals* and become the priorities for the work that has been agreed (Campbell & Simmonds, 2011). They form a cognitive connection between client and worker and bring an element of hope and aspiration (Karver & Caporino, 2010). Berry & Greenwood (2015) suggest that this focus on goal achievement is more important than being care focused and is something young clients prefer.[26] How SPP shift from a relationship focused on care to a practical working alliance that moves the client forward towards their goals is important to understand. The ability of staff to coerce and persuade clients to engage was another feature of the SPP approach and will now be discussed.

Coercing, persuasion and motivating

One of the important functions of SPP staff members was to try to create movement and motivation in clients towards agreed goals. An important aspect of the working alliance is to find a consensus towards planned outcomes and to establish the necessary tasks to achieve these if positive outcomes are to occur (Campbell & Simmonds, 2011; Urbanoski *et al.*, 2012). Berry & Greenwood (2015) suggest that the worker needs to apply social

[26] Goals attainment is discussed in the context of expectations and aspiration in chapter 7.

power to influence client behaviours. This was something that seemed in evidence at SPP. Dennis (Deputy CEO) described the skills needed from workers in this regard:

> Their skill set is around explaining, coercing … you know, prodding, poking and making that young person sort of adhere to what they believe is going to be needed for that young person to be able to survive when they leave. So, building on their skills. … So they become very good, sort of life coaches … they become mentors. (Dennis – Deputy CEO)

This ability to move and motivate clients was an important feature of the SPP approach. The alliance was not simply about offering support but about directing these young people forward. A strong relationship built on the principles discussed so far, seemed to enable staff to get clients to work towards agreed goals even when motivation was low at first. Ilgen *et al.*, (2006, p. 160) show that, "a strong positive therapeutic relationship may be able to overcome much of the negative effect of low motivation…" and this seemed to be the case at SPP. Miller & Rollnick (2002) also confirm that those with low motivation were more responsive to a positive alliance with staff.

It has been established that many staff at SPP believed that the working alliance was a core component of effective practice and the ways in which they engaged have been identified. Wider research seems to offer support for establishing such alliances .

Wider evidence in support of the working alliance

Shirk & Karver (2003) suggest that the therapeutic alliance is often trivialised as a non-specific component of an intervention and thus devaluing it as an approach or skill set that can be approved or attained. It has been argued that relationships have value in the context of an evidence-based approach and act as a facilitating factor or what Hogue *et*

al., (2006, p. 121) call a "trans-theoretical process component" for ensuring engagement. Relationships are not in themselves interventions but wider research seems to suggest that the quality of the client relationship may be more important than specific treatment approaches or theoretical orientations (Diamond *et al.,* 2006; Ilgen *et al.*, 2006). This does not necessarily contradict the idea of relationships being a facilitating factor that may increase the effectiveness of specific treatment approaches. Instead, it could be argued that it is a combination of relationship and evidence-based intervention that is needed for most programmes of care to be at their most effective.

Good alliances can account for improved outcomes when using evidence-based interventions. Research amongst adults suggests a moderate correlation between alliance and positive outcomes across a range of treatments and approaches (Martin *et al.*, 2000; Green, 2006; Elvins & Green, 2008; 2016; Kelly *et al*., 2016). This seems to also be the case amongst adolescents (Karver *et al.*, 2008, Shirk *et al.*, 2011; Atzil-Slonim *et al.,* 2015; Byers & Lutz, 2015; Berry & Greenwood, 2016). Karver & Caporino (2010) draw attention to studies that show that if a worker specifically focuses on the client relationship then positive outcomes are more likely. For instance, Zack *et al.*, (2007) show a moderate effect in the way the working alliance influences improved outcomes for young people with psychological and behavioural problems. Studies suggest the effect size of a therapeutic relationship can account for around 20–30% of client improvement (Diamond *et al.*, 2006; Hogue *et al.*, 2006; Campbell & Simmonds, 2011).

Florsheim *et al.*, (2004), in a study looking at vulnerable young people in a residential setting has suggested the alliance measurement at three months was a better predictor of positive outcomes. Measurement after two weeks to see if an early working alliance

had formed, sometimes pointed to worse outcomes thus suggesting that a truly meaningful alliance builds over time. Hogue *et al.,* (2006) similarly shows that a change in the alliance over time was more predictive of a positive outcome than early alliance levels. This may be due to the fact that many vulnerable young people are involved in care programmes because of a certain mandates or pressure (Diamond *et al.*, 1999). They do not want to be involved and so establishing a trusting relationship with a staff member takes time (Liddle, 1995).

Although research suggests that there is correlation between strong client/practitioner relationships and improved outcomes in most cases, there are still exceptions. Hogue *et al.*, (2006) demonstrated in a study which considered the use of Cognitive Behavioural Therapy (CBT) with adolescents that there were no alliance effects. Strunk *et al.* (2012) also found this to be the case in a study with adults and CBT. This contrasts to studies with adults that showed the positive impact of the therapeutic alliance with the use of CBT (Klein, 2003). In the same study by Hogue *et al.,* (2006), alliance effects were shown for the use of Family Therapy so it could be argued that these relationships are more important in some interventions that others although this is unclear as research findings are inconsistent. Further studies are required to help us get an understanding as to why the working alliance is sometimes of no or little consequence.

Perhaps one reason for these exceptions is that in some cases, what might have been labelled as a working alliance, lacked the active ingredients that made it effective. What is reported is a working relationship rather than a working alliance. As a concept, alliance often lacks definition, being used as an umbrella term for interactions between clients and workers as opposed to being defined as a specific concept (Green, 2006). This is why

identifying the active ingredients that make the working alliance successful from the PW of an organisation like SPP is useful. SPP showed that it is more than a functional relationship existing in name only. A working alliance requires commitment and skills in building a relationship with the client.

As these relational approaches to working with young people are considered, it is important to understand that relationship-building skills can improved through training hence why it is important to have identified these elements in practice. Development of alliance-building skills has been shown to have positive effects on outcomes (Constantino *et al.*, 2008; Wissow *et al.*, 2008; Karver & Caporino, 2010; Zack *et al.,* 2015). Studies show that training in effective engagement skills is statistically associated with improved rates of retention in programmes (McKay *et al*., 1996; Barber *et al*., 2001; Kim *et al*., 2012). Such is the importance of these skills that Zack *et al*., (2015) suggest that those workers more skilled in the working alliance should work with those clients with poorer attachment histories in care settings. In this regard, it has been shown that professional, rather than paraprofessionals have better outcomes with clients who are more vulnerable because of their skills to engage effectively (Weisz *et al.*, 1995; Zack *et al.,* 2015).

Dangers of forming a working alliance

So far, the many benefits of forming a good working alliance between staff and clients have been focused upon. However, there are dangers and this is important to remember when considering the ethical imperative to do no harm. Huntley (2002) showed that poor endings in a client/practitioner relationship may reinforce previous negative separation experiences and undo the positive work. Roberts (2011) conversely showed that when

endings are well managed, they help maintain future progress and the emotional well-being of the client. Lessons can be learnt from social work settings, where the idea of establishing a contract that outlines the working alliance is fixed, and making it clear it is not an open-ended relationship and should be focused on clear objectives within a timeframe (Lombard, 2010).

However, an effective working alliance is built on an emotional bond with the client and this attachment towards a practitioner has been demonstrated as an important predictor of a strong working alliance (Mallinckrodt & Jeong, 2015; Taylor *et al*., 2015). One of the important reasons to frame this relationship, not just in terms of a bond, but also with tasks and goals is to ensure it is a professional relationship with a specific purpose and this is made clear to the client. O'Leary *et al.,* (2013) argue that professional distance is required that limits personal disclosure, expectations, and the relationship has a specific outcomes focus with an end-point to engagement. It is important to try to avoid attachments that become unhelpful to the client in the long-term because the nature of the relationship has not been defined at the outset. This danger was understood in the PW that emerged from some staff at SPP. Matthew commented:

> Attachment. It possibly links into the skill of the mentor but with some of the young people, even in a short period of time, they have somebody who is listening to them, who is paying attention to them, and they do form attachments and you can see it happening. … What happens, no matter how planned it is, the mentor parts and there is the separation, and the young person is left with, yet again somebody that they might believe has abandoned them.
>
> (Matthew, Volunteer at Hadley House and Mentoring Project)

A view was expressed by some at SPP that an appropriate relationship should be maintained by understanding professional boundaries. Carl Boardman (Youth Services Manager) stated that:

> It boils down to a level of trust, professional boundaries, 'cause another thing that … I think that's really important is … you're not the client's friend. You are friendly and you're there to support them but quite often I've seen … when people try and become your friends, it really blurs the boundaries and they [already] have friends. They don't have a support network which is what we need to be.
> (Carl – Youth Services Manager)

It was observed that Carl and others understood the idea of boundaries. These boundaries are what Peterson (1992, p. 74) describes as, "the limits that allow for a safe connection based on the client's needs". The purpose of such work is not to become a new friend for the client. The idea of professional boundaries arose in psychodynamic therapy in relation to feelings of love and sexual desire that were thought to be disastrous for the patient if acted upon (Garnder *et al*., 2015). Clearly, such relationships would be entirely inappropriate. Yet in the work of SPP, there appeared to be grey areas such as client contact with support co-ordinators outside normal working hours. Remembering the ethical imperative to do no harm and the SPP culture of going the extra mile defining and maintaining these professional boundaries is challenging. One client revealed an example of a worker going the extra mile saying:

> My old support was brilliant … if you needed something, she would go out of her way whether it was in work time or out of her work hours … she could be three hours out of work and she'd still go out and still make that phone call and she'd

> phone you up, say she finishes at four, she'll phone you up at six and say, Oh by the way – just to let you know. (Client Focus Group)

This sounds supportive however, going the extra mile must fall within limits or else dangerous attachments might be formed and unreal expectations as to the support that most services can offer could be portrayed. Knight (2015) has shown the dangers of moving beyond normal professional limits because of a sense of urgency or concern on the part of the worker demonstrating that this can end up causing more harm than good. Reamer (2003) suggests that a boundary violation would be to create emotional or dependency needs and there is a danger when working in the way the client in the focus group describes that this might happen. Clients should not become dependent on their support workers. Galletly (2004) warns that boundary creep, relaxing the limits of the professional relationship, may lead to further boundary crossings and possibly to full and more serious violations.

Summary

In this chapter I have explored the working alliance. It is clearly an important factor in achieving positive outcomes with young people and has become a core component for effective practice, according to the PW of staff at SPP. Although forming such a relationship is more difficult when there has been poor parenting, the client/worker relationship becomes more significant with vulnerable young people in such circumstances with studies suggesting a moderating impact of 20–30%. This requires those that work with vulnerable young people to take this working alliance seriously within appropriate boundaries whilst developing skills such as active listening, building trust, showing empathy, offering practical support and motivating clients forward. These

are the essential ingredients that SPP recognised as needed for building strong working alliances.

It has been noted that this relationship needs to be high in empathy and warm in nature. However, the idea has also been alluded to that this relationship should also make demands of a young person in terms of discipline and boundaries. It is this idea that we will now explore in the next chapter.

Chapter 5 – Routine, Discipline and Boundaries

Put some very clear structure and boundaries around that. …You need to have clear rules and you need to consistently apply the rules. And it ain't rocket science! It's the sort of thing we all do with our kids, or try to do with our kids and we notice that if we don't do that, we start to get problems with our own kids in the home because if you're not consistent with how you do something, they're going to be really confused and not understand. (Dennis – Deputy CEO)

It's kind of the foundation of what we do having boundaries in place. It's what we work from and then everything else can work around it. (Practitioner Focus Group)

SPP recognised the need for consistent application of routine, boundaries and discipline as a core component of effective practice. It was a principle fully embedded in the PW the organisation and referred to by almost all the interviewees. Although discipline, routine and boundaries are different concepts in themselves, they are linked in the minds of practitioners at Hadley House. Flaskerud (2011) demonstrated that positive outcomes are more likely when a young person cooperates with adults because of respect rather than fear of punishment. Therefore, the working alliance discussed in the previous chapter is strongly linked to this approach. Okonofua *et al*., (2016) have shown that a disciplinary response that values the perspectives of vulnerable young people and seeks quality relationships is more effective.

The basic organisational premise of SPP in their work at Hadley House was that there should be a fixed routine where clients had to get up and do something useful with their day. This approach finds research support that demonstrates that routine provides stability leading to positive adjustment in children and young people (Jensen *et al*., 1983; David *et al*., 2015; Malatras *et al*., 2016). SPP established a routine around certain boundaries and rules, for example, a curfew of 11pm by which time all clients at Hadley House had to be back or else they would not be admitted until morning. These rules were enforced through a disciplinary procedure with the ultimate sanction being eviction. SPP had taken different approaches to discipline over twenty-five years of running sheltered accommodation for homeless young people and had learned that rules with a fixed routine was essential. Kiera Cox, Foyer Manager, explained:

> Hadley is an assessment centre, so it's strict. They have to be home by 11 pm. They can't drink. They can't smoke in their rooms. They have to be up in the morning. It's really quite rigid and that's there because evidence has proven that actually really works and it works a lot better than when we've tried different ways of working with them and that's the most effective and the most beneficial. (Kiera – Foyer Manager)

It was observed that a number of SPP staff believed that routine had been lacking in the lives of many of their clients, often due to poor parental care and they felt that this had led to some of the problematic behaviours experienced. For example, Kiera commented, "We have a timescale to work with them but it kind of fits that parental role in the short-term of maybe putting right 16 years of bad parenting." It is clear that early deficits in parental guidance and control are linked to later antisocial and problematic behaviour,

aggression, academic struggles and poor relationship with parents and peers (Paschall *et al*., 2003; Hoeve, 2009; Scott *et al*., 2010; Gunnoe, 2013; Álvarez-García, *et al*., 2016). Hoeve *et al.* (2008) add that neglectful parenting and a lack of support with poor disciplinary techniques predicts delinquency. Many at SPP expressed the view that this lack of routine, boundaries and discipline needed to be addressed in order to achieve positive outcomes and in essence, they believed they were putting in place something that good parenting would normally have achieved. In the previous chapter, it was noted that even though SPP staff recognised they were different to parents, they nevertheless took an approach in building working alliances and establishing boundaries that was similar to that found in some parenting models. The PW that emerged seemed to identify that the principles and approaches found in good parenting were also applicable in work with vulnerable young people. Therefore, consideration is now given to this theoretical foundation for developing young people.

Theories of practice from parenting models

As Head of Operations, Graham, a qualified psychologist, recognised the similarities between the work conducted by SPP with their young people and the approach found in a good parenting relationship. When discussing the approach to engaging with clients he remarked:

> It should be run in partnership because, if the staff are too hard-line the clients will refuse [to work with] them and you do see that. …Individual staff in the past will get given a hard time. …So it's got to be in partnership but it is that kind of ideal parental relationship in that as kids get older, there's that growing of mutual respect. (Graham – Head of Operations)

Therefore, exploring this 'ideal' relationship theoretically may help us to understand why the SPP approach to working with these vulnerable young people seems to be effective. One leading typology of parenting by Baumrind *et al*., (2010), classifies parents as disengaged, permissive, authoritarian or authoritative. These styles happen within two dimensions – responsiveness, which is about emotional warmth and supportive actions, and demandingness*,* which refers to monitoring and control (Baumrind *et al*., 2010; Gunnoe, 2013; Álvarez-García *et al*., 2016). The idea behind demandingness is that it provides order and predictability that can shape behaviour. Hoeve (2009) in a meta-analysis of parenting typologies reinforced the idea that support in combination with control was of fundamental importance. SPP seemed to emphasise both domains in practice. The style of parenting considered to be most effective is the authoritative style that is high in responsiveness and demandingness (Baumrind *et al*., 2010; Kim *et al*., 2015). Research shows that children subject to an authoritative parenting style were well-adjusted and pro-social (Laible & Carlo, 2004; Baumrind *et al*., 2010). Conversely, negative parenting with harsh discipline is associated with antisocial behaviour problems (Klahr *et al*., 2014; Álvarez-García *et al*., 2016). The authoritative parent will use, rather than abuse power by confronting poor behaviour but in a nuanced way by responding differently to defiance than to rational resistance. In this way, authoritative parents are directive and democratic. This means they use high behavioural control but are responsive rather than authoritarian, supporting autonomy in children, whilst avoiding psychological control and harsh verbal rebukes. Discipline is measured, proportional and calm and provided with an understanding as to why behaviour is inappropriate (Hoeve, 2009; Wolfe & McIsaac, 2011).

A balance between high demandingness and high responsiveness is needed for positive developmental outcomes (Wolfe & McIsaac, 2011; Kim *et al*., 2015). These two domains have slightly different functions. Paschall *et al*., (2003), argues that control and supervision of behaviour is more fundamental to preventing difficult behaviours than communication and supportive relationships. However, research by Baumrind *et al*.,(2010) suggest that demand without responsiveness led to children who were less competent and not as well-adjusted. An authoritative approach that is high in responsiveness and demandingness is said, "…to produce self-determining adults who exhibit both competence and moral character."(Gunnoe, 2013, pp.936). This kind of outcome seemed to be a goal in the work of SPP.

In the previous chapter, some attention was given to responsiveness in the working alliance. The idea of demandingness is now considered in more detail. Lanza & Taylor (2010, p. 541) draw attention to a body of research that seems to indicate that that it is important that parents monitor and supervise their children or else risk problematic behaviour. Demandingness also requires a specific approach to discipline and routine. Physical punishments are seen as contrary to the best interests of children. They increase the levels of violence in cultures that endorse such tactics (Taylor *et al*., 2010; Durrant *et al*., 2014). In addition, Hoeve (2009, p. 750) suggests that an authoritarian style towards discipline that is, "adult-oriented, coercive, restrictive, [with] firm discipline techniques and emphasizes the negative aspects of control such as harsh punishment and love withdrawal", has shown to be less effective if not damaging. Research shows that negative and harsh parenting, where discipline is inconsistent, is associated with more severe antisocial behaviour (Scott *et al.*, 2010; Schofield, *et al*., 2016; Beckerman *et al*.,

2017). Therefore, the wrong punishment when boundaries are crossed leads to behavioural problems. Likewise, the type of routine is important. Lanza and Taylor (2010, p. 545) demonstrate that moderately structured routines involving activities that encourage time-management, schedules for homework, common meal times, etc., promote the development of "rule-governed behaviour" which consequently leads to lower levels of problem behaviour. Conversely, extreme routines can restrict self-reliance and autonomy, thus hindering development. The experience of staff at SPP caused them to both employ and moderate routine and discipline appropriately for effective practice in the ways that have been described with high responsiveness and high but appropriate demandingness.

Parenting/carer relationships are important for providing the right kind of routine and boundaries. However, SPP workers are not parents to the young people in their care and discipline is not the sum total of good parenting so care must be taken not to over generalise and say that because routine and discipline are important in parenting that it is also important in practice. However, it was clear that many who worked at SPP encountered problems with some of their young people and believed this was down to a lack of structure and discipline in the parenting/carer relationship that they now needed to put right. The PW that emerged indicated that the issues they faced could be addressed through the same balance of support and discipline as expressed in the Baumrind parenting model (Baumrind *et al*., 2010).

However, care must be given to avoid putting all the blame on parents for problematic behaviours. Not all difficulties are caused by poor parenting even if that was the dominant perception of SPP. Cauffman *et al*., (2008) in a study looking at female young

offenders, demonstrated that girls engaged in antisocial behaviour when they experienced a high degree of antisocial encouragement from a romantic partner, noting:

> …this relation varies with the quality (warmth) of parental relationships and the romantic partner's level of antisocial encouragement, with the association between partner encouragement and self-reported offending being strongest among youths reporting warm relationships with their opposite-sex parent. (Cauffman *et al*., 2008, p. 699)

Haynie *et al*., (2005), suggest that the problematic behaviour of a romantic partner such as theft or fighting seems to influence females more than males towards minor deviant behaviour. Therefore, there are cases where despite sufficient parenting, problematic behaviour still occurs.

There are other social reasons too why problematic behaviour may occur that has little to do with parenting. Chung & Steinberg (2006) demonstrated that when there is structural disadvantage in the community in which a young person grows up, then there are higher rates of adolescent criminal activity and youth violence. Svensson & Oberwittler (2010) also show that other important friendship and peer influences have a significant influence on problematic behaviour.

The Social Norms Model (see Leventhal & Brooks-Gunn, 2004; Culleton *et al.,* 2013; Glassman *et al.,* 2016) and Collective Efficacy Model (see Karasek *et al.,* 2012; Hipp, 2016; Jackson *et al*., 2016) discuss such influences. Social organisational factors such as community disorder, poor social connections within the community and low levels of informal control, where residents seek to regulate behaviour are seen to underlie these

negative peer relationships (Chung & Steinberg, 2006; Hipp 2016). This does not necessarily mean that the family has not contributed to these difficulties but that there are wider influences. The Relationship and Ties Model that draws on Family Stress Theory (Conger *et al.,* 1994; Boss, 2002; Sullivan, 2015) discuss how, even in difficult community settings, parenting behaviours can mediate for or against problematic behaviour occurring. Therefore, it is clear that there are wider influences that explain challenging behaviour and blaming the parents may be over simplifying the reasons that young people might find themselves in difficulty.

Whatever the reasons, SPP practice had revealed the need for warm but disciplined approaches from practitioners as the foundation of effective engagement with vulnerable young clients as also found in some parenting models. Chung & Steinberg (2006) suggest that this combination of strong supervision and positive involvement helps to protect adolescents against negative outcomes. Consideration as to how SPP built demandingness into its approach to working with clients is now given.

Boundaries and discipline

The PW that emerged from staff at SPP suggested that boundaries were important in ensuring discipline. Staff believed that many of the young clients had never experienced consistent boundaries making discipline challenging. As observed, it was not uncommon for clients to test the boundaries or even express anger about them. Support Co-ordinator Lisa Kemsley discussed the difficulty clients had adjusting to this practice:

> … a lot of the clients that come here have never had any boundaries, so as much as they buck against house rules while they are here … I mean, I had a client who would do everything and anything to break house rules because she'd never had

> boundaries in place but … I had her for nearly two years and by the end of it she wanted them there. It's almost like they know someone cares.
>
> (Lisa – Support Co-ordinator)

Lisa believed that boundaries became desirable over time by the young people. Of course, an element of testing boundaries and defying rules is typical in during teenage years. Burt *et al*., (2009), show that rule breaking behaviour increases during the course of adolescence for most young people, only to fall off again by adulthood. Unlike violent behaviour, which is shown to have a strong heritable component, rule breaking is more dependent on environment, peer influences and personality type where impulsivity in particular, is seen to be a factor (Burt, 2009; Niv *et al*., 2013; Klahr *et al*., 2014). During adolescence, rule-breaking behaviours are encouraged amongst peers and are often linked to increased popularity (Allen *et al*., 2005; Sussman *et al*., 2007) and so constitutes as a socially advantageous behavioural approach (Burt *et al*., 2009). Although Costarelli (2005) contrasts this with negative emotional responses such as guilt and disappointment in the self when the individual perceives what they have done as wrong. A different way of considering the breaking of rules is the idea of norm violations. These are, "behaviours that infringe one or more rules or principles of proper conduct" (van Kleef, *et al*., 2014). It is suggested that such violations are driven by individual factors and social factors. Individual factors include unfulfilled emotional needs, poor academic achievement and power inhibition (van Lange, 1999; Galinsky *et al*., 2003). Van Kleef, *et al*., (2014) say that social factors might be local norms based on the observed behaviours that propose an alternative response in certain circumstances to what would normally be expected. Such

factors explain why some adolescents are more likely to break rules and push boundaries than others.

Niv *et al*., (2013) suggest that rule breaking is more likely to occur in adolescence than at other times. In this sense, vulnerable young people are no different from other adolescents. The difference in SPP clients was that these young people are less used to rules or being subject to discipline when such rules are broken. This made enforcing boundaries challenging for SPP staff and clients. Boundaries could seem abnormal to SPP clients at first. What SPP considered as normal, acceptable behaviour was sometimes new to these young people, and needed to be taken into account when first working with clients in order for workers to understand the difference between outright defiance and what felt like normal behaviour for a client. SPP recognised that what may seem like antisocial and inappropriate behaviour to many was normalised behaviour for these young people and that it took time for a client to adapt to a new understanding of acceptable behaviour. During the focus group with managers, one senior figure remarked:

> … it's about being elastic, you know and understanding that … the young people you are dealing with, it's remembering where they've come from and what also that they think is acceptable as well. Because if they've grown up around people that behave at that level, then that's all they know. So, it's not necessarily that they're being rude to you, it's that's the only way they know how to communicate … I guess we try and see the difference between someone coming in the office and being quite agitated and swearing because they probably don't know any

> other way to communicate. If you've had that all the way through, then that's how you communicate. (Managers Focus Group)

The observed client behaviours that seemed anti-social may not be intentionally defiant. Social Learning Theory (SLT) provides one explanation for such behaviours. SLT considers the impact of socialisation and the influence of family and friends and those closest to a person. Norman & Ford (2015) argue that these interactions establish normative definitions of acceptable behaviour whilst providing role models for such behaviours. A specific aspect of socialisation discussed by Holland (2015) is Differential Association Theory (DAT). Developed by Edwin Sutherland in the late 1930s and early 1940s, DAT explains the impact of others on a person's view of normal and acceptable behaviour. The theory points to the social context of an individual to explain their behaviour. Individuals learn behaviours that may be considered challenging or problematic in wider society through exposure to those closest to them, i.e. parents and siblings and as such, these behaviours seem normal. In this way, a young person may not view what they do as rule-breaking behaviour.

Therefore, understanding the culture and context of young people may be important for adopting an appropriate response to client misdemeanours. Workers would be constantly in a negative state if they addressed all challenging behaviours. This is where empathy, based on an understanding of background, is important. What would seem like a significant misdeed in an ordinary environment, in an environment like Hadley House, may need to be overlooked because of the social norms of the clients (Burt *et al*., 2009; van Kleef *et al*, 2014). Ultimately, SPP had to make judgement calls based on what they considered might result in the best outcome long-term. Lesley, reflecting on how her own

experiences in supported housing influenced her role as a support co-ordinator recognised that:

> … because of the ages that we deal with, there's always going to be a certain amount of experimental drug use. If it doesn't cause too much hassle with their actual license agreement, if they're doing it off site, if they're not coming back on site under the influence, if they're paying their rent rather than spending all their money on cannabis, then that's something maybe they just need to go through. I personally think it would be wrong to go, "you must not do this, it is bad for you, it is illegal", all the rest of it … because I think that personally could be detrimental … in the future. (Lesley – Support Co-ordinator)

It was observed that SPP sought to create an environment where an understanding of the client backgrounds, experiences and internal states were always considered in relation to their behaviour. With that in mind, they provided a setting where young people could test the boundaries whilst being challenged in a supportive way. This allowed them to learn and understand new expectations regarding what was considered appropriate and pro-social behaviour. Foyer Manager, Kiera explained this in reference to Hadley House:

> ... and it's a safe environment for them to kind of get rid of a lot and anger is a massive one that comes with most, 99% of clients. They can be horrible to us and be angry at us and then we'll still be there the next day. So it is that we're there. We're appropriate people to test boundaries with. (Kiera – Foyer Manager)

This approach to working with vulnerable young people finds support in research (Richardson *et al*., 1994; Vorauer, 2013) where it is suggested that tolerance and

understanding is needed as clients adjust to new expectations. However, within the context of showing understanding, SPP have also learned that some boundaries must be clearly understood and consistently enforced. Communication is vital in this regard. Practically, this was addressed by rules being explained and agreed upon before a client came to live at Hadley House. Senior Support Co-ordinator, Sally explained:

> When a client moves in we do their sign-up paperwork. They have house rules that they go through with the staff member. We go through every single bit of the house rules. If they're not happy with it and they don't sign it, they don't move in just because they need to comply with that whilst they live here. Not just obviously for the benefit of them but for the staff and all the other clients in the house. They're also given a client handbook which they can take away with them. We do offer them copies of the house rules, in fact, they are given to them during the sign-up but then if they get thrown away we can replace them.
> (Sally – Senior Support Co-ordinator)

It was observed that when rules were broken, punishments were enforced. One example of this was if a client came back to Hadley House intoxicated or after the 11pm curfew. In such circumstances, they were not allowed back in to the property until after 9 am the following morning. Sally gave another example when a firm stance was taken:

> We had an incident where four clients were caught smoking cannabis on site. I was on shift, so I made that decision to call the police because it's an illegal substance and it could potentially affect other clients within the house. So I was there to time them off site all evening, you know I said, "You're not allowed back at all now until 12 o'clock tomorrow". (Sally – Senior Support Co-ordinator)

As previously discussed, demandingness works when there is supportiveness and this was in evidence after such incidents where care co-ordinators would meet with the clients to discuss the event. SPP managed the process through putting in place what they called Behavioural Management Contracts. This explained to clients what was expected in terms of future behaviour and the consequences of repeated actions over time. Sally explained:

> We'll put them on a BMC which is a Behavioural Management Contract. …They're there as sort of something to address small areas that they need support in whether that be, you know, the clients could be on a BMC for not paying their rent fully. … The top of the contract is what you [the client] need to do and then the bottom of the contract is what we [the staff] need to do. So again, it's just highlighting extra support areas that they may need. They'll be on that for a week, within that week if they haven't achieved everything that they need to do, it can be extended or if it's quite serious, things that they've not completed, then we can go to a panel meeting which is sort of where I come in. If it's something very serious for a panel we give them a retractable notice which means they've got 'x' amount of days to do 'x' amount of actions otherwise, if they don't do that, it can then go to a notice to quit which then means you will have to leave by this day. So it's a good sort of month that we give clients so from the first review to the BMC. Then if you're extending the BMC, panel and then a panel follow up which is when the retractable notice, the notice will be issued.
>
> (Sally – Senior Support Co-ordinator)

Besides serious lapses in behaviour, less critical but unhelpful observable behaviours were also discussed with clients in one-to-one meetings with their support co-ordinators. Sally went on further to explain:

> We will discuss it with them in their reviews, so a good example would be if they refused to get up in the morning … we'd sit down and discuss it in their review so, you know, "Why are you not getting up? Is it because you are going to bed late? You know, do you have trouble sleeping? Are you drinking caffeine before you go to bed? Are you staying up all night playing video games?" So, in that case, we'd discuss it in their review and we'd give them a week with sort of actions to help them. (Sally – Senior Support Co-ordinator)

The American Academy of Paediatrics (AAP) (1994) suggests that this kind of approach is helpful, arguing that a clear explanation about why the behaviour is considered problematic should be given. Also required is an explanation of what the consequences will be if these actions are repeated and the reason for such consequences in the future. Gunnoe (2013) argues that the ability to draw attention to distress caused to others by such behaviours is also useful in order to try to evoke some empathy as a means of motivation towards a different behaviour in future. As Webb *et al*., (2007) discuss, discipline should teach young people appropriate behaviours and the approach of SPP sought to do this. Flaskerud (2011) suggests that effective discipline needs to consider the relationship with the client, whilst providing positive reinforcement for desired behaviours and consequences for undesired behaviours. This means plenty of praise, encouragement and support, as discussed in the previous chapter. This approach is consistent with theories of Behaviourism, particularly Operant Conditioning where

rewards are seen to increase desired behaviours and punishments are seen to decrease undesired behaviours (Gray, 2015).

It was also observed that the approach of staff at SPP had much in common with the Positive Discipline Model (Gfroerer *et al*., 2013; Ghorbani *et al.,* 2013; Carroll & Hamilton, 2016). This approach to discipline seeks to help a young person succeed. It is about communication and giving information as to why something is considered inappropriate. As Durrant (2007) explains, imposing consequences for rule breaking is designed to support development and self-discipline. The intent of discipline is to provide a safe and consistent environment for young people to understand rules, limits and consequences and also the reasons for these rules and the consequences. Laursen (2003) suggests that the desired result is more self-control and self-discipline. However, a notable difference from this model with the PW that emerged from staff at SPP is that it does not believe in the rewards and punishments encouraged through operant conditioning because of the way they externalise the motivators for behaviour, rather than internalise them (Carroll & Hamilton, 2016). Although SPP would have agreed with the need to communicate and help clients internalise the reasons for positive behaviours, one thing that had become clear in their experience was that there must be consequences or else control could be lost. Deputy CEO, Dennis reflected on a non-eviction policy they adopted:

> We got it wrong a few times within Foyer for example. We had a non-eviction policy. Absolute disaster, because the kids, once they found out, took over because they knew we could never get rid of them. So we got rid of that approach and what we said was, actually, that's not doing you any favours either because that's not setting any clear boundaries. … Yes, you can be evicted from Hadley

House if you don't pay your rent, if you're a complete pain in the arse and actually, it's not doing you any good, why would we keep you there?'

(Dennis – Deputy CEO)

It seemed that in a desire to do anything they could to help vulnerable young people, a non-eviction approach resulted in increased antisocial behaviour because it disempowered staff. The approach was abandoned because it was felt it helped nobody in working towards desired outcomes. Baumrind (1996) provides a possible explanation for this suggesting that without discipline, a young person may perceive a parent [or worker] as indecisive about compliance to set boundaries. Instead, Barnes (2011) argues that punishment, correction and learning are all required in order for a young person to develop self-control.

The learning aspect of discipline is important. Stein (2007) suggests that if discipline is inappropriate within the context of care, then young people may simply behave in order to avoid punishment and may not internalise the meaning and value of different behaviours. Within the context of care environments there is often a need for young people to learn how appropriate behaviour gains them approval and trust. Therefore, as Crutcher (2005) suggests, undesired behaviour should be viewed as an opportunity for teaching new behaviour and a good disciplinary system should seek to use these opportunities to help young people grow into helpful behaviours.

SPP practice seemed to have a firm approach to discipline but one that was contextualised in a supportive environment built on good working alliances. The client perspective recognised that the disciplinary approach seemed to be fair and resulted in positive change. In a focus group, one client remarked:

> I went through Hadley. …Basically it was the old … tough love kind of situation and … I feel like I've become a better person and my family can see I've gone and become a better person, so can all my friends. (Client Focus Group)

Discipline and boundaries did seem to result in better outcomes and consideration of the benefits as identified by SPP is given later in this chapter. However first, the issue of consistency in enforcing discipline and boundaries is discussed.

Consistency

Some SPP staff argued that a lack of consistency caused difficulties and escalated antisocial behaviour. Support Co-ordinator Julie explained that being consistent was essential but also challenging when working with vulnerable young people:

> You've got to be firm with the clients and have boundaries, and consistency is a massive one. I think that's really hard because we're quite a big team. The lounge [at Hadley House] shuts at eleven but I know for a fact that not everyone makes them come out at eleven. Some people let them stay in there until about one in the morning and then when I come on shift the next night and I'm chucking them out at eleven, then they are much less likely to leave.
>
> (Julie – Support Co-ordinator)

It was observed that staff like Julie felt frustrated by a lack of consistency that seemed to provide an opportunity for clients to reason and resist instructions based on the actions of other workers. Flaskerud (2011) argues that consequences of boundaries and discipline must be consistent for all young people. Despite lapses in consistent practice, the

dominant PW view that emerged from staff at SPP was that consistency was essential or else problematic behaviours were likely to continue. Again, Julie reflected on this:

> They are not allowed on site when they've been drinking but I know some will come to the gate and they are like, oh please let me go to bed and I guarantee for an easy life some staff will probably let them in. But then when they think I got away with it last time, I'll do it again and then ... I've actually become quite strict so I think that's something I find quite frustrating is that there is not always consistency. And they find it hard as well. A lot of them will often moan about equality. (Julie - Support Co-ordinator)

To avoid such complaints, Irby & Clough (2015) argue that consistency is essential in promoting fair and equal treatment of young people and that consistent application of rules in a residential context brings a greater sense of predictability and reduces arguments about disciplinary issues. As Wolchik *et al*., (2000) reveal in their study, a predictable environment leads to feelings of acceptance and security, helping a young person to feel more settled. However, consistency is a challenge because individual workers will have subjective ideas about what is acceptable and appropriate behaviour; a challenge made harder at SPP by volunteers and sessional staff who are less involved in the work on a day-to-day basis.

There is also a challenge in being consistent because of the differing vulnerabilities of different clients. SPP staff had to safeguard the well-being of their clients as well as enforce rules and so that was a consideration in any decisions they made. There were times when flexing the boundaries seemed important when it was felt that there were long-term benefits or when risk was assessed and a young person was considered too

vulnerable for a rule to be applied on a particular occasion. When exploring the issue of consistency in the practitioner focus group, one support co-ordinator commented:

> Vulnerability is something you consider. …We've got to use our own safeguarding policies. If it's a 16-year-old girl who comes back [from a night out after curfew] and she isn't from [the area] and you are asking her to go walk the streets for the night compared to a 23-year-old male whose Nan lives round the corner then, yeah, we will be different. …But it does cause trouble. So it's really hard.
>
> (Practitioners Focus Group)

SPP recognised in their duty of care that there were safeguarding issues to consider and the difficulty was that in making such decisions, clients could perceive their approach as inconsistent. Although exceptions were sometimes made, it was noted that behaviour could not always be excused or it would continue. Graham, Head of Operations, explained this approach:

> … you know there are guidelines there, but on that occasion you should use your discretion and you should log that that has happened so that there are some repercussions so that we can talk to the person, “Look actually next time, you're not going to get in. It's a one off”, because otherwise you get staff that are very kind of black and white. …So they understand that the rules are there for a reason, because if that client then tries it the next time, we might have to say “no” even if we know they're going to kick the door in because otherwise they're going to come back drunk every night and so is everybody else.
>
> (Graham – Head of Operations)

Therefore, some SPP staff operated with flexibility in their enforcement of boundaries but this was conditional and it was explained to clients that when such discretion was shown, that it was an exception to the rules and would not continue.

An important aspect of discipline is ensuring proportional punishment. Baumrind (1996), when considering parenting approaches, suggests that an authoritarian style that demands strong punishment for every misdeed is one that is likely to be ineffective and damaging. The AAP discuss ignoring trivial misdeeds (AAP, 1994). Noting the background of the young people at SPP this is important. With many indiscretions, discipline in a chaotic environment like Hadley House needed to be about addressing more significant behavioural problems. Ignoring misdeeds requires subjectivity and again, this is where consistency is a challenge. However, rules and subsequent discipline must be appropriate or they can be counterproductive. There was an observed tension for clients in the SPP medium support unit regarding this issue. One client remarked:

> And there are stupid, stupid rules that come in and it just makes you feel like a kid. You're trapped in this place and like, the bloody key fob rules, that's stupid. Like if you do one thing wrong, you get your key fob taken off you, you're not allowed in, you have to press on the buzzer to check that it's you coming in. I think that's stupid. …It's just daft trying to enforce things because of the few minority of people who weren't ready to move in here. (Client Focus Group)

The feeling of this client was that some rules were applied without discretion and that this was not fair although it was interesting that the same client complained about a lack of consistency thus illustrating how challenging the approach to discipline is in such a setting. The experience of SPP was also that different people responded differently to

rules. Whereas some clients resented them, others wanted them. In a focus group, one support co-ordinator reflected on this saying:

> I had a client who we used to do a quite softly, softly approach with and then he got very angry and said, “No, I need you to say right, this is what you need to do and if you don't do it this is what is going to happen”. Whereas some of the people, if you would take that, they would think you are being quite negative towards them so … you do have to be very flexible, using the same tools but differently for each individual. (Practitioner Focus Group)

Some clients welcomed the firm, regimented style noting it helped them, and most came to appreciate the value of this approach over time. Despite criticisms from the client focus group, the overall response was that this tactic was helpful. The complaints were more about application of such rules and consistency. It was clear in talking with the young clients that they perceived there to be different treatment of individuals without understanding why. In terms of the application of rules one client commented:

> Yeah. Very, very inconsistent. I mean they try to keep those ground rules there but sometimes they might go, oh yeah, we'll let that person off. And whereas, you know someone might go off someone and then, they'll be like, oh it’s ok, we'll let them stay here for another few more weeks and then someone smokes some weed in their room and they're automatically kicked out. And there's a few things far worse than smoking, you know, a joint or something. (Client Focus Group)

The challenge for staff is that clients may not see the whole picture and may not understand these apparent inconsistencies in terms of safeguarding or previous lapses in

behaviour that had led to BMC conditions being put in place. SPP operates a system of behaviour management, which gives clients multiple chances except for a few very serious offences. Therefore, the perception of someone being automatically evicted for drug use in his or her room was a false one asthis would only happen after a series of warnings and incidents. Clearly, it would not be appropriate for staff to divulge information about why a client had been asked to leave to other clients. SPP could benefit from reinforcing the nature of the disciplinary system with those they work with, highlighting it is based on second chances and that people are never asked to leave because of one incident. It would be valuable to communicate that there is some flexibility on certain occasions and explain why there might be an exception in order that clients may understand why sometimes a situation may appear inconsistent. Communication is important in such situations. McGilton *et al*., (2009) stress how communication skills are shown to improve client outcomes in residential settings. Good communication improves understanding and is essential for helping clients understand flexible but consistent approaches. Indeed, the clients themselves complained that you cannot treat a 16-year-old like a 23-year-old and that there should be a difference of approach with some flexibility so reflecting on this with clients could be helpful.

Routine

Lanza & Taylor (2010, p. 541) state that, "… family routine may mitigate positive associations between school disengagement and delinquent behaviours" and suggest that routine provides "organization and predictability". SPP placed a lot of emphasis on the importance of structure and routine. Dennis, Deputy CEO, explained why he felt it was important:

> We have had a lot of criticism in that we run boot camps, in that we're very strict and tough. … but it's a very deliberate regime around saying, you know, you will get up in the morning. You will start to think about what you're going to do with your life. You won't be able to lie in bed until 12 o'clock. We will not tolerate bad behaviour. You cannot speak to the staff like that. You will pay your rent or you'll get kicked out because life is like that and when you get out in the real world you'll soon find out. And it's that sort of early intervention in identifying what is it that people often ... will fail in later on in life and start to embed what they need to learn about that, from day one basically. (Dennis – Deputy CEO)

There appeared to be a belief amongst many SPP staff that routine prepared these young people for normal everyday living. Colin as CEO reflected this understanding:

> We're pretty tough in the way we run Hadley House. Because it's a front end and young people are most chaotic at that point. So there's a real push at getting the young people up every morning, getting breakfast inside them and then having some sort of structure, albeit it's probably a little bit, you know, woolly at times but I mean, some sort of structure, during the daytime hours. …And we sense that, a young person shouldn't be allowed to doss in bed during the day. If they're not doing anything then they're either going to have to walk the street or they've got to do life skills. They're the two options and then there's the evening meal and then leisure time. Monday to Friday, that's what most of us, should be doing because that's just the way society is and if we're to prepare young people for society, they're going to have to start to learn some of the basics.
>
> (Colin – CEO)

In the family context, routine is about the level of structure, predictability, consistency, and organisation provided in the home environment by the carers (Sytsma, Kelley, & Wymer, 2001; Malatras *et al*., 2016). Such routines are associated with lower behavioural problems , higher academic performance, improved self-esteem, optimism and mental health (Taylor, 1996; Taylor & Lopez, 2005; Koome *et al*., 2012; David *et al*., 2015; Malatras *et al*., 2016). Predictability and consistency of routines is recognised as a protective factor in difficult situations and negative life events (Fiese *et al*., 2002; Ivanova & Israel, 2006). There is very little research regarding the impact of routine in the context of the work SPP engages in but the emergent PW once again suggests that the approach that works in family contexts is likely to have some benefits in their care environment.

Routine theories seem to support the value of structure suggesting that the type of routine and context is important. According to Routine Activity Theory, spending time with peers in routine unstructured activities increases the likelihood of problematic behaviours especially when there is no presence of an authority figure (Haynie & Osgood, 2005; Svensson & Oberwittler, 2010). Osgood & Anderson (2004) demonstrate how social control reduces when an authority figure is not present. Therefore, a structured day with adult led activities is likely to reduce the possibility of anti-social behaviour caused my peer influence in unstructured time. Gunnoe (2013) suggests that structure has an active function in that by asserting power and creating routine, young people are helped in developing self-regulation and perseverance. Behaviours that were initially enforced become habitual. This then results in self-efficacy and skills to deal with difficult, unpleasant or uninteresting but essential tasks (for example, maintaining a tenancy). Denault & Poulin, (2012) point out that vulnerable young people can improve their

socialisation and interpersonal skills through engagement in organised routine group activities in contrast to unstructured time with other vulnerable peers where according to Svensson & Oberwittler (2010) problematic behaviour is more likely to occur. In residential settings like Hadley House, this makes structure and routine important or else poorer outcomes are a real possibility (Handwerk *et al.*, 2000; Huefner & Ringle, 2012). Another theory regarding Routine Activity Patterns (RAP) supports this view (Hawdon, 1999). Novak & Crawford (2010) demonstrate that when RAPs are high in visibility, quality and serve a useful purpose, then this reduces the frequency of challenging behaviours.

For young people who have had difficult lives, a firm approach may appear to some as a harsh at times and SPP had been criticised by other providers for their firm discipline and routine. When faced with young people who have had such difficult lives, it is tempting to take a responsiveness approach only, but as with good parenting, the PW revealed by staff at SPP suggested that demandingness was needed. Having adopted this approach, SPP answer their critics by stating that even with the threat of removal, no client has been evicted for non-payment of rent for 4–5 years because of this disciplined approach. Enforced boundaries and discipline are needed in order to establish helpful patterns of behaviour and to help clients prioritise what is important. The AAP support such an approach arguing that, "…consistency in the form of regular times and patterns for daily activities" is important. (Flaskerud, 2011, p. 82). Baumrind (1996) also emphasises that disciplinary responses to problematic or undesired behaviour develops character by getting a young person to both respect others and recognise legitimate authority.

Benefits of routine, discipline and boundaries

Collectively, SPP staff identified two major benefits to organisational practices around routine, discipline and boundaries. The first was that it reduced problematic and antisocial behaviour. Secondly, it prepared the young people for independent living by establishing good habits, a better mind-set and encouraged growth in the social skills necessary to function in the work place and hold down a tenancy.

i. Decreasing antisocial and problematic behaviours

The experience of SPP staff indicated that introducing routine and structure helped young people to find something positive to do whilst decreasing antisocial behaviour. Some workers believed this positive approach to discipline was a better strategy than telling them what not to do. Graham as Head of Operations explained:

> …there's no point saying to a client day in, day out, "Stop smoking cannabis, stop smoking cannabis"... finding them something that they can then do is actually the bit which will then move them on. ...You find something that, you know, all of a sudden you can do something hands on that they're good at, [then] they haven't got time to smoke cannabis because they're out, you know, busy.
>
> (Graham – Head of Operations)

This positive strategy towards pro-social behaviour seems sensible and the idea finds support from Flouri & Midouhas (2016) who argue that a 'telling-off' approach in work with young people is considered as harsh discipline and is shown to be less effective. Staff at SPP seemed to believe that where there is less structure and more boredom, then

problematic behaviour would escalate. CEO, Colin reflected on his many years of experience saying:

> I suppose the message there around young people is just to reassert that it doesn't work if young people just do nothing all day long. They don't move themselves on. They become much more difficult to manage. They're much more likely to get involved in minor scuffles, in repetitive antisocial behaviour. They're much more likely to get involved in the criminal justice system. (Colin - CEO)

Such a belief finds wider support. Svensson & Oberwittler (2010) show the relationship between less routine and higher levels of delinquent. Lanza & Taylor (2010) demonstrate that even when young people are disengaged from school, difficult behaviour is encountered more in those with little routine compared to those with more routine and something to do. It has been shown that Not being in Employment, Education or Training (NEET) leads to boredom and is associated with antisocial and problematic behaviours in adolescents such as binge drinking (Biolcati *et al*., 2016), risky sexual behaviours (Miller *et al*., 2014), substance misuse (Hendricks *et al*., 2015), increased sensation seeking (Shaw *et al*., 1996) and criminal activity (OECD, 2016). It is also linked with poorer mental health, especially depression (Spaeth *et al*., 2015). SPP recognised the link between boredom and antisocial behaviour. Foyer Service Manager Kerry commented:

> I know when I was younger, if I laid in bed all day I wouldn't feel like I'd achieved anything that day. And if then you're left to do that day in day out, the likelihood is you get bored and you start taking drugs or you start drinking … In having that routine and putting something in place, I think, gives the young people a sense of purpose. (Kerrie - Foyer Service Manager)

It seems intuitive that filling a day with activity results in less boredom and therefore decreases the likelihood of problematic behaviours. Indeed, Persson *et al.,* (2007) show adolescent participation in structured activities led by adults that focuses on skill building is associated with good adjustment and reduced problematic behaviour.

Reducing antisocial behaviour also results in a more pleasant living and working environment. The clients themselves felt the need for staff to create order with one young person commenting in a focus group that, "Too many young people … were out of control and I don't think enough steps are put forward to control them". Although the clients would complain about the rules, they also recognised that chaos could quickly ensue leading to an unpleasant environment where they did not feel secure. Therefore, reducing antisocial behaviour was something strongly desired by these young people. Besides reducing problematic behaviour and creating a better working and living environment, SPP staff believed that discipline, boundaries and routine prepared young people for independent living.

ii. Preparation and socialisation of clients for independent living

A view that emerged through interviews with SPP staff was that discipline taught clients that actions had consequences. Stables (2004, p. 219) encourages a consequentialist approach that asks clients "what might happen if …?". SPP encouraged clients to think about the future in this way, encouraging them to think about the possibilities if they take positive steps forward. However, they also highlighted the consequences of antisocial behaviour, showing how it may create barriers to employment, housing, and future prospects generally. Baumrind (1996) suggests that approaches like this are about trying to help young people understand that there are authoritative systems and boundaries in

society that have to be adhered to both socially and legally. As Fattori *et al*., (2015) explain, most social contexts, whether they are families or institutions are based on some kind of hierarchical structure in order to function. There is authority in these social structures and a young person must choose to conform or disobey with the demands of such structures. Morselli & Passini (2011) discuss how societies in this way develop norms to help people understand acceptable approaches in social settings. Ent & Baumeister (2014) argue that obedience to such norms is necessary for success in most group and organisational contexts. Many at SPP expressed a belief that these young people would need to get used to these systems and boundaries if they were to go on and maintain an independent lifestyle.

There are various theories to explain this, including Control Theory (Hirschi, 1969) which is based on the assumption that internal bonds to society prevent problematic behaviour through attachment to individuals or organisations that encourage what would be considered as normative order (Foshee & Baumann, 1992; Preparata, 2013). The stronger the bond to society a person has, the less likely they are to deviate from societal norms. Therefore, the approach taken by SPP of getting young people into a routine that encourages them into education, training and work, is more likely to generate a commitment to institutions and people that promote conformity as they experience the benefits of such a lifestyle. Novak & Crawford (2010) suggest that this may lead to the development of a belief in the validity of societal norms and in turn, limit the opportunities for problematic behaviours.

Building upon such ideas, Gottfredson and Hirschi (1990) went on to develop Self-Control Theory with the idea that low self-control predicts offending and associated problematic

behaviours. Brown & Jennings (2014) suggest that individuals who are motivated by self-interest and pursue such interests, tend to have a short-sighted view of the world and lack discipline. Mears *et al*., (2013) and Vazsonyi *et al.,* (2016) argue that is this way, low self-control interacts with environmental opportunities to provide the circumstances where adolescents are more likely to give into their impulses for immediate gratification even if that means offending or engaging in antisocial behaviour. The theory has gained empirical support in a number of research studies (Piquero & Bouffard, 2007; Moffitt *et al*., 2011; Mears *et al*., 2013; Vazsonyi *et al*., 2017). Beaver *et al*., (2008) suggest that low self-control may have a biological component and be heritable, however it is environmental factors, like those SPP clients have often experienced such as a lack of discipline from parents, that are more likely to increase the likelihood of low self-control (Vazsonyi & Huang, 2010; Brown & Jennings, 2014). Routine helps establish discipline where it has been lacking and prepares young people for independent living by decreasing the environmental opportunities to give into impulses of antisocial behaviour. At the same time, routine tries to establish a higher level of self-control through understanding the gratification that might be achieved through realising long-term goals. In this way, the opportunities and structure provided by SPP could help to create good habits and a work ethic, making employment accessible and these goals attainable. These habits also help establish practical behaviours such as paying bills, meaning future tenancies are more likely to be successful. After three years' experience of working at Hadley House and with SPP educational programmes, Lisa suggested:

> It's getting young people into … a positive daily routine so, they get wake ups, they get up and they come down. Rather than just staying in their room all day … we

> give them something to do, to work on and to prepare them for work or training or whatever they want to get into. …It's preparing … a young person for potentially independent living by putting those things in place that maybe they've never had in their life … to give support in every way possible … and positive daily routine. (Lisa – Support Co-ordinator)

The change of mind-set to working towards long-term goals is an important step in ensuring stable, independent living. The expectation of SPP seemed to be that a change in mind-set would improve mental health, create a positive outlook and have an immediate benefit for clients, as they felt more happy and hopeful. Aaron explained:

> We really passionately want our clients to have a brilliant daily routine. Hopefully, in employment, because people who are unemployed are statistically more sad, that's just a fact. We want people to do something really productive with their day, using their time to volunteer, to really enrich their lives and I, we really want that. We passionately try and make that happen. (Aaron – Support Co-ordinator)

Aaron was correct in his assessment with regard to unemployment. Depression is associated with being unemployed, especially in those young people moving into adulthood (McGee & Thompson, 2015). Those not in education, employment or education do seem to be at increased risk of poorer mental health (Kaneko *et al*., 2014; O'Dea *et al*., 2016).

Routine with enforced boundaries promotes the socialisation of young people, teaching them norms and moral expectations that are required in adult society (Kochanska & Askan, 2006). By setting appropriate boundaries, young people are able to understand

and follow rules that impact on their ability to relate to other people and this helps them with emotional regulation when their will is blocked or compromise is expected (Wolfe & McIsaac, 2011). SPP believed that routine with rules and consequences prepared young people to survive in the community where people may be less tolerant than perhaps what they had experienced up until that point.

Summary

Building on the findings of chapter 4, this chapter has sought to explore the idea that alongside the need for support and empathy, there is also a need for consistent routine, boundaries and discipline. That the same approach discovered in effective models of parenting is applicable when working with vulnerable young people in programmes of care. Wider research seems to support that taking a positive approach to discipline in a supportive environment reduces antisocial behaviour whilst providing a platform to work toward new goals. The PW that has emerged in SPP and wider research suggests that due to deficits in parenting and other environmental factors, new client norms and better self-control are needed to prepare a vulnerable young person for independent living. Organisations like SPP help this process by building in routine and opportunities whilst establishing new habits.

However, not all clients are ready to embrace such opportunities and this is a challenge for the work of SPP that is explored in the next chapter as consideration is given to client readiness for change and the need to build motivation to work towards agreed outcomes.

Chapter 6 – Motivation and Readiness for change

I think you have the potential to have a massive impact on somebody's life. Obviously, it needs to come from them as well.

(Naomi – Support Co-ordinator)

In the previous two chapters, the importance of the working alliance has been explored. It was noted that staff influence upon clients through warm and supportive relationships and a programme based on discipline, boundaries and routine was needed for good outcomes. Mander *et al*., (2014) show that behavioural change processes require clients and workers to act collaboratively on agreed goals and strategies. A consistent and important predictor of a strong working alliance and collaboration towards agreed goals with adolescents is motivation (Moyers *et al.*, 2005; Urbanoski *et al.*, 2012; Wolfe *et al*., 2013; Iachini *et al*., 2015; Alfonsson., 2016). These studies reveal that motivated clients have higher levels of self-efficacy, coping skills and build a stronger alliance in the first few weeks of an intervention, whilst achieving a reduction in psychological distress. However, research also shows that motivation is often low with vulnerable young people

when entering a service (Diamond *et al.*, 2006; Slesnick *et al*., 2009; Hillen *et al*., 2015; Brauers *et al*., 2016) indicating that they are not always ready to engage in a meaningful way. SPP recognised the reluctance of some young people to take part in routine activities designed to help them towards independent living. One support co-ordinator commented on this in a focus group saying:

> If you've done everything you can, if like we've done all, put all the support in place and it still hasn't worked, well I do genuinely believe it's just that they're not at that point, that stage where they're ready to ... take responsibility and sort of make the changes. (Practitioner Focus Group)

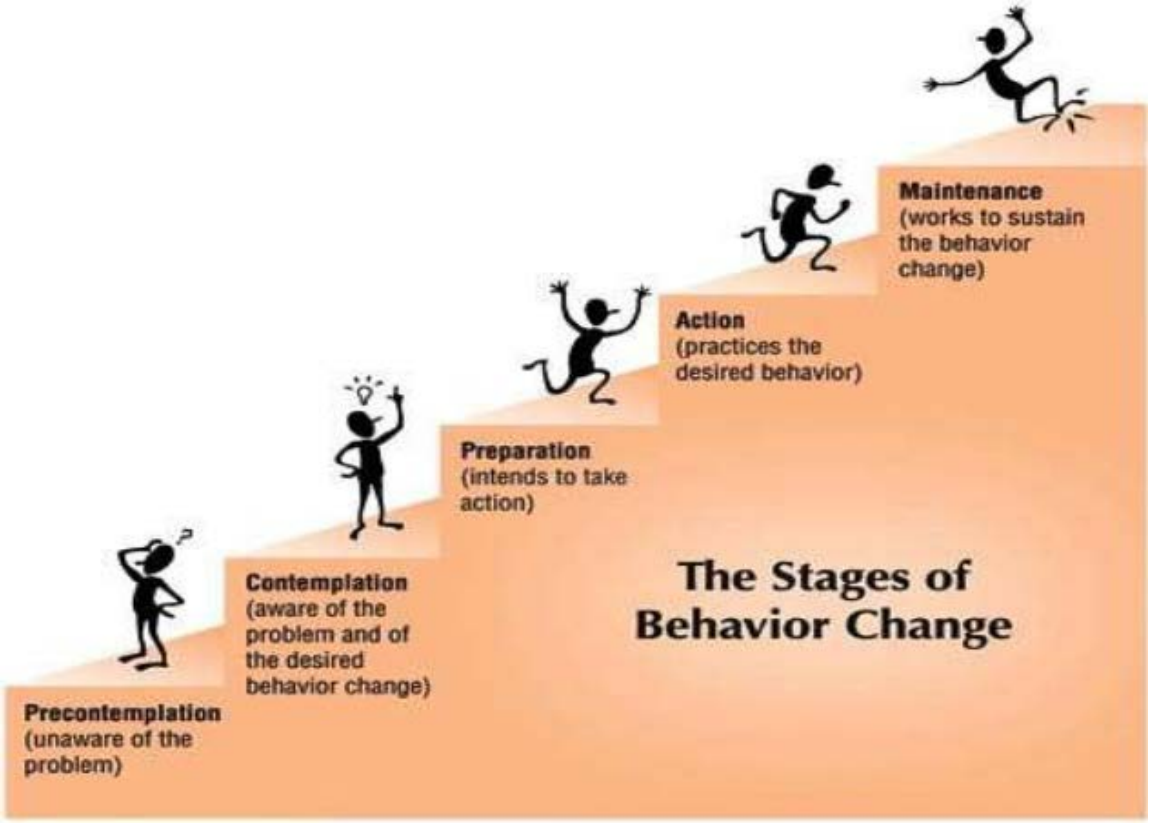
The idea that some clients were not ready to engage emerged in many interviews. Therefore, in this chapter ideas of motivation and the concept of readiness for change are explored, looking at why a young person may not be ready or may not want to change. Consideration is given to what an organisation like SPP might do when young people present with little inclination to engage. This idea is explored with reference to a theoretical construct known as the Transtheoretical Model (TTM) (Davis *et al*., 2015). It was noted that many of the ideas discussed by SPP staff regarding motivation and change, are also considered in the TTM. The TTM provides a theoretical framework to explain some of the approaches to practice developed by SPP staff.

The concept of readiness for change

According to DiClemente *et al.*, (2004, p. 104) readiness for change means, “a willingness or openness to engage in a particular process or to adopt a particular behaviour”. It is typically marked by two factors, the confidence and ability for the client to change and a perceived view of the problem or behaviour to change (Miller and Rollnick, 2002; Matwin

& Chang, 2011; da Silva *et al*., 2015). The idea that some young people are not ready to change is recognised in the Transtheoretical Model (TTM) (Geller *et al.*, 2008; Davis *et al*., 2015). This model for purposeful change was first proposed by DiClemente and Prochaska (1982) and recognised a process where a client moves from one established pattern of behaviour to sustained change in a new pattern of behaviour (DiClemente *et al.*, 2004). The TTM contains fourteen individual components including stages of change, concepts like decisional balance and self-efficacy and ten processes of change. The model suggests that for a person to change, they pass through a sequence of qualitatively distinct stages: precontemplation, contemplation, preparation, action, maintenance (Prochaska & Velicer, 1997; Wilson & Schlam, 2004; Norcross *et al.*, 2011) and that motivation to change increases through each stage (Sherman *et al.*, 2016).

Fig 6.1 The TTM Stages of Change[27]



Lesley Spragg, a support co-ordinator with significant experience of working with young homeless people discussed how clients often presented when they first arrived at Hadley House, commenting:

> You know a lot of these kids come to us, really low self-esteem, with huge egos and they feel that they can do everything and they don't need support, don't you know? You know, “I'm an adult … you can't tell me anything, OK”.
>
> (Lesley – Support Co-ordinator)

[27] Source: https://www.slideshare.net/abpascual/2013-behavior-change

What is being described here represents a client at the precontemplation stage as identified in the TTM. Individuals in this stage are said to be unaware of their issues and are not thinking about change in the next six months (Wilson & Schlam, 2004; Lewis *et al.*, 2009; Norcross *et al*., 2011). When considering vulnerable populations entering into a programme of care, research estimates that 40 per cent of people are in precontemplation, 40 per cent in contemplation, and 20 per cent in preparation (Prochaska & Velicer, 1997; Ries *et al*., 2012; Melnyk, & Fineout-Overholt, 2015).

In order for a client to move forward they must decide they want to change and this is something that SPP acknowledged. Nathan, one of the newer support co-ordinators recognised that:

> It might not necessarily be enough that somebody is trying to support you and advise you and help you. There has to be something that happens in your life to make you want to change … sometimes to make a big change, somebody has to … really hit a turning point. (Nathan – Support Co-ordinator)

Contemplation is where there is some recognition that there are problems and the individual client questions whether these can be resolved (Lewis *et al.,* 2009; Soberay *et al*., 2014). Mander *et al.,* (2014) suggest that the ability of staff to engage a client in the contemplation stage is seen as a predictor of a positive working alliance. The desired reaction from workers is a decision by the client that manifests itself in preparation to change. There has to be a moment where the client chooses change and does not simply think about it. SPP engaged in a process of one-to-one client meetings where they would draw up a support and development plan. Although this did not guarantee engagement from the client, a series of questions designed to get them to think about the future did at

least achieve the goal of moving a client from precontemplation into contemplation. This tactic helped a client to think about the future and it seemed for some, this would cause them to make a decision to engage with the support. One client recognised how an individual choice was needed to change but also recognised the value of staff engagement in encouraging this:

> It's all down to the individual. Myself personally, I say it's: 1. Down to the individual and, 2. It's down to the member staff who ends up becoming that support... it's the connection you've got between the support worker and the client. So if the client has got faith in the support worker then that client might feel…I can take one step at a time. (Client Focus Group)

As well as valuing staff support towards change, SPP clients reflected on how people who were disengaged could come to a moment where they made a decision to change. They discussed one particular young person known to them who they said was happy to drift along but then after months of work with SPP, suddenly made a decision one day that changed his entire outlook and approach. One client described what they had observed:

> I've got a friend who lives in this building… . He never left his room for months on end, never cleaned himself or his room. He couldn't manage his money …he had no aspirations. All he ever did was just stay on his mobile reading fan fiction constantly, constantly, constantly, every single day. And it's amazing how he managed to keep that up for months on end. …You know, I tried pushing him. In the end, I don't know what clicked inside his head but literally he got up one day and in that day, it was about a week ago, he got a job and now he's working. And he's doing something with his days. (Client Focus Group)

This client feedback demonstrated that for some clients, a period of consideration with on-going staff support can result in a decision to change that leads into a period of preparation for making such changes and results in action such as finding work.

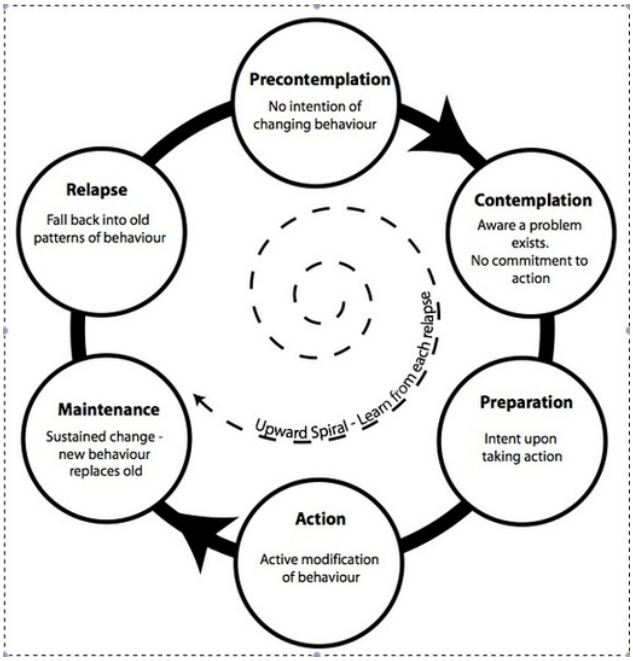
Action is when modifications to problem behaviours are made (Norcross *et al.*, 2011; Soberay *et al*., 2014). Becan *et al.*, (2015) say that evidence shows that those at this stage have the best outcomes. For example, Lewis *et al*., (2009) demonstrated that when working with adolescent depression, the best results were achieved when an individual became action-orientated. It is hoped that a client then moves into a period of maintenance where this newly established behaviour becomes normal prolonged behaviour (Norcross *et al.*, 2011; Soberay *et al*., 2014). Some suggest that this stage is confirmed after six months of change (Wilson & Schlam, 2004) although this is increasingly seen as an arbitrary measure (DiClemente *et al.*, 2004).

As outlined previously, the SPP culture of practice included giving multiple chances based on the recognition that intervention programmes did not always work on the first occasion. This theme emerged in a number of interviews. Foyer Manager Kiera commented:

> … and we will always take people back ... you should never just have one chance … it might not work for you this time but you can come back again and we've had clients that come back and lived with us four times because the first, second and third time … it didn't work for them but they can come back again. So I think we just really sign up to everybody deserves to have a second, third and fourth chance and everybody deserves to have help and any kind of help they need. (Kiera – Foyer Manager)

Similarly, Kerrie as Foyer Service Manager noted:

> And also, some of them may come back two or three times but they'll eventually get back on their feet and it's not about whether they failed or not, it's just that they weren't ready the first time or even the third time but they might have been ready the fourth time. (Kerrie – Foyer Service Manager)



In this way the TTM model also offers explanation for the SPP approach where the stages of change are illustrated as a spiral pattern rather than a circle or series of steps.

Fig 6.2 Stages of Change Spiral [28]

This is done to reflect that numerous behavioural change attempts may occur and that lapse and relapse into old patterns of behaviour is fairly common in care programmes (Prochaska, DiClemente, Velicer, & Rossi, 1992; Mander *et al*., 2014). Prochaska *et al.*, (2013, p. 11) state that, "change is not a linear progression through the stages; rather, most clients move through the stages of change in a spiral pattern" (see fig 6.2). DiClemente *et al.*, (2004) suggest that recycling through the stages as well as moving back and forward is of value as it engages the clients in a learning process that allows for

[28] Source: Dorlee (2017)

sustained change. Becan *et al.,* (2015) recognise that multiple intervention efforts are normal when problems are severe.

Besides the stages of change, the TTM also has ten processes of change (see 'Process Strategy' in Fig 6.3). According to Mander *et al*., (2014), these processes can be broadly divided into two main categories. The first is about the experiential processes of change and draws awareness to problems through consciousness raising and self-re-evaluation. The second is about behavioural processes and focuses on working on problems through contingency management and stimulus control. They are strategies that help a person make and maintain change.

The TTM has come under criticism where individuals do not appear to belong within a discrete category (DiClemente *et al.,* 2004; Sharma & Atri, 2006; Nigg *et al*., 2011) leading to other models such as Readiness and Motivational Interview (RMI) that allows for overlapping stages (Geller *et al.*, 2008). Wilson & Schlam (2004) agree that the issue of discrete categories is problematic, adding there are also problems of stage definition and measurement and that sequential transition across stages has not been established. Defining each stage is challenging with differing questionnaires developed to try and

Fig 6.3 TTM Processes of Change

Type of Process	Process Strategy	Definition
Experiential Processes: especially relevant to early stages of change – precontemplation, contemplation, preparation	Consciousness-raising	Increasing awareness via information and education about healthy behaviours. Increasing information about self and problems through observations, confrontations, interpretations and feedback.
	Dramatic relief (or emotional arousal)	Feeling fear or worry because of an unhealthy behaviour. Feeling inspiration and hope with knowledge of how people change to healthy behaviours. Experiencing and expressing feelings about one's problems and solutions through psychodrama, grieving losses, role-playing and journaling.

	Self-re-evaluation	Realising that healthy behaviour is an important part of who a person is and wants to be. Assessing how one feels and thinks about oneself with respect to a problem through value clarification, imagery and corrective emotional experience.
	Environmental re-evaluation	Realising how an unhealthy behaviour affects others and how more positive impacts, by changing, could be achieved.
	Social liberation	Realising that society is more supportive of healthy behaviours. Increasing alternatives for non-problem behaviours available in society by advocating for rights of the repressed, empowering and policy interventions.
Behavioural processes: especially relevant to later stages of change – action, maintenance	Self-liberation	Believing in the ability to change and making commitments to act on that belief. Choosing and committing to change through decision-making therapy, resolutions and commitment-enhancing techniques.
	Helping relationships	Finding people who are supportive of their change.
	Counter-conditioning	Substituting unhealthy ways of acting and thinking for healthy ways. For example, substituting alternatives for anxiety-related behaviours through relaxation, desensitisation, assertion and cognitive restructuring.
	Reinforcement management (or contingency management)	Increasing the rewards for positive behaviour and reducing those that arise out of negative behaviour. Rewarding oneself or being rewarded by others for making changes through contingency contracts, overt and covert reinforcement and self-reward.
	Stimulus control	Identifying reminders/cues that encourage healthy behaviours instead of those that encourage unhealthy behaviour. Avoiding or countering stimuli that prompt problem behaviours by restructuring one's environment (e.g., removing alcohol or fattening foods) as well as avoiding high-risk cues.

Adapted from Mander *et al.,* (2014, pp.123–124,) Prochaska *et al., (*1992) & Prochaska *et al.,* (2013).

place people resulting in no uniform measurement or model (DiClemente *et al.,* 2004; Wilson & Schlam, 2004; Bulley *et al.*, 2007). Weinstein *et al*., (1998) criticises what appear to be fairly arbitrary time limits applied to the stages that often do not reflect the actual experiences of clients whilst Littell & Girvin (2002) questions the idea that clients move sequentially through these stages. DiClemente *et al.,* (2004), acknowledge the problem of

defining stages and the arbitrary nature of where to draw a line and recognises the attempt to create more categories or sub-categories as legitimate.

However, the five stages do successfully differentiate change activities; conceptually defining a process and acting as markers that show progress. They also help our understanding of motivation as a dimension of change. Thus, Armitage & Arden (2008) suggest the TTM has become the dominant psychological model in this field. There is now an extensive body of research demonstrating that interventions based on the TTM model result in positive outcomes for a number of issues including: stress (Evers *et al.*, 2006; Fried & Irwin, 2016); domestic violence (Levesque *et al.*, 2008; Levesque *et al*., 2012); healthy eating (Prochaska *et al.*, 2004; Ribeiro & Alvez, 2014); sun exposure (Prochaska *et al.*, 2004; Adams *et al*., 2009); addiction (Kennedy, 2009; Hall *et al.,* 2014); binge drinking (Gintner and Choate *et al.*, 2003; Felicíssimo *et al*., 2014); psychological/mental health problems (Lewis *et al.*, 2009; Brauers *et al*., 2016); exercise (Zhu *et al.*, 2014; Ham *et al*., 2016); suicide prevention (Coombs *et al.,* 2001; Hoy *et al*., 2016) and eating disorders (Geller *et al.*, 2008; Dawson *et al*., 2015).

What is of particular relevance to this chapter is that the TTM approach, with stage-matched interventions has been shown to work more effectively with those presenting with low motivation than non-stage matched interventions (Nakamura *et al.,* 2004; Freyer-Adam *et al.,* 2014). This approach may not be as significant with those presenting with high motivation where a stage-matched approach has less significance (Riemsma *et al.*, 2003; Bridle *et al.*, 2005) but it seems important for the kind of clients SPP encountered. However, for all the evidence of TTM effectiveness, Kim *et al*., (2012) acknowledge that failure to engage is not always down to client motivation but due to

other barriers and factors around the young person such as a problem with the service engaging with them and other wider environmental influences or personal factors.

The research at SPP identified that clients were often in the pre-contemplation stage and did not seem ready for change or were not willing to change. I will now explore why in more detail, proposing some possibilities for tackling this problem.

i. Clients and readiness

SPP recognised that many clients came with addiction, psychological problems and other issues but were not ready to engage with specific treatment interventions at point of entry. Colin, CEO, explained:

> I don't know that many of the young people who come … certainly at the front end, would be ready for deep and complex interventions. I think we've set up a counselling service for example, and a number of young people have been pushed towards it … and I just don't think it's working to be honest. There's a big dropout rate and actually. I just don't know that a young person going to see somebody for an hour or forty-five minutes for six weeks or twelve weeks or however long it is, is going to do a whole lot in terms of the fact and reality that many of the young people have had a lifetime of probably, fairly poor parenting and dysfunctional families. (Colin - CEO)

The reasons why a client may not be ready for change is not always clear but personal factors such as parenting might offer some explanation. Cahill *et al*., (2016) show that the ability to build meaningful relationships is negatively influenced by poor attachments of the kind commonly found in SPP clients. This affects a young person's capability and

acceptance to build relationships and causes avoidant behaviour in pursuing new relationships with those who might help them. Support co-ordinator Nathan felt that sometimes clients struggled to adapt to the environment for personal and family reasons. He explained:

> Sometimes it's just not the right place for them maybe. …Maybe people just don't want to be here and the fact that they are here … they'll miss family, maybe that's when they'll start using drugs, etc., as coping mechanisms.
>
> (Nathan – Support Co-ordinator)

Staff at SPP recognised such personal factors as obstacles to change. The TTM model also discusses a lack of self-efficacy as problematic (Norcross *et al.*, 2011). Freyer-Adam *et al.*, (2014, p.1846) defined self-efficacy as, "the situation-specific belief in one's own ability to adhere to a target behaviour" and suggests a lack of self-efficacy may lead a client to not feeling ready or able to make positive changes and instead adopt or maintain problematic behaviours as a way of coping. Therefore, what Nathan discussed may be in part due to a lack of self-efficacy. Bandura (1977) suggests that self-efficacy is derived from a person's perceived ability to perform a task and is a mediator of performance on future tasks. Sherman *et al.*, (2016) argues similarly that self-efficacy is based on the belief of an individual that they have the resources to be successful in planned goals to change. Therefore, as Mander (2014) argues, if there is no or little self-efficacy then a client is unlikely to be able to engage. We will discuss how SPP staff sought to build self-efficacy and self-esteem in detail in the next chapter.

Client self-belief, skills and expectations need to be managed in order to encourage readiness for change. The TTM stage of dramatic relief or emotional arousal (fig 6.3) may

be important here (Prochaska *et al*., 2013). Dramatic relief can prompt clients to recognise, at an emotional level, how their problematic behaviour affects those around them. Fear and guilt are emotions that might prompt this through considering the negative aspects of behaviour and encourage movement from Precontemplation to Contemplation (Conner *et al.*, 2009; Thrul *et al*, 2015). However, inspiration and hope can also promote dramatic relief and move people through the stages when they think about the possible impacts of change upon their lives (Peter & Honea, 2012; Thrul *et al*, 2015). If a client feels inspired and hopeful when they see and hear about how people who have come from similar backgrounds are able to change, their behaviour may change also as they start to work towards goals agreed with care co-ordinators.

Clients may also not be ready for change, as they do not perceive that they have needs and problems. When clients presented at Hadley House, it was often due to an immediate housing need rather than because they felt they needed broader interventions for long-term behaviour change. One manager in a focus group commented on this:

> I suppose when people come to us at SPP… they only have one need at that point or that's the immediate need that they see which is “I need somewhere to stay”. They don't necessarily recognise the other needs that they have. So that's why, quite often, they're not prepared to address those and that's why you end up with an eviction fairly quickly for some people. Because all they really wanted was a roof over their head. When they realise actually they have all these other needs and you're working with them, then they come back round a second time then they are better able to progress. And that's certainly been the experience of several young people over the years. They just want a roof over their heads to

> start with and that's all they're interested in and that's why you can't work with some clients. (Managers Focus Group)

Nightingale & Fischhoff (2001) suggest that a failure to perceive wider needs and problems is common in adolescents. To tackle this the TTM process suggests consciousness raising (see Fig 6.3) by increasing awareness about needs and healthy behaviours through information, education, and personal feedback (Prochaska *et al*., 1992; Shinitzky & Kub, 2001;) This has been shown to be an effective strategy for encouraging change (Di Noia *et al*., 2012; Thrul *et al*., 2015). Re-evaluation strategies (see Fig 6.3) may also help a client to see the impact of their behaviour on themselves and those around them resulting in behavioural change (Shinitzky & Kub, 2001; Longmire-Avital, 2010; Siriwong, 2015) although it is suggested this may take longer to impact on them than consciousness-raising approaches (Assailly & Cestac, 2014).

The challenge for an organisation like SPP is whether they could adopt TTM strategies more strategically to make their programme more effective when a client first comes to them? Only Graham as Head of Operations and a trained psychologist articulated any aspect of the TTM theory and strategy during interview. However, there were approaches that SPP had developed over time that meant that they did engage in TTM strategies knowingly or unknowingly. For instance, consciousness-raising in clients was achieved using SPP Support and Development Plans that were drawn up in one-to-one client meetings with Support Co-ordinators. Lisa explained the process:

> Each client has a Support and Development Plan which they get when they move in and it gets updated monthly. …So, we can sit down with the young person and discuss accommodation, finances, health and well-being. They put goals on there

> that they feel they would like to achieve but might need some support with. (Lisa – Support Co-ordinator)

As we saw in chapter 5, re-evaluation strategies were used in client meetings when there had been disciplinary issues. Boundaries and rules helped enable what the TTM describes as Environmental Re-evaluation (see Fig 6.3) (Prochaska *et al*., 1992; Di Noia *et al.,* 2008), where a realisation of how unhealthy and antisocial behaviours affected others was explained and how they as a client could have a more positive influence by changing such behaviours. Client meetings and support plans raised the consciousness of client actions and attitudes, supporting TTM processes that establish behavioural change as part of a client's identity. Such an approach is argued to promote healthy and pro-social behaviours and these are important for helping clients recognise who they are and what they want to be (Longmire-Avita, 2010; Prochaska *et al.*, 2013).

ii. Clients and change

Another reality faced by SPP was that some clients did not want to change and were ambivalent towards any attempt to help them towards a different lifestyle even when they knew there were issues to address. Kerrie explained:

> And it's just about where someone is in their life because a person has to want to make their life better to succeed. So we can help them as much as we want to but if they don't want to help themselves, there's only so much we can do. As soon as they want to help themselves, they'll succeed, because they want to, and we'll just help them through that. (Kerrie – Foyer Service Manager)

There may be reasons for this. Adolescent clients in services such as Hadley House are often coerced, mandated or have no other option. As Hadley operated as an assessment centre for young homeless people in the region, young people had to pass through for other housing options. Coercion into care programmes on issues like housing and substance misuse is not uncommon (Digiuseppe *et al*., 1996; Larsson-Kronberg, 2005; Wolfe *et al*., 2013). It does not automatically follow that coerced clients will be resistant to help and change, although Prendergast *et al*., (2009) show that higher perceptions of coercion are associated with lower motivation in clients.

In organisations like SPP, clients may not see themselves as in need of support, and certainly not support beyond any immediate need such as a roof over their head. However, if compelled to be in a programmes where clients have low recognition of wider problem behaviours and high ambivalence, research has shown higher than expected ratings for the value of intervention programmes, demonstrating that it is possible to be effective even when clients feel coerced (Wild *et al*., 2006; Prendergast *et al*., 2009; Wolfe *et al*., 2013).

SPP recognised the challenge of clients not willing to fully engage or take responsibility for changing their behaviour when first entering the service. In a focus group one support co-ordinator commented:

> We can never force them to do something. It's like you can take a horse to water but you can't make it … drink. If at that stage … we as professionals do take a snap shot of their life and … [say] … this is what we believe is the best possible option for you at this time, and they just don't want to engage then, yeah, they do have to take some responsibility for it. (Practitioner Focus Group)

However, even when support staff desire to help such young people and bring evidence-based actions, studies show that there are circumstances where clients refuse to change and this results in negative response to the work that is conducted around them (Larsson-Kronberg, 2005; Adlam, 2015). Various staff at SPP recognised that at some point, a client had to choose to engage in order for them to be able work effectively together.

This does not however mean a worker simply has to accept a client's decision to resist change. The TTM suggests approaches that may cause these young people to make a different decision. Clients may have engaged in a decisional process and decided they do not want to engage because they prefer their current behaviours. However, Decisional Balance is a motivational tool used to facilitate decision-making that fosters behaviour change (Foster *et al*., 2014; Krigel *et al*., 2017). The purpose of this tool is for a client to list their personal pros and cons of maintaining or changing certain behaviours. Krigel *et al*., (2017) suggest that by encouraging such conversations, clients can express what they enjoy about a certain behaviour whilst contemplating the downsides. Miller & Rollnick (1995) suggest that this allows the client a sense of autonomy rather than coercion in the decision-making process. Because the person identifies their own negative thoughts about the current lifestyle, the approach has been shown to be an effective in encouraging behavioural change (Miller & Rose, 2009; Okechukwu *et al*., 2011). However, in cases of behaviours like alcohol intake, smoking and drug use, such a decision has to overcome any denial about the problems it may be causing. The cons have to outweigh the pros in the mind of the client. Therefore, the intervention may have mixed results, as some will choose to keep drinking, using drugs and engaging in problematic behaviours. There is evidence where decisional balance is used with equal attention to the pros and

cons then the approach can be ineffective or even reinforce undesired behaviour (Carey *et al*., 2012; Miller & Rose, 2015). When a client weighs up a decision in their own mind, they may simply decide they enjoy the behaviour too much to give it up and SPP reported this to be the case. One care co-ordinator reflected in a focus group:

> It's that those people aren't really ready to engage or to make the changes because, for an example, we might recognise that one of the young people we work with is taking a lot of drugs. So we'll try and put support in place for that but they just laugh at the fact that we are even putting support in place for them. That's what they want to do at the moment. That's what they are happy doing and they're not ready to make a change, so it's going to take a big thing in their life to happen for them to make the change, before they are ready to look at this. (Practitioners Focus Group)

Fernandez *et al.*, (2016) indicates that the pros of maintaining a behaviour tend to be more salient in the earlier stages of change. Cons take on more significance during the preparation stage. As identified by SPP, adolescent clients often see substance misuse as non-problematic and show a lack of interest in changing the behaviour as it is not unusual for young people to focus on the positive social aspects of drinking or substance use and less on the consequences socially and physically (Dennis 2004; Becan *et al.*, 2015). Decisional balance can be useful as it encourages the client to think about the benefits and costs of change and in doing so, by definition, moves somebody from Precontemplation to Contemplation (Prochaska & Valicer, 1997; Braun *et al*., 2012). The balance between the pros and cons will vary depending at which stage of change the individual is at but skilled workers can help clients using techniques like Motivational

Interviewing, to focus on the pros for change whilst de-emphasising reasons to maintain the current behaviour. A meta-analysis by Sheeran *et al.,* (2014) indicated that drawing attention to risk appraisal around a current behaviour, changes intentions and so, is an additional line of questioning to be employed when helping a client consider pros and cons at the precontemplation and contemplation stage.

Although most SPP workers were unlikely to be aware of the concept of decisional balance, staff engaged in conversations that got clients to think about the pros and cons of situations, increasing client awareness of circumstances as they looked forward and this was believed to be effective even when these young people initially refused to engage. Sally, Senior Support Co-ordinator reflected on this process regarding one particular client:

> … she's a lot more self-aware and she believes that's through the staff that have sat down in her reviews and possibly made her think about things that she was running away from a lot of the time. So, because we've helped her sort of realise that herself, the second time now round she's come to us she is just amazing and it's really nice to see just how far she's come. (Sally - Senior Support Co-ordinator)

In this way, a decisional-balance approach aims to generate intrinsic motivation for change and LaBrie *et al.*, (2006) shows it is an effective mechanism. It allows clients to come up with their own reasons for change. It is not about a worker applying pressure on a client to do something but is concerned to help them see positive reasons for change and then taking responsibility for subsequent actions. Enabling a client to explore the consequences of such actions may help and does seem to describe the SPP approach. Decisional balance also provides a platform for the TTM processes of re-evaluation and

the consequences of behaviours on the client and those around them. Lesley described how she took this approach in one-to-one client meetings:

> I never want to be seen as a nag, and I won't nag them because I think that's totally pointless … I give them consequences for their actions... I will give … my opinion what I think … and if you want to keep smoking cannabis in your room then that's fine. But as a result of that, this is going to happen, which will eventually lead to eviction ... I always make sure that they know it's their decision. They've got to take responsibility. They've got to learn responsibility now. (Lesley – Support Co-ordinator)

SPP perceived this approach to be effective. It helped SPP clients recognise they needed to take responsibility for their actions and lifestyle choices and step out from other influences such as that from peers. One client recognised this and in a focus group commented:

> …when someone is ready to move on it … all depends on the group of people they are hanging around [with]. If you're with somebody who is always on the rob and you're always smoking and you're always doing some kind of drugs then it's like a vicious circle. You're always never going to be able to get out of it until you stop - 1. Stop taking the drugs; 2. Stop hanging round with them people. You're never going to be ready to live say, a normal life … you're never going to get out of that rut. (Client Focus Group)

In this way, taking responsibility for actions was recognised as important by both staff and clients alike. The idea of responsibility is central to a humanistic approach in psychology

known as Self Determination Theory (SDT), which emphasises the choices people make, and their own self-determination in this process (Ryan & Deci, 2017). Miketinas *et al*., (2016) draw attention to SDT as a useful behavioural change concept to use with young people because it emphasises important psychosocial constructs in preparation for adulthood, such as competence, autonomy and relatedness. Joseph (2008) and Patrick & Canavello (2011) suggest progress results from a client accepting personal responsibility for their behaviour and recognising the opportunity to make intrinsic choices rather than being extrinsically driven, thus providing a sense of autonomy. Ward *et al.*, (2000) suggest that person-centred and experiential therapies may be helpful in helping clients accept responsibility and this has shown to be as effective as other treatments more commonly associated with the TTM such as Cognitive Behavioural Therapy. Such approaches seemed commonplace at SPP with the idea of clients taking responsibility discussed in many interviews.

At this point, it is worth noting that although experience has taught staff at SPP to engage in many of the strategies we see in the TTM, they did not adopt any specific defined evidence-based interventions. This is a potential area of weakness when it comes to being effective. For instance, noting the ethical imperative discussed in chapter 1 to do no harm, the decisional balance approach can be dangerous. It may increase awareness of the benefits of problematic behaviours, encouraging their continuation and thus reduce effectiveness of the wider programme (Carey *et al.,* 2006; Cox *et al.,* 2015; Reich and Goldman, 2015). Motivational interviewing, as a specific technique is effective because it is able to de-emphasise reasons to maintain the current behaviour (Krigel *et al.,* 2017). As motivational interviewing can be taught in relatively short courses (2–3 days)

organisations like SPP might be wise to invest in learning such techniques as this would help staff move clients on quicker and more effectively with reduced risk of harm and improved practice.

Enabling change

In this section, we consider what kinds of strategies SPP staff could have deployed in order to transition clients through the TTM stages of change. There appeared to be differing views within SPP between those who believed that anybody could be helped and staff who accepted there were those you could not help because they would not engage. One of the support co-ordinators, Aaron stated:

> I believe and I hope that everybody in the charity believes that absolutely anybody who turns up is capable of making positive change and we're capable of helping them to do it. (Aaron – Support Co-ordinator).

Whereas another support co-ordinator, Lesley, seemed more accepting that you could not help everyone and had to put up with the reluctance of some to engage. She commented:

> Right, OK, as far as I'm concerned, we are there to do a job. We are there to provide. It's up to the individual if they want to take that help up or not. …The thing is, you know, I think also as support workers we put too much pressure on ourselves to try and turn these young people around and forget that actually these young people are people who have a mind of their own.
>
> (Lesley - Support Co-ordinator)

The TTM, recognises the view of Lesley that some clients are not ready for change. However, it also supports the view of Aaron by recognising that indecision now does not

mean that workers are helpless to change this response in the future. It was observed that some staff members seemed to accept that clients did not want to change and put it down to timing rather than considering the evidence-based approaches they could use to address this ambivalence. Moyers *et al.*, (2005) argue that clinician interpersonal skills can increase collaboration in motivational interventions highlighting the importance of the engagement skills discussed in chapter 4. The TTM shows us also that there are stage-appropriate strategies, which can be adopted that address the client at whatever stage they are at including precontemplation. In this way ambivalence to change does not need to be accepted as there are strategies to move a person from precontemplation into contemplation as we have already identified with approaches such as decisional balance. Research into TTM shows improvements in outcomes when using stage-matched interventions (Prochaska & Velicer, 1997; Richert *et al*., 2011; Schulz *et al*., 2012; Lee *et al*., 2015). This is partly due to how clients are different in the early stages of change compared to the later stages in terms of decisional considerations, self-efficacy and change process activities (DiClemente *et al.*, 2004).

As we have seen, some SPP staff recognised that it may take several attempts to change and acknowledged that change can be difficult. For example, clients may not have the self-efficacy to change, which the TTM acknowledges as an important factor. CEO, Colin Amsden recognised this challenge in working with vulnerable people explaining how he felt practitioners in some organisations were unrealistic:

> They expect families to change as a result of a brief intervention and you might have the likes of SPP and you might have the likes of Rethink [mental health charity] all going in [and] doing a very small amount of work and expecting the

> family to change where fundamentally the family don't have the skills or ability or motivation to change. (Colin - CEO)

As with evidence-based medicine, EBP must have appropriate dosage or else it is likely to be ineffective and in this way Colin is right to draw attention to the level of work that might be required. However, with time and the right interventions, it is possible to proactively adopt strategies that encourage young people to change even when they seem reluctant and even when they have significant vulnerabilities. Research into the Treatment Readiness Induction Programme (TRIP) provides evidence to suggest that focusing on client readiness in the context of an induction programme into a service could be useful (Dansereau *et al.*, 2013; Becan *et al.*, 2015; Knight *et al.*, 2016). Becan *et al.*, (2015) suggest that this involves the delivery of interventions that help with decision-making, self-awareness, general thinking skills and goal direction, all of which are shown to improve motivation to change. Lewis *et al*., (2009) agree, suggesting it is important that a stage-matched motivational intervention is introduced first when a client presents as low action-orientated in order to address their ambivalence to change.

The TTM ten processes of change (see Fig. 6.3) suggest that there are appropriate strategies that can be adopted, depending on where a client is with regard to stages of change. Mander *et al.*, (2014) argue that in the early stages, motivational approaches may be appropriate as they focus more on the emotional processes, whereas in the later stages, behavioural interventions may be more prudent because they focus on the actions that establish lasting change. The purpose of a stage-based intervention is to prevent asking the client to change when they are not ready for it. For example, Motivational Interviewing (MI) has become an established stage-orientated intervention

that encourages those who are reluctant to even think about change to find some motivation to move forward, i.e. those in Precontemplation and Contemplation (Miller & Rollnick, 2004; Erol & Erdogan, 2008). MI is a client-centred form of counselling. Through directive questioning, it helps clients to explore and resolve ambivalence to change. Miller & Rollnick, (2013) say its processes include empathic listening and consideration for individual reasons for behavioural change. Satre *et al.*, (2016) encourages the worker to avoid conflict, whilst offering non-judgemental guidance as it results in the client moving to a higher level of readiness to change. MI is shown to outperform other interventions where individuals present with low motivation for change (Miller & Rollnick, 2013; Freyer-Adam *et al.*, 2014). Motivation to change is associated with positive treatment outcomes across a range of settings including hazardous drinking, smoking and drug use (Madson *et al.,* 2016; Satre *et al.*, 2016), mental health and psychological issues (Dray *et al.*, 2011; Steinkopf *et al.,* 2015), lifestyle changes for poor health (Spencer & Wheeler, 2016), dietary behaviours (Ekong & Kavookjian, 2016), and general problematic behaviours (Clair-Michaud *et al.*, 2016).

Many SPP staff recognised the importance of generating this motivation in those they worked with as well as building a working alliance, showing empathy and other components essential to MI. One support co-ordinator, Andrew explained one such approach to sought to generate motivation:

> So having the clients, have some grasp of a plan and some grasp of goals for the future and also sometimes it's a motivational thing. You know, giving people something to hope for, giving people something, you know, they haven't had a particularly excellent life so far, give them something to think of to look forward

to. To move towards, to move away from where they are at the moment.

(Andrew – Support Co-ordinator)

The theme of motivation emerged in many interviews. DiClemente *et al.*, (2004, pp. 103–104) say that motivation can be defined as the, "… personal considerations, commitments, reasons, and intentions that move individuals to perform certain behaviours". Sherman *et al.,* 2016) say that motivation can be intrinsic; driven by internal factors like self-efficacy and extrinsic; driven by external factors like social problems. In tackling issues like addiction, intrinsic motivation has shown to produce better outcomes than extrinsic motivation (Ryan & Deci, 2000; Benedetti *et al.* 2015).

TTM stage-based interventions are important for the concept of EBP. For instance, if you take an evidence-based intervention such as Cognitive Behavioural Therapy (CBT) which includes the need for clients to complete homework (Lebeau *et al.*, 2013; Otero *et al.*, 2015), and then ask ambivalent pre-contemplative young people to engage in this, it is far less likely there will be a good outcome. May *et al.*, (2007) show that precontemplation is a predictor of treatment dropout. However, Westra & Dozois (2006) demonstrate that the introduction of an intervention like MI to CBT increases expectancy and produces better outcomes than CBT on its own because it addresses ambivalence. Becan *et al.*, (2014) argue that a number of studies have shown varying effectiveness of evidence-based treatments even when fidelity is high indicating other factors have significance. Dennis, *et al.,* (2004) suggest that client motivation is one of these factors. The purpose of the TTM is for practitioners to assess where a client is at in terms of readiness to change and then adopt strategies and interventions appropriate to that stage.

Freyer-Adam *et al*., (2014) propose that when a client is at pre-contemplation and contemplation, developing motivation may be important due to cognitive and affective processes. But at the behavioural stages, a different approach and process might be needed. For example, Armitage & Arden (2008) suggest at the planning stage, that the use of self-affirming implementation interventions are likely to improve the likelihood of a desired behavioural response. Epton *et al.*, (2015) shows that the ability to affirm self improves when undesired change messages are processed which then increases people's motivation to act. Based on the Theory of Planned Behaviour (Baummann *et al.,* 2015), self-affirming implementation intention works by linking critical situations where appropriate action is needed to a particular behavioural response. The idea is to link an automatic response to certain situations as they occur. Clients do this by specifying cues in the environment that will guide future behaviours (Armitage & Arden, 2008; 2016). Baummann *et al.,* (2015) argue that in this way, attitudes to behaviour are important as it is based on beliefs about what might happen if a particular behaviour is engaged in. Evidence suggests that this is effective in changing health-related behaviours and addictions so could be a useful tool in the planning stage (Baummann *et al.,* 2015; Epton *et al.*, 2015; Norman & Wrona-Clark, 2016). It is also a planned response so less reliant on motivation in that moment (Gollwitzer & Sheeran, 2006).

Evers, *et al.,* (2006) show that TTM approaches are not just restricted to single targets like depression but have been shown as effective when addressing complex behavioural goals across a range of issues and this would seem relevant to organisations like SPP, who managed multiple issues with their young clients. Prochaska *et al*., (2013) summarise these ideas by encouraging practitioners to do the right things at the right time. Adopt

the right processes at the appropriate stages, accessing intervention techniques that take client readiness and motivation into consideration.

Summary

SPP PW recognised that young people were often ambivalent towards change and that this resulted in them coming through the programme on multiple occasions. It was recognised that clients needed to make a choice to engage and take responsibility for adopting new behaviours. In response to this, a core component of SPP practice was to try to build motivation in the clients. SPP did this through developing supportive relationships and focusing the mind-set of these young people on future goals and the consequences of their choices. Their attempt to build motivation in this way had similarities with approaches found in the TTM. This model recognises that workers are not powerless when faced with client ambivalence. Stage-appropriate strategies can be used that encourage a client to become more motivated and move towards behavioural change. Motivation is especially important to this process and organisations working with disengaged people should consider the development of skills in motivational interviewing and induction programmes that encourage a different way of thinking and problem recognition. What was observed in SPP practice was that they had discovered similar techniques encouraged by the TTM. However, adopting specific evidence-based interventions like MI may improve this practice further and ensure greater consistency of approach.

It was noted that one way to build motivation was to help clients develop hope about future prospects. This is an idea embraced by SPP with the belief that increasing

aspiration in clients was important and would help them develop important life goals. I will now consider this in detail in the next chapter.

Chapter 7 – Aspiration

We try to install belief in young people that there are opportunities.

It's about helping young people from whatever background to show them they have a future and that they are capable of doing anything they want to.

(Practitioner Focus Group)

Introduction

Staff at SPP were observably passionate about their desire to help young people develop future goals and raise aspirations about what might be possible. This approach was felt by many staff to be essential in helping young people move towards independent living and they frequently discussed the idea of realising the potential in the young people they worked with. As a concept and a value, it had become established in the mind-set of SPP staff. Foyer Service Manager, Kiera summed up this idea saying:

> We're here to help anybody reach their full potential. We're here to help them know what is possible and that you can achieve, not anything maybe, but you can achieve a lot of what you want if you just believe in yourself and you have those other people that believe in you. So we're here to give those people that helping hand to be able to be what they want to be. (Kiera – Foyer Service Manager)

Many young people at SPP presented with problems and vulnerabilities, marked by poor self-esteem, a lack of hope and low aspiration. Research has shown that young people who find themselves in care environments like Hadley House have often experienced disadvantage, disruption and neglect, all of which are likely to result in lower educational and career aspirations (Pecora, 2006; Creed *et al.*, 2011; Wilks & Wilson, 2012; Southgate *et al*., 2015). However, Beal & Crockett (2010) suggest that the transition into adulthood is a time where an individual may become more focused on their aspirations for the future and therefore, this presents staff at SPP with a specific opportunity. The SPP idea of helping young people realise their potential was about building hope and aspiration for the future. This is important because as Walkey *et al.*, (2013) demonstrate high aspiration encourages the motivation discussed in the previous chapter. Therefore, focusing on

aspiration should be considered as an early TTM stage-appropriate response for building motivation for change in clients. Aspiration is key for understanding why some individuals experience successful lives and is therefore is an important concept to understand (Nurmi & Salmela-Aro, 2002; Kay *et al*., 2016).

What is Aspiration?

Rothon *et al.*, (2011) define aspiration in terms of the desires and aims of a person. It is what one would like to happen, as opposed to what one thinks might happen which could be describes as expectation (Ashby & Schoon, 2010). Beal & Crockett (2010) reveal that aspirations develop through adolescence, becoming more realistic, as perceived ability and opportunities presented to an individual are considered. In this way, aspiration can lead to goal development and the creation of plans that encourage educational and vocational achievement. Rothon *et al.*, (2011) explain this in terms of the Status Attainment Model stating that educational aspirations have a significant influence on both educational and vocational achievement. SPP recognised this in their practice and consequently worked hard at providing educational programmes during their routine activities that sought to build confidence in their clients and increase the prospect of further education and vocational opportunities.

In their efforts to move young homeless people from the Hadley House hostel into independent living, SPP believed in the importance of reducing the number of young people who are Not in Employment, Education or Training (NEET). A British Cohort Study showed that those at the age of 16 who were uncertain about their future career were three times more likely to be NEET (Gutman & Schoon, 2012). A recurrent theme in the PW of staff at SPP was the need to get young people thinking about their future and to

build aspiration around educational and career prospects. Deputy CEO, Dennis acknowledged this as an important stage in the work of SPP saying:

> The next step then was raising their aspirations. If they aspired to something, they could then change themselves and actually take the right steps to move forward. If they had no aspiration, you're one a hiding to nothing. You're not going to do anything. …I want to be fostering that type of ethos … allowing people to explore their own aspirations and then encouraging them to say it is achievable and getting them to believe in themselves because if you can get that far, they'll then probably want to change. (Dennis – Deputy CEO)

This approach seemed sensible and finds research support. Beal & Crockett (2010) show that educational and vocational expectations are linked to educational and occupational attainment. Aspirations help raise expectations, generate future goals, and predict how time and energy will be spent (Ashby & Schoon, 2012; Kiang *et al.*, 2015). Creed *et al.* (2011, p.1720) show that young people in "out of home" care environments like Hadley House are shown to report, "lower occupational aspirations, less career planning, more career barriers [and] lower educational aspirations for themselves". Such young people tend not to be engaged in thinking or planning their future lives or careers so this obviously needs to be addressed by organisations like SPP.

Zikic & Klehe (2006) show that aspiration impacts upon career planning which includes identifying areas of interest, identifying educational and training routes needed, setting goals and establishing timelines. Therefore, building aspiration is an important factor when working with NEET clients. Research shows that aspiration is one of the most significant factors in predicting final educational outcomes (Rothon *et al.*, 2011, Gutman

& Schoon, 2012; Stoddard *et al.*, 2015). Patton & Creed (2007) also show that occupational aspiration is associated with improved school achievement. Career aspirations can be defined as, “an individual’s expressed career-related goals or choices” (Rojewski, 2005, p.132). These aspirations are associated with career choices, an increased likelihood of entering a professional career and higher wage attainment (Rojewski, 1997, 2012; Creed *et al.,* 2011; Ashby & Schoon, 2012; Gutman & Schoon, 2012). So clearly, it is important for organisations who want successful educational and career outcomes for their young people to address negative mind-sets and low aspiration.

SPP also recognised that aspiration not only led to engagement in education and work but had the added benefit of reducing problematic behaviours. Graham commented:

> Most people want to find that kind of vocation, calling, something that they're good at. You know, you almost don't need to support them because … you don't have those conversations about ‘stop smoking’ stuff because they're not interested anymore; they're busy training for the army or doing whatever else. And that kind of old character has dissipated. (Graham – Head of Operations)

The belief of various staff members at SPP was that if you got young people involved in something they were passionate about, then anti-social behaviour would diminish as they worked towards achieving their goals. Gerard & Booth (2015) demonstrate this link showing that not only do adolescent aspirations generate hopefulness about the future but they protect against negative outcomes. Stoddard *et al.*, (2015) also show that aspirations lead to positive outcomes even when a young person has experienced difficulty and adversity, and thus demonstrates that that young people do not have to be defined by their backgrounds.

Therefore, raising aspiration is important, as those with low expectations and aspiration are more likely to engage in problematic behaviours as they feel they have nothing to lose because they do not expect to do well in education or get a good job (Allen *et al*., 1990; Harris *et al.*, 2002; Saarikkomäki & Kivivuori, 2013). We will look at how SPP sought to raise aspiration later in the chapter but first we need to understand what causes low aspiration in order that practitioners may address such issues.

What influences aspiration?

There are numerous theories that discuss the role of aspiration. Salmela-Aro *et al.*, (2007) propose a Life-span Model of Motivation, suggesting the importance of aspiration in directing choices for individual development. Ashby & Schoon, (2012) say that the model recognises people adjust goals because of negative experiences and on that basis, not everyone starts out at the same point. Social influences such as family background affect the development of adolescent aspirations, as do personal influences such as mental state and personality. Theoretical perspectives that seek to explain educational and occupational aspirations continually draw attention to personal and socio-environmental dimensions (Rothon *et al.*, 2011; Strand & Winston, 2008) and both should be considered in explaining the development of aspirations (Garcia *et al.*, 2012; Sawitrie & Creed, 2015).

Social Cognitive Career Theory (SCCT) (Lent *et al*., 1994; Sheu *et al.*, 2010; Brown *et al.*, 2011; Sawitri & Creed, 2015) considers social and personal influences and looks at aspiration in relation to concepts that drive career-related actions. Creed *et al.*, (2011) say these concepts include self-efficacy, outcome expectations and career goals. Strand & Winston (2008) refer to these as the personal dimensions in building aspiration. Personal dimensions are associated with an individual's perceptions of their own abilities and

psychological state. SCCT also considers social dimensions acknowledging the impact of environmental and contextual influences. Lent *et al*., (1994) propose that these include life-barriers, educational support and encouragement, all of which are important for high aspiration. Creed *et al.*, (2011) add other contextual factors such as gender and socio-economic status to these social dimensions. As past psychological and social disadvantages are associated with lower aspirations, it is important that these factors are understood and addressed by any organisation working with such young people. Further consideration of these dimensions is now provided.

Social dimensions

Social dimensions are multi-faceted and include socio-economic factors, family influences, parental aspirations, parental achievement, the educational environment and gender differences. Schoon *et al.*, (2007) refers to socialisation theories suggesting that adolescents from privileged backgrounds have better access to resources, knowledge, role models and networks that are more likely to result in higher aspirations. Sawitri & Creed (2015) confirm this with a study that shows that aspirations are higher where there are positive as opposed to negative socio-environmental conditions. Supportive families are positively associated with higher aspirations (Trusty, 1998; Sanders, 2001; Gerard & Booth, 2015; Flouri *et al*., 2015) and family influences play a role in shaping adolescent career expectations (Jodl *et al.*, 2001; Ashby & Schoon, 2012).

In socio-economic terms, young people from wealthier families are more likely to aspire to professional vocations, perform better at school and stay in education longer than those from lower income families (Ashby & Schoon, 2010, 2012; Madarasova Geckova *et al.*, 2010). Those from lower income families do seem disadvantaged in forming

educational aspirations (Greenhalgh *et al.*, 2004b; Madarasova Geckova *et al.*, 2010, Gutman & Schoon, 2012). Teachman (1987) argues that those from socially disadvantaged backgrounds are more likely to believe that further/higher education is beyond them and therefore tend to reduce their aspirations. Madarasova Geckova *et al.*, (2010) say that the reasons for the impact of socio-economic backgrounds on aspiration are complex. Studies show socio-economic links with perceived lack of parental support (McWhirter *et al.*, 1998), perceived limited career opportunities (Furlong & Cartmel, 1997) and poor nutrition (Cochran *et al.*, 2011). Ghaemi & Yazdanpanah (2014) also suggest that those with socio-economic disadvantage are more likely to be concerned about financial problems that can restrict time for study, reduce access to educational materials and impact on the emotional state and motivation for their learning. Income can provide opportunity in terms of access to resources and access to better performing schools. For example, those with higher incomes can choose a good school by choosing where they live (Barrow, 2002; Gibbons & Machin, 2008; Machin, 2011). Cochran *et al.*, (2011) argue that a strong socio-economic background may also indicate a higher parental intelligence and a genetic link that relates to capability in young people.

Jodl *et al.*, (2001) suggest that the role of the parent in aspiration is of primary importance as they can be a source of encouragement (Ashby & Schoon, 2010; Rothon. *et al.*, 2011) and communicate the attitudes and knowledge needed for successful educational attainment (Madarasova Geckova *et al.*, 2010). Fan & Chen, (2001) show that parental aspirations around education for their children are linked to adolescent success. According Schoon & Parsons (2002) even though those from higher socio-economic backgrounds are more likely to have higher aspiration for their children, parental

aspiration can have a moderating effect against poor socio-economic circumstances (De Civita *et al.*, 2004; Schoon, 2006). For example, Ashby & Schoon (2010) show that those whose parents want their children to continue in education achieve better exam results and have higher aspirations even when controlling for socio-economic factors.

The educational achievement of parents influences education ambition in young people (Jodl *et al.*, 2001; Andres, 2007; Lawrence 2015). Teachman (1987) believes that adolescents may see post-compulsory education as above them because of the experience of their parents. This low expectation may arise from low cultural capital. Cultural capital is provided by parents through attitudes to education and through knowledge of how to succeed in education (Madaresova Geckova *et al.*, 2010; Winkle-Wagner, 2010). Where cultural capital is high, adolescents internalise the positive values and beliefs of parents towards education (Jodl *et al.*, 2001; Tramonte & Willms, 2010) and are more successful because they live in an environment that stimulates and supports higher educational aspirations. The opposite would be true where there is low cultural capital. Social Learning Theory (Bandura, 1977) explains this based on modelled behaviour. As learning occurs through observation, the beliefs of parents regarding their own abilities are seen and replicated. Jodl *et al.*, (2001) argues that parents act as role models and this influences educational behaviours and attitudes. Modelled behaviour can be positive where there is high cultural capital but also restrictive where there is not. For example, Munson and Strauss (1993) in a study on adolescent offenders showed that young people were more likely to engage in careers that they experienced in their close environment. Therefore, rather than consider more prestigious careers or diverse

occupations, they would tend to take on the careers of family members and friends. This resulted in low aspiration and a tendency not to investigate occupational options.

SPP have encountered these attitudes in the young people they worked with. Youth Services Manager, Carl reflected that:

> A lot of young people that we work with across the organisation and that attend here have got no aspirations. So we kind of try and inspire these young people to kind of want to have a better life than they've actually got because a lot of the young people, especially the girls, probably aspire to be like their mum. … And they've challenged our … youth workers to actually say, what's the point in me working? My mum earns more money than you and she doesn't work, she has babies. So again, we are trying to change young people's lives … and this isn't about fixing people, this is about enabling people to kind [of] do what they didn't think was possible. (Carl – Youth Services Manager)

This reflection demonstrates the powerful impact that family background can have on how young people view their future prospects. Creed *et al.*, (2011) point out that many adolescents make decisions with the support of family and parents but some, like those that SPP work with at Hadley House, had to make decisions about their future at a time of uncertainty, instability and without such support. These young people often came from poor socio-economic backgrounds and sometimes had a total lack of support or encouragement. In fact, sometimes the family influence had been negative. One support-co-ordinator commented during a focus group that:

> It's so important to nurture [aspiration] … especially if their influences are … being told by mum and dad their whole life, "You're rubbish, you're nothing, you can't do anything". (Focus Group - Practitioners)

This shows that for some young people at SPP, their environmental experiences are often the very opposite of what would be needed to encourage high aspirations and this is something that would need to be addressed. Gerard and Booth (2015) have shown that positive educational environments are important and seem more beneficial for young people with low academic aspirations. The right kind of educational environment can stimulate educational aspirations and mitigate for socio-economic disadvantage and non-supportive families (Wall *et al.*, 1999; Madarasova Geckova *et al.*, 2010). Teacher support has shown to increase adolescent aspiration and expectation (Cheung, 1995; Cochran *et al.*, 2011). In a similar way, SPP tried to provide positive educational environments and opportunities. Kiera described the approach of SPP:

> … most of the clients that come in and don't want their lives to change [is] … because they think that they can't. We're letting them know that actually, you can do other things … So, what a lot of them think is that they could never ever get to University so they don't. They'd never come and say, "Well, I want to go to Uni", because they don't think it is possible. But actually, if we are helping them with their education, we talk about [that] being a possibility and they start to believe in themselves that they could, they think, "Actually, I do want to do that."... So we're there to let them know, give them as many options as possible.
>
> (Kiera – Foyer Manager)

This building of belief and pointing to future possibilities was a key feature of the SPP approach.

The research conducted with SPP revealed little in terms of gender differences and aspiration. However, this should not be ignored as studies suggest that female adolescents tend to choose less rewarding and less prestigious occupations whilst restricting their career expectations (Shapka *et al.*, 2006; Patton & Creed, 2007; Ashby & Schoon, 2011). Frome *et al.*, (2006) suggest this may be due to the fact that that value is placed on jobs that fit into the idea of family roles and as Fels (2004) shows, this results in lower career aspirations. Correll (2001) says that cultural beliefs about gender shape both an individual's view about their ability, aspiration and preferences when it comes to career choice. An example of this is the idea of genders traditionally working in particular occupations or positions such as women in social care type roles (Meinster & Rose, 2001; Patton & Creed, 2007). Fiebig & Beauregard (2010) suggest that it may also be due to personal dimensions that although attaining similar educational results to the male counterparts, female students report feeling unsure and less competent. Whatever the reasons, those working with young females should be aware of a need to attend to lower aspiration.

Personal dimensions

Creed *et al.*, (2011) show that those who have lived in environments without the care of family have lower educational aspirations and tend to aspire to less prestigious occupations with fewer complexities, lower pay and which are ultimately less satisfying. This may be because such vulnerabilities tend to be more likely to result in poor

psychological health and low self-esteem. Rothon *et al.*, (2011) suggest such vulnerabilities cause lower aspiration, lack of motivation and reduced expectation about the future. As adolescents develop goals in line with their expectation, a person with low self-esteem is likely to have low expectations and perceive their ability at a much lower level than what they are capable of achieving (Nurmi, 2004; Perte; 2013).

Personal cognitions about self and perception of a person's own attributes motivate behaviour and influence decision-making towards the future (Beal & Crockett, 2010; Rothon *et al.*, 2011). Gerard & Booth (2015) demonstrate that having a more positive view has a protective quality on future achievement even when school and family settings are perceived as unsupportive. In this way, personal characteristics can lead to better outcomes even when poor socio-economic backgrounds exist (Marjoribanks & Mboya, 2000; Ashby & Schoon, 2011). This shows that aspiration and achievement are still possible when the right personal characteristics are developed. Therefore, helping a young person to have a more positive and hopeful outlook would seem important.

Snyder (2002) defines hopefulness as the will of the client and the way they work towards a goal. Duke *et al.*, (2011) state that hope in adolescents is critical for healthy development, emotional well-being, avoidance of risky behaviours and goal-orientated actions. Conversely, Gillham (2004) demonstrate that a lack of hope is associated with psychological distress. Andrew, a support co-ordinator at Hadley House acknowledged the need to develop this hope in their clients especially when their life experiences thus far were difficult:

> You know, giving people something to hope for. …They haven't had a particularly excellent life so far, [so] give them something to think of to look forward to, to

> move towards [and] to move away from where they are at the moment.
>
> (Andrew – Support Co-ordinator)

Higher aspiration builds hope in young people about the future and is beneficial in a number of ways. Hopefulness improves emotional health, builds psychological well-being and a sense of optimism. Young people with optimism about the future cope with stress more effectively and are more resilient (Wyman *et al.*, 1993; Snyder, 2002; Duke *et al.*, 2011). In this way, Berry & Greenwood (2016) discuss how hope protects against risky behaviours as well as emotional and behavioural difficulties in adolescents because it encourages social inclusion and involvement in vocational and educational activities. They also suggest that hope promotes goal-directed behaviours and generates a goal-centred orientation. This idea finds support in wider research that demonstrates how hopeful clients have increased motivation towards developing strategies to attain their goals (Snyder et al., 2003; Duke *et al.*, 2011; Gerard & Booth, 2015).

In contrast, hopelessness, which is defined as, "a negative cognitive framework, characterised by pessimistic expectancies about oneself and one's abilities, one's future, and prospect" (Duke *et al.*, 2011, p.88), has been shown to have a link with problematic behaviours (Snyder, 2002; Duke *et al.*, 2011; Gerard & Booth, 2015) and diminished self-worth (Abramson *et al.*, 1989). Duke *et al.*, (2011) suggest that hopelessness arises from a negative view about the future based on experience and results in physical and mental exhaustion where nothing positive seems possible. Peterson *et al.*, (1988) show how hopelessness also results in poor health development due to a state of stress.

Hope Theory (Snyder *et al.*, 2002; Duke *et al.*, 2011) suggests that a positive motivational state with goal-directed efforts and plans is important for generating hope. Braithwaite

(2004) says motivation keeps adolescents engaged in goal-orientated efforts. Workers at SPP tried to help young people set such goals as Lisa explained:

> They put goals in there that they feel they would like to achieve but might need some support with. We might guide them slightly and say how about if we put something like this. ...and then it gets reviewed every month and you kind of tick it off and see whether you've gone that next step. (Lisa – Support Co-ordinator)

Progress towards goals demonstrates that the future can be different from what these vulnerable young people might currently expect and can increase aspiration and hope further. Such progress is important when we contrast this with Learned Helplessness Theory (see Seligman & Maier, 1967; Miller & Seligman, 1975) where individuals exist within a negative context for all life events because of an impaired ability to change or believe that life can be different because of what experience has taught them so far (Dygdon & Dienes, 2013). Gomez *et al*., (2015) argues that this is a significant issue for those emerging into adulthood through care environments. Duke *et al.*, (2011) show how those that appear to have learned helplessness exhibit many of the characteristics of hopelessness.

Before considering how the practitioners at SPP tried to build aspiration, attention needs to be given to a particular issue with regard to the difference between intrinsic and extrinsic aspiration. Research shows that compared to extrinsic aspiration, intrinsic aspiration is more associated with better mental health, higher self-actualisation, well-being and adjustment (Williams *et al.*, 2000; Vansteenkiste *et al.*, 2007; Niemiec, 2009; Beutler, 2012). Intrinsic aspirations focus on issues like self-growth, self-acceptance, serving the community and forming helpful relationships. Extrinsic aspirations tend to

focus on financial success, attractiveness, social recognition and status (Beutler *et al.*, 2012; Mouratidis *et al.*, 2013). Deci & Ryan (2000) suggest that better outcomes occur with intrinsic aspirations because they satisfy psychological needs more effectively. Evidence supports this in educational settings where students with high intrinsic aspiration attain better grades than those with low intrinsic motivation or those who place a value on high extrinsic aspiration (Mouratidis *et al.*, 2013). Ku *et al.* (2012) also show that promoting materialistic aspirations results in poorer school performance. In contrast Vansteenkiste *et al.,* (2004) demonstrate that an educational focus on intrinsic aspirations resulted in better performance and less anxiety. Life aspirations are assumed to have a motivational quality that directs behavioural choices and helps formulate goals (Hitlin & Piliavin, 2004; Mouratidis *et al.*, 2013).

Although not explicit in distinguishing between intrinsic and extrinsic aspiration, some SPP staff did seem to recognise the intrinsic value in vocation. With regard to those who are not in employment, CEO Colin commented:

> They don't make good contributions to society in a sense of helping neighbours or helping manufacturing, helping retail to help keep the country going … This is the way our society is. It is based on the expectation that most people will work and most people will contribute … And [its] about thinking that work's actually an alright, well it's a great thing to do. It's a social thing. You earn money from it. You get heightened self-esteem. Higher confidence … the reality is work seen in a positive frame, is a really great thing and we all as individuals get a great deal out of it. Most young people we engage with have got [a] really poor work ethic. They

> don't understand the benefits beyond the pay packet, of being involved in a career. So, and that's what we're be trying to push all the time. (Colin - CEO)

Mouratidis *et al.*, (2013, p. 896) suggest that a focus on intrinsic aspiration produces better outcomes than focusing on intrinsic and extrinsic aspirations at the same time, "suggesting that the presence of intrinsic aspirations, combined with the absence of extrinsic aspirations yields the most desirable outcomes". This is important, as educational or career success based on grades or income alone is not enough to indicate well-being. Instead, a focus on intrinsic attainments has greater value. It is important to note that males tend to place more value in making money (Eccles, 2007) and so attention should be given to young men in developing intrinsic aspirations. Beutler (2012) remarks that this does not mean that financial success is not a goal of intrinsically orientated people. However, the focus on monetary attainment should be on providing adequate resources to sustain relationships and contribute to society rather than as a means of self-validation. Practitioners must help clients build the right kind of aspiration towards goals that result in outcomes that are more desirable. We now consider how SPP sought to achieve this.

How workers build Aspiration

Providing social support to vulnerable young people is important. According to Wall *et al.*, (1999), social support is the availability of reliable people who show that a young person is valued and that provide information to demonstrate practical care. Chul-Ho & Ik-Ki (2016) argue that social support is associated with developing higher self-esteem and

psychological stability. Conversely, Lakey & Cronin (2008) show that those who lack social support are more likely to feel psychologically isolated and depressed.

Having recognised that young people may present with low aspiration due to personal vulnerabilities and poor environmental influences, those who work with vulnerable young people have a challenge to address these deficits. The emerging PW from workers at SPP suggested two ideas that encouraged greater social support. Firstly, there was the need to change the psychological state of the client, instilling a new belief and a feeling of empowerment through care and encouragement. Secondly, was the need to provide opportunities, options and knowledge that allowed these new beliefs to be realised. This aligns with the Self-Concept Theory of Gottfredson (1981) regarding occupational aspiration, which suggests that people seek careers that are congruent with their own self-image and based on their knowledge about occupations (Cochran *et al*., 2011; Volodina & Nagy, 2016). By building self-belief and knowledge of opportunities, aspirations are likely to increase.

Changing the psychological state of the client

Creed *et al.*, (2011) say that aspiration is a cognitive construct that is malleable. Therefore, adolescents in care situations should benefit from interventions that help them develop aspiration and provide opportunity to identify career goals. Salmela-Aro & Nurmi (2004) argue that meeting aspirations or feeling that progress is being made towards them provides a sense of greater well-being and a more positive attitude. Ashby & Schoon (2012) show how career aspirations of young people can shape future well-being and identity. Research has shown that successful adjustment into adulthood for

those who had troubled teenage years requires an inner sense of purpose (Gilgun, 1996). Therefore, changing the internal psychological state is important.

SPP reflected on the poor psychological state in which clients often presented. Lesley commented on their state of mind when they arrived at Hadley House:

> I'd say the majority come with like zero self-esteem and self-worth and I think it's building on that. It can be very, very little things. Like I said, they might not be used to any sort of positive praise or encouragement and think that's a big part of our job to do. (Lesley – Support Co-ordinator)

Rothon *et al.*, (2011) show how vulnerabilities such as psychological distress and low self-esteem negatively affect aspirations and result in poorer educational outcomes. As SPP clients frequently presented with low self-esteem it was important that this was addressed in order to build aspiration. Creed *et al.*, (2011) argue that significant adults like caseworkers have a pivotal role in raising expectations of clients where parental expectations were low. Social support in this way protects against adolescent vulnerabilities, improves the likelihood of academic achievement and makes young people more optimistic. Conversely, a lack of social support is associated with depression, stress as well as difficulties in education (Wall *et al.*, 1999). It makes sense therefore that in the government document, 'Unleashing aspiration: the final report of the panel on fair access to professions' (Milburn, 2009)that the aim was to improve access to professionals in organisations like SPP to engage young people in mentoring to raise aspiration. SPP staff recognised they had an important role to play and as Naomi, a support co-ordinator pointed out, "You're trying to be a positive role model and empower and encourage the young person to make positive steps to improve their life".

Wahl & Blackhurst (2000) argue for the importance of role modelling in developing career aspirations. We have already acknowledged that social modelling could cause clients to have limited vocational aspirations. However, pro-social modelling is also available as a tool for workers as a means of positive influence. Pro-social modelling was developed for working with offenders but has applicability when promoting positive personal change in clients (Cherry, 2010, Muculloch, 2010). Trotter & Ward (2013) argue that workers can influence clients in positive ways by how they model and reinforce particular values, behaviours, cognitions and emotions. Hepworth *et al.,* (2006) say that modelling authentic behaviour encourages clients to reciprocate with authentic behaviour themselves.

Optimistic professionals positively influence outcomes. Workers who project hopefulness and have more positive bonds can improve the well-being of their clients to a greater extent than specific therapeutic techniques (O'Connell & Stein, 2011; Berry & Greenwood, 2016). We know that parental aspirations for young people have a positive impact on educational and vocational outcomes (Gerard & Booth, 2015) but this has been lacking for many SPP clients. Therefore, workers exhibiting aspirations for the young people they help would seem to be an important feature where there has been this deficit. The purpose of this positivity is to try to build belief, confidence and self-esteem in the client. Reflecting on the importance of building belief in clients, Kerrie remarked:

> It's taking young people who think they've got nothing going for them or think that they're not good at anything and giving them the chance to do things or have experiences that they may not usually of had and actually having that moment where they think, actually, "I'm quite good at that". Or, being encouraged to get

> into college because they may have always thought they are not academic but if you get them on the right course, something they really want to do, it's about finding their passion and that's what I think is really important. A lot of the stuff we do is building the confidence because as soon as you get the confidence up of a young person, so much follows that. (Kerrie – Foyer Service Manager)

We see in this comment and the previous remark from Lesley that SPP put an emphasis on building their client's belief, confidence and self-esteem. Orth *et al.*, (2012) show that one of the most important personal factors that influences aspiration is self-esteem, which in itself, is a sign of psychological well-being in adolescents. Kiang *et al.*, (2015) show a correlation between aspiration and high self-esteem and wider research shows that a sense of well-being and higher self-esteem is associated with commitment to career path exploration and increased vocational aspiration, especially for those in care settings (Patton & Creed, 2007; Creed *et al.*, 2011; Hirschi, 2012).

Drawing attention to client capabilities and encouraging self-belief appeared to be successful in raising self-esteem and aspiration amongst the vulnerable young people with whom SPP worked. Reflecting on her journey through Hadley House and into the medium support housing unit, one client commented in a focus group, "My God, my confidence has gone up so much. My self-esteem. I've sorted myself out and I'm in a tenancy flat looking to move out soon".

Another way self-esteem can also be improved in adolescents is through building multiple social identifications (Chao & Otsuki-Clutter, 2011; Benish-Weisman *et al.*, 2015). Scheepers & Derks (2016) say that social identification is a subjective feeling of belonging to a social group and this could be anything from feeling part of a family or a school to a

cultural group or nation. Social Identity Theory suggests the groups to which we belong define us (Willetts & Clarke, 2014) and that self-esteem is built by incorporating the positive attributes of these groups, a sense of psychological security, stimulation and belonging (Haslam *et al.*, 2009). Individually, such social groups have been shown to build self-esteem e.g. family (Dotterer *et al*., 2014), school (Luyckx *et al.*, 2013) and cultural groups (Smith & Silva, 2011). Building on this, Benish-Weisman *et al.*, (2015) discuss Enhancement Theory that suggests that multiple social identifications increases self-esteem by providing multiple sources of status, meaning and direction. Jetten *et al.*, (2014) says these identifications also provide multiple sources of support, so if there are problems in one life area, the other areas compensate for this and protect against any negative effects. Benish-Weisman *et al.*, (2015) show multiple social identifications are associated with higher self-esteem. This was a challenge to workers like those at SPP. Many of their clients had dropped out of school, had little or no contact with their family and little, if any, positive contact with social groups or clubs. Therefore, it was important to provide opportunities in education and work as well as involvement in other group activities and clubs that would allow a young person to obtain a wider range of social identifications. Feeling grounded in such groups helps adolescents to cope and maintain self-esteem (LaFromboise, 1993; Haslam *et al.*, 2009). We shall consider the provision of opportunities in the more detail in the next section.

Providing opportunities, options & knowledge

As expectations and aspirations are based on self-perception about ability (Jodl. *et al.*, 2001; Rothon *et al.*, 2011), it is possible to raise self-esteem by focusing on the assets of young people and not just deficits (Flom & Hansen, 2006). This positive focus on what a

young person is capable of doing is part of the process of building belief in their abilities. Creed *et al.*, (2011) show that encouragement for academic achievement with tangible support that leads to actual opportunities results in better education outcomes and occupations that are more prestigious. Therefore, support and care that provides real opportunities is necessary. Wall *et al.*, (1999) demonstrated that opportunity and social support combine to improve educational and occupational aspiration.

SPP recognised that aspiration and self-esteem was built through providing opportunities as these allowed a young person to be able to see what they were capable of and that they had skills to offer, which resulted in increased confidence. Lisa noted this approach in some of their educational work:

> … it was a pilot for us to deliver training to 16-18 year olds with some provision for 19 and upwards that [would earn them] NOCN credits. …We went with the employability [theme] and created a project with music as the focus. ...Once we got clients involved, they really loved it. It's just getting the engagement from clients, which was frustrating. …They gained confidence. …They learned new things there that they probably didn't even think they'd be interested in…but I think confidence was the biggest one. I really saw some clients grow in it.
>
> (Lisa – Support Co-ordinator)

As we discussed earlier, experience of a positive family and school environment, where fundamental knowledge, skills and values are learned, enables a person to have a productive life and engage in social settings successfully (Gerard & Booth, 2015). However, SPP clients often presented having not experienced these positive environments. Therefore, SPP staff needed to help clients to develop knowledge and skills

for successful outcomes. They noted that providing opportunities in a supportive environment helped and motivated clients about the future and developed new skills. Kerrie reflected upon the opportunity provided to a couple of clients at an SPP fund-raising event:

> …we've had a couple of young people recently. They came along and did a charity event with us and they were welcoming everybody and giving out name badges and on the way back from there they said, “Thank you for taking us”, and that they felt so proud of themselves that they could do it and that they never thought they were capable of doing anything like that. Then the next day, one of those girls went out and got a volunteering position because she felt so motivated. And the reason … she said, “When I did that last night, I really enjoyed myself and I also surprised myself. I didn't think I was capable of doing anything like that”. And because she got so much praise for it, it gave her that massive boost, so…it's empowering each client and getting them to see what they are actually capable of. (Kerrie – Foyer Service Co-ordinator)

The experience of SPP is confirmed by the research of Beal & Crockett (2010) who show that adolescents benefit from volunteering opportunities as it boosts self-esteem. Eccles (2003) shows how such experiences build self-knowledge that leads to refinement in aspirations and expectations, ensuring goals about vocation are aspirational but also realistic. In this way, Sawitri & Creed (2015) argue that providers offer opportunities that allow for the development of skills and enjoyment from the challenge of mastering such skills in new and sometimes challenging environments.

Rothon *et al.,* (2011) suggest that those from lower social class backgrounds have more difficulty turning high aspiration into high achievement possibly due to a lack of knowledge regarding educational and vocational opportunities. Therefore, as well as providing education itself, SPP workers believed in the idea of providing knowledge about options and opportunities beyond what they offered. Support co-ordinator Nathan, commented:

> Whether it be for lower support, higher support, we want to help them improve in whatever aspects they can. We want people to develop and if people need college and they want to learn more, we want to give them what they want. We want to make sure they know what options are available to them and just help support them in achieving their goals. (Nathan – Support Co-ordinator)

It was observed that SPP staff members were often trying to signpost and support their clients to engage in wider education, vocational and social opportunities. This is important as seeking and obtaining useful career advice results in better educational and vocational achievement, higher self-esteem, commitment to career aspirations and greater persistence and optimism (Patton & Creed, 2007; Gutman & Schoon 2012).

Knowledge of options and opportunities is important. Rational Action Theory suggests educational aspirations are built on an assessment of options available with consideration to the costs, benefits and likelihood of success (Rothon *et al.*, 2011; Glaesser & Cooper, 2014). Therefore, helping young people to discover these options and to support them in their assessment is valuable. Ashby & Schoon (2012) suggest that building aspiration is about helping a young person know what they want to do and how to achieve it. The knowledge of possibilities encourages a person to have ambitions. Munson & Strauss

(1993) show how knowledge of opportunities in a diverse range of occupations is also useful because young people, as previously discussed, tend to engage in social modelling of occupations based on their immediate environment and thus limit their choices. Therefore, as Creed *et al.*, (2011) suggest, widening their knowledge of careers and opportunities may lead to further engagement in education or training that results in more prestigious occupations. Organisations that aim to help young people educationally should build knowledge of options into their programmes.

Knowledge helps a young person to build a coherent and realistic plan that in turn enables them to embark on a journey where success in adulthood is more likely. The role of organisations like SPP is to support this. Lesley summed up their approach, drawing attention to the dimensions we have discussed in this chapter regarding self-belief and options:

> It's life skills and education and for me especially, it’s trying to install the belief in the young people that actually, yes, you've ended up in supported housing for whatever reason but that does not mean your life has to end here. Then there are opportunities to do whatever you want really. That's the way I see it … trying to inspire them. Trying to empower them, you know. The way I personally work is, I try and give the young person as many options. If they're interested in something, give them as many options as they can have and also give them the consequences of the decisions that they will make. So that's more to do with, you know, things like paying rent but say they're interested in, I don't know, horses. Then obviously, I will look at apprenticeships where they work, five days, go to college one day or I will look into [named local] College which is renowned for that. There's all sorts of

> smaller colleges that just do NVQs rather than national diplomas and A-levels in equestrian stuff. So, that's what I believe I'm there for.
>
> (Lesley – Support Co-ordinator)

This approach of providing options for clients was something that they appreciated and recognised as a strength in the more skilled support co-ordinator. During a focus group one client commented:

> I find the best part of a support worker; of what they can do is when they give the person options about their life. …Instead of giving them one route they give them you know, five, six, seven, eight. You know they give so many routes. They tell them quite clearly; you can do whatever you want with your life now. You decide, you know, you make your choices and I will help you get there. That's the best kind of support worker. (Client Focus Group)

At one level, this quote is encouraging because options are important but it also raises a concern as well. Providing opportunities and options has value but these need to be real options and real opportunities. Creed *et al.*, (2011) suggest that if aspirations and expectations are raised and then an organisation does not deliver because opportunities and resources are not there, or because the client lacks capability, then we risk causing disappointment and distress to a young person as there has to be realism. Rothon *et al.,* (2011) draw attention to the idea of self-concept in psychological literature where young people move from fantasy in their early years, through a tentative stage in adolescence to a realistic stage in young adulthood with regard to future choices. The balance workers must strive for is not to indulge in fantasy but to show young clients that realistic goals might be much bigger than they realised or expected. Deepty & Geeta (2015) suggest that

developing a positive self-concept is also linked to pro-social behaviour that will increase opportunities. However, realism is important and for some young people, high educational aspirations may not be appropriate due to cognitive skills and other factors (Madarasova Geckova *et al.*, 2010). There were some staff at SPP who understood the need for realism. In a focus group one support co-ordinator commented that:

> Some people's aspirations and goals may not get any bigger than sort of like stacking shelves at Iceland but other people might want to go on to Uni and really have the potential to go on and study at a very high level and get extremely good and well-paid jobs. ...We've got a good idea who's capable of what and so we want people to keep focused. We've got … give them the opportunities so that they can get the best outcome and go on to what they should be doing and… the best thing that they can achieve really. (Practitioners Focus Group)

However, there was a message from some staff that clients were told that they are capable of doing anything. This is not the same thing as realising potential which is about helping a client maximise their abilities. Aspirations and expectations need to align and when they do, self-esteem improves but when they do not, Kiang *et al.*, (2015) show that there can be an adverse effect on well-being. Bravo *et al*., (2016) show that a gap between aspirations and expectations is associated with lower educational attainment and increased engagement in risky behaviour. Encouraging young people in a direction where they may not have capability could cause further difficulties rather than be a helpful goal. Staff need to use techniques that enable realistic formation of vocational aspirations such as the Mapping Vocational Challenges approach (Gottfredson & Lapan, 1997). This tool encourages a worker to consider all potential occupations with a client,

making them aware of options. This list is narrowed down to a small number of desirable options with the challenge of locating information about them, including the ability level and qualifications needed to succeed and recognising there may be levels within an occupation that require different abilities. Support workers can help clients to assess their ability to find their place within that occupation. They can then develop a plan to achieve this with support in identifying the right training both towards the job itself and towards job attainment skills such as performing well in a job interview. Cochran *et al.*, (2011) also suggest that thought to a back-up plan is helpful if the first choice does not work out as this provides the client with possible future options.

Summary

The PW that has emerged from staff at SPP in this chapter indicates that a core component of effective practice is increasing aspiration. Wider research shows that this results in more prestigious and rewarding vocational opportunities. However, SPP clients were vulnerable to low aspiration and expectation due to various social and personal dimensions. Staff needed to address the deficits caused by these factors in order that higher aspiration might be achieved and for goals to become more ambitious. It was suggested that this is accomplished by efforts to improve the psychological state of the young person and through the provision of knowledge and opportunities. A realistic focus, good social support, increased belief through a better mind-set, along with opportunities and knowledge seemed to be the essential ingredients for building the kind of aspiration that led to positive and improved outcomes.

However, aspiration alone is not enough as encouraging the wrong kind of aspiration, can lead to poor outcomes. Intrinsic aspiration is significantly more important than extrinsic

aspiration. Aspiration must also be realistic and aligned with expectations or else dissatisfaction may occur in the future resulting in problematic behaviours. Remembering the ethical imperative to no harm, we will consider this further in the next chapter alongside other issues raised by SPP as to why things may sometimes go wrong for clients.

Chapter 8 – When things go wrong

I think there is potential for anything that any of us do in any of our services to do more harm than good. (Dennis)

In chapter 1, it was suggested that there is an ethical imperative to ensure interventions and programmes of care result in positive outcomes and do not cause harm. However, as Rhule (2005) and MacKenzie (2013) show, there can be iatrogenic effects and negative impacts on young people that may be caused by the very programmes that seek to help them. This chapter explores why things might go wrong in the experience of SPP. Then in chapter 9, consideration will be given to solutions that seek to prevent deterioration and harm.

SPP offered general social support, drawing upon a range of techniques and approaches as explored in previous chapters. Some of these approaches resemble specific therapeutic techniques, for example motivational approaches. However, these were not articulated or understood as specific psychological interventions by many staff; rather practice was understood as a series of techniques learned through experience that could be described as operationally similar to evidence-based interventions like motivational interviewing. There were specific educational and housing interventions but much of the therapeutic work encountered by these young people would be by referral to other agencies for tackling issues like mental health difficulties and substance misuse. Therefore, it is a complex environment and identifying that a young person has deteriorated because of the work of SPP would be challenging with many confounding variables. This was beyond the scope of this qualitative investigation. However, it was observed at a multi-agency meeting that staff felt one young man in their care was in decline. His support needs were increasing and something about staying at Hadley House was not working for him. Therefore exploring the reasons for decline in such an individual seemed important in a study regarding EBP.

It is necessary to ascertain risk factors that may cause negative outcomes for organisations working with vulnerable young people. To do this, we will consider a number of domains suggested by Moos (2012, p. 1594) whose research considered iatrogenic effects caused by psychosocial interventions in the area of substance misuse. Moos developed a framework of three risk factors that may cause deterioration effects. The first relates to specific treatment aspects, the second is concerned with life context risks and the third is to do with personal risk factors. These risks offer an explanation as to vulnerabilities beyond intervention programmes and provide a framework for examining the findings from SPP as to when things might go wrong.

Aspects of treatment

Moos (2012) discusses the characteristics and qualities of effective treatment programmes in various domains, suggesting that when good practice is not adhered to, harm is more likely to occur. Below we will consider the domains suggested by Moos with reference to SPP practice.

Models and norms (peer influences)

The most predominant theme identified by SPP for why things went wrong was the influence of peers. This is consistent with the findings of other studies that have looked at adolescents in residential settings (Melkman, 2015). Adolescent networks, as well as being essential for feelings of well-being, have the potential to escalate antisocial behaviours (Dishion, 2013). Moos (2012, p. 1595) labels this as a concept of models and norms describing these situations as, “the opportunity to learn and model deviant behaviour”. Research identifies these problems acknowledging the strong correlation between problematic adolescent behaviour and affiliation with deviant peers (Arnold &

Hughes, 1999; Florsheim *et al*., 2004; Leve & Chamberalin, 2005; Dodge *et al*., 2006, Snyder *et al*., 2008; Cécile & Born, 2009; Gatti *et al*., 2009; Lochman *et al*., 2015). Peer pressure existed both within and outside of the SPP context and appeared to negatively impact upon its clients.

Residential care settings like Hadley House have been argued to be an environment particularly susceptible to reinforcing antisocial values, less self-control and an increasing resentment of authority figures (Handwerk *et al*., 2000; Hussey & Guo, 2002). It is seen as an environment in which iatrogenic effects are more likely to occur (Eddy *et al*., 2004; Rhule, 2005; Gatti *et al*., 2009). Melkman (2015) argues that risk factors from the past such as abusive parents, lack of stability, neglect and poverty increase vulnerability to challenging behaviour and is prevalent in such environments. However, Redondo *et al*., (1999) and Huefner *et al*., (2009) demonstrate a residential setting can have a positive influence on a young person, so negative effects are by no means inevitable. Nevertheless, Cécile & Born (2009) highlight numerous studies that show the risk in increasing behavioural difficulties of adolescents when grouped together with other young people with the same problems. According to Melkman (2015) there are few studies that have empirically considered the issue of peer influence in residential settings, especially for older adolescents moving into adulthood. Therefore, the limitations of research within the environmental focus of this study should be noted.

The problem of peer influence was something that SPP clients acknowledged themselves. In a focus group one client explained:

> I've smoked weed before but when I first moved in, it was kind of like … how am I going to fit in? Well, I'll go and ask them if they want a joint? Like, and I'm smoking

> more and more and more and more and now, luckily, I've stopped but when I first moved in, I didn't have the greatest self-esteem. I'd just come off the streets, like trying to fit in. Go ask someone for a fag. If they're smoking weed, I'll join in and it just kind of … takes over. And you want to move on and it's just not working. It's quite complicated. (Client Focus Group)

When deterioration was discussed with SPP staff, the most commonly mentioned problem was an increase in substance misuse, a factor reported commonly in other studies (Ang & Hughes, 2001; Poulin *et al*., 2001; Dodge *et al*., 2006). Substance misuse seems to be a core component of social interaction in peer clusters with problematic behaviour (Dishion & Tipsord, 2010; Van Ryzin & Dishion, 2014). Staff reflected that the environment that these young people were in was less than ideal due to exposure to other young people and the knowledge this generated could include access to drug and drug-using networks. Colin recognised this with regard to Hadley House saying:

> …hostel accommodation is not really somewhere where a young person needs to be because you just get exposed to a lot of other young people and I know for myself that I learned a whole load of things that I probably shouldn't have learned as a kid because I wasn't living, you know, in a particular environment at home. (Colin - CEO)

There are risks in congregating vulnerable young people that SPP acknowledged. Lochman *et al*., (2015) asks whether practitioners should be sufficiently worried enough to question whether high-risk youth should be congregated in interventions at all. In addressing this concern, it should be acknowledged that there are many successful approaches to working with vulnerable young people in groups (Ang & Hughes, 2001;

Dennis *et al*., 2004; Mager *et al*., 2005; Weiss *et al*., 2005b; Burleson *et al*., 2006; D'Amico *et al*., 2013). Handwerk *et al*., (2000) argue that most studies show that when working with vulnerable young people, group interventions have often produced positive results and that iatrogenic effects are neither inevitable nor likely. Therefore, we should not dismiss such approaches to practice as there appears to be a significant evidence-base for effectiveness. Group-based approaches are cost-effective (Greenwood 2006) and only cause harm under certain conditions (Rhule, 2005; Dishion & Tipsord, 2011). Lochman *et al*., (2015) say the potential benefits of highly structured group formats include an opportunity for clients to practice new skills in social environments, the possibility of positive peer influence towards aspirational goals and the creation of new group behavioural norms. Group therapies for adolescents have been shown to be effective for addressing issues of anger (Sukhodolsky *et al*., 2004) and general problematic behaviour (Lipsey, 2006). Therefore, it would be wrong to assume that congregating high-risk young people always results in poor outcomes.

However, there is a danger that when vulnerable adolescents engage together, deterioration might occur. This is perhaps why studies like Lipsey *et al*., (2006) and Dodge *et al*., (2006) suggest interventions are more likely to see a reduction in problematic behaviour when young people with behavioural issues are not given the opportunity to interact and instead are worked with on an individual basis. However, this is not always possible or practical. Hostels and alternative education environments like those operated by SPP congregate young people together. This approach is operationally and financially necessary and so understanding how gathering vulnerable young people together may lead to bigger problems is important.

There are theories that may explain this phenomenon. Peer Contagion Theory is based on a study with young offenders who went on to reoffend after being in juvenile justice institutions (Bayer *et al*., 2003). The research demonstrated that the young people studied were more likely to be rearrested for the same crimes as their previous cellmates. It seemed that the deviant behaviour, skills and knowledge of young people was passed on to others in such settings. Greenwood (2006) suggests that peer contagion has developed as an idea beyond offending and is a risk factor in any programme with vulnerable young people. Peer contagion is about mutual influence, where behaviour of each peer has an effect on the other in a way that may cause harm and that is encouraged by deviant talk, past stories and deviant behaviour itself (McCord, 2003; Dishion & Tipsord, 2011; Huefner & Ringle, 2012). SPP have observed this type of influence in their work. Again, Colin as CEO recognised the problem of how this might happen in the environment in which these young people come together:

> I think that any time you bring ten young people together, they're going to spend a lot of their time together, a lot of their social time, evenings, weekends and they are going to learn a lot of new tricks. We are putting together young people who come from very big criminal backgrounds, you know the [names certain families], these are young people who in many ways have grown up around very criminal lifestyles and they've learned a lot. It's the way that they think as well as the way that they act and that can be passed on. (Colin - CEO)

As well as the risk of increasing anti-social behaviour in such environments, Van Zalk *et al*., (2010) argue that peer contagion increases depressive symptoms when friends mimic each other to increase their sense of belonging and closeness.

SPP recognised how congregating the most vulnerable young people together could be problematic both in the context of their alternative education provision and in their work with homeless adolescents. Historically, SPP did not consider the mix of young people they had in their hostel but over time they learnt that it was necessary to have a blend of young people with different levels of vulnerability and need as a way of reducing problematic behaviour due to peer influence. Mager *et al*., (2005) support the idea of mixing groups according to vulnerability. However, even then peer contagion can still be a problem. Support co-ordinator Julie commented on the risk of such peer influence at Hadley House:

> When you get someone in who is maybe a bit naïve, we always try and get them out as quickly as we can because, what you run the risk of happening is you have someone come in who is maybe a bit naïve and wanting to make friends and often they're the younger ones, you know, 16/17. It runs the risk of them then being influenced into doing drugs and being involved in incidents and so, yeah, I guess sometimes that does happen where you get someone in and they end up going downhill. Like for example, we've got a client recently who, when they lived here before they were involved in a lot of incidents but then they moved out and they didn't do drugs for six months, they were doing really, really well for themselves and they've moved back in and they've been back about a month and they've started doing drugs again. …So I think in terms of drugs, that's a massive concern. (Julie – Support Co-ordinator)

The decision of SPP to mix its clients based on levels of vulnerability finds wider research support. Dishion *et al*., (1996) suggest that when there is a lack of positive social

interaction with non-problematic peers, there seems to be an increase in challenging behaviour. Kaminer (2005) propose that high-risk youths seem to be more vulnerable to peer influence than low-risk adolescents so congregating fewer high-risk individuals together especially in a group where some young people might be pro-social seems a sensible approach.

However, confluence and selection models suggest that peer groups tend to generally seek out people with behaviours, characteristics and values similar to their own (Arnold & Hughes, 1999; Handwerk, 2000; Prinstein, 2007, Snyder *et al*., 2008; Huefner *et al*., 2009, Van Ryzin *et al*., 2012; Melkman, 2015). Because of this, the formation of heterogeneous high-risk adolescent groups that encourage problematic behaviour is a common problem and likely to happen in social settings that a programme has no control over. Van Ryzin & Dishion (2014) propose that adolescents with problematic behaviours will cluster together and increase in their antisocial activities due to modelling, peer pressure and reinforcement. The problematic behaviours that are said to increase in such peer groups include aggression (Rulison *et al*., 2013), drug use (de la Haye *et al*., 2013) and alcohol consumption (Light *et al*., 2013). Without pro-social interventions and changes in the values of young people then the likelihood is that they will continue to gravitate towards groups that will reinforce problematic behaviours. Arnold & Hughes (1999) argue that this problem is made more likely as pro-social peers are also likely to exclude vulnerable and problematic young people from their peer groups. It is also known that once such clusters have formed, it is extremely challenging to convince adolescents to reduce interactions with other peers who are likely to have a negative influence (Prinstein, 2007; Van Ryzin *et al*., 2012). Dishion (2013) suggests that peer contagion may also precede peer friendships

in that some adolescents will engage in certain behaviours in anticipation of belonging to peer groups and the associated status of belonging to such a group.

Dishion (2013) draws attention to the more specific idea of Peer Deviancy Training. This involves talk and rehearsal of problematic behaviours during peer interactions (Snyder *et al*., 2008) with instruction about when and where to engage in difficult behaviours (Snyder *et al*., 2010). Longitudinal studies suggest that peer groups expose each other to training for new problematic behaviours, encouraging new attitudes and behaviours (Dubois & Silverthorn, 2004; Melkman, 2015). It is a process contingent on positive affective reactions such as laughing to rule-breaking talk and behaviour (Poulin *et al*., 2001; Burleson *et al*., 2006) and can be explained by Operant Conditioning that suggests behaviour is more likely to occur again when positively re-enforced. Social-reinforcement from like-minded peers is a challenge as it is shown that approval of antisocial statements encourages a drift to deviance (Rambaran *et al*., 2003; Born, 2005; Ojanen *et al*, 2013). Van Ryzin *et al*., (2012) suggest that as young people develop through adolescence, there is an increased response to such social reward due to a desire to fit in among other peers.

Snyder *et al*., (2010) show that some young people are more affected by peer deviancy than others due to mediating factors such as their experience of peer groups, impulsivity of the young person and parenting styles, especially around discipline. One study suggests that deviancy training accounted for a 35 per cent variation in young-adult adjustment five years after an intervention (Patterson, Dishion & Yoerger, 2000). Cécile & Born, (2009) argue that because of difficulties in socialisation, vulnerable young people are more likely to encourage antisocial behaviour as they receive positive reinforcement for such actions.

These ideas have however been criticised in the context of intervention programmes. It is pointed out that young people are more likely to develop problematic behaviours because of their general environment rather than because of any treatment programme (Weiss *et al*., 2005b; Huefner *et al*., 2009). Snyder *et al*., (2010) points out that exposure to peers with problematic behaviour occurs naturally in schools, neighbourhoods and other social settings. It is likely that adolescents in programmes for certain vulnerabilities are already associating with young people with similar problems outside of any intervention. As young people often spend little time with those they are in group programmes with and much more time in unstructured activities with other peers, this is where negative influences are more likely to emanate from rather than as an iatrogenic effect caused by an intervention. Peer deviancy is more likely to occur in social settings and in public areas (Weerman, 2015) when activities are unstructured (Anderson & Hughes, 2009) rather than because of the iatrogenic impact of gathering young people for an intervention. Critics do not deny the idea of peer contagion or peer deviancy, but do question the context in which it happens and therefore contest the idea of iatrogenic effects caused by the programmes themselves. CEO, Colin acknowledged the problem:

> You're just not going to be able to stop that [negative peer influence] because they will associate with each other regardless. That's where we would expect the tougher regime that we put in place to try and counter some of the fact that we are bringing together young people who can trade intelligence and trade new skills. (Colin - CEO)

It was recognised that whatever work SPP did with their clients there was still an issue of influence upon them from peers outside of the organisation. The issue of social context

may also explain certain behaviours. If a child smokes and a significant number of his/her peers smoke also, then we could argue for contagion theory but Argys & Rees (2008) offer another explanation saying behaviour is driven by other factors such as socioeconomic status, parenting values or neighbourhood attitudes. The correlation between behaviour and social factors needs careful consideration before conclusions are drawn around cause and effect. Although understanding the causes is important, perhaps the focus should be less on where high-risk young people congregate and more on how to mitigate against problems when they do (Dishion & Dodge, 2005).

A hostel like Hadley House was a programme of care with social support and specific interventions. It was also a domestic environment where these individuals live alongside peers with similar vulnerabilities. Leve & Chamberlain (2005) argue that living in a peer intervention setting can mediate against effective group work and be a cause of continued association with other vulnerable and problematic young people beyond the programme. Therefore, although we may be cautious in saying a peer-based intervention causes an iatrogenic effect; we can still acknowledge that within the broader organisation of a residential programme there is the potential for negative effects because of peer contagion and peer deviancy happening in unstructured social time (Weiss, 2005b). As we look at why things go wrong, structure is important and something Moos (2012) regards as important to guard against iatrogenic and negative effects.

Lack of structure and goals

In chapter 5, consideration was given to the need for routine and boundaries as a core component of effective practice as this provided structure and discipline to the lives of the clients at SPP. Gottfredson (2010) argues that peer deviancy is more likely to occur in

the context of less structured activities and programmes. When structured programmes are aimed at building aspiration towards educational and vocational goals (a core component discussed in chapter 7) they encourage pro-social behaviour. Ilgen & Moos (2006) show how deterioration in clients occurs when there is a lack of structure and treatment goals. Unstructured youth settings that congregate antisocial adolescents are likely to increase problematic behaviour (Mahoney *et al*., 2004) and unstructured social time in care settings is a significant risk factor for increased problematic behaviour (Haynie & Osgood, 2005; Ryan & Testa, 2005). For example, Light *et al*., (2013) demonstrate how unsupervised social time with peers increases early alcohol consumption. Huefner *et al*., (2009) point out that poor supervision seems to be a consistent risk factor where iatrogenic effects occur, especially in group programmes. We have already noted that SPP believed in the idea of a firm structure because they observed that when lacking, boredom and poorer outcomes occur. Reflecting on one struggling client Dennis remarked:

> Hopefully by the time that he gets into his own property the next thing for him will be a job, will be education, will be a relationship with somebody, so there's always something. I guess its most of us isn't it? If you get bored that's the time when you start doing silly things isn't it and making poor decisions for yourself. You multiply that ten-fold because of the situation and the type of person he is. (Dennis – Deputy CEO)

SPP believed that structure reduced the possibility of negative peer influences, an idea that finds support in research with Cécile & Born (2009). Peer contagion is not just about influence but also opportunity and is therefore more likely to lead to problematic

behaviour in unstructured environments (Weerman *et al*., 2015). However, Denault & Poulin (2012) point out that deviancy training can occur within highly organised activities, so structure by itself does not guarantee that problems will not occur. Other moderating factors are needed to improve outcomes.

One such factor is goal orientation as discussed in chapter 7. Moos (2012) shows that a goal focus combined with progress monitoring in a defined framework is associated with good outcomes. Melkman (2015) demonstrates how future orientation is shown to have a protective influence against problematic behaviour as it creates a more positive outlook and better engagement. In this way, Zimbardo & Boyd (1999) argue that those with a clear future focus and developed goals delay immediate rewards and pleasure for future success. Developing goals within a structured environment is designed to move young people forwards. However, there is a danger that instead of enabling this future orientation for clients, programmes can focus too much on the problems of young people in the present and deliberately make fewer demands on their behaviour. Dennis commented on this in regard to a non-eviction policy that had previously caused SPP some difficulties:

> I think there is potential for anything that any of us do in any of our services to do more harm than good … certainly the one that I know of is the non-eviction [policy] where we literally said … we won't evict you from supported accommodation. And we had it within the school, a non-exclusion policy and we had to keep it really quiet because actually my theory is that it does more harm than good in the fact that kids learn that you won't exclude so they won't listen to what they're being told. There's no boundary, there's no consequences and I think

> that we've been as guilty as others in being very woolly around boundaries and consequences for young people and saying it's OK. They're vulnerable kids and we ought to be a little more lenient, less strict on them. No! There are clear boundaries and consequences in life. They need to understand that. We're getting better at enforcing that, getting better at understanding that if we, if we actually don't do these sorts of things we're not actually helping that child. What we are actually doing is making it more difficult for them to survive in the outside community. (Dennis – Deputy CEO)

SPP believed in the need to look beyond the problems clients faced in the present to the possibilities for them in the future. Timko & Semple (2004) show how programmes that simply focus on problems undermine independence and increase difficulties in the mental state. Moos (2012) argues that when workers take on too much responsibility for the well-being of a client and do not pose challenges about the future, then they undermine autonomy and reinforce feelings of helplessness. Therefore, it is important not to dwell on difficulties but on a structure that makes clients accountable and work towards goals. This sense of direction and moving forward was something SPP recognised as important. In relation to a client who was appearing to deteriorate in their care, support co-ordinator Lisa commented:

> I think anyone needs a positive goal to be working towards and the client … had been assessed [and] moved to [the medium support unit] when that was open. [He] was there for maybe four months, wasn't managing his tenancy, was displaying that he still had high support needs. So he had to come back here [Hadley House]. So to go around in that circle would have been pretty

> demoralising for him anyway and being back at square one, I think maybe, there was a touch of "well there's no point anyway. I may as well just do x, y and z." So, yeah, I do think, it's good that we have a three-month period where you assess and get them moved on quickly cause this isn't appropriate for long term. You want to get them somewhere where they can use their independence skills that they've learned here … you can be here for too long sometimes. But it's always about having something positive to work towards. (Lisa – Support Co-ordinator)

What SPP noticed with this particular young person was that when his options for moving forward seemed to become more limited and when he felt that he was moving backwards, then his behaviour declined and he became demoralised. Van Zalk *et al*., (2010) show how failure anticipation and expectation about the future is associated with depressive symptoms. Overbeek *et al*., (2006) show that when anticipation is negative then this may cause young people to deliberately handicap themselves in their behaviours towards the future. There is also a Peer Contagion effect where peers tend to focus on negative outlooks and failures, causing deterioration within the group (Van Zalk *et al*., 2010). In such circumstances, it is important for support workers to focus on goals, and whilst not ignoring problems, to work in a way that does not dwell on them.

Failure to meet expectations and aspirations

In the previous chapter, we discussed aspirations. Armstrong & Crombie (2000) say these are desires about the future whereas expectations are the goals that young people anticipate they will reach. Aspirations can be understood as idealistic, whilst expectations are probable with realistic outcomes (Beal & Crockett, 2013). Both have been linked to actual educational and vocational achievement in adulthood (Kiang *et al*., 2015). Massey

et al., (2008) show how raising aspirations can motivate a young person to invest in the activities that help them realise the future they hope for and is associated with increased well-being and higher self-esteem. A lack of vocational aspiration and occupational goals is associated with more detrimental effects; particularly lower job satisfaction for young adults (Staff *et al*., 2010; Boxer *et al*., 2011; Hardie, 2014). A lack of aspiration is a problem but so is not meeting these aspirations. Negative outcomes are associated with a failure to meet one's goals (Trusty & Harris, 1999; Reynolds & Baird, 2010). Hardie (2014) explains from psychosocial theories that people judge themselves by their aspirations and these become standards for success, and thus a sense of well-being diminishes when not met. McCord (1978, 2003) agrees, suggesting that when high expectations are generated by interventions and subsequent experiences do not see these expectations realised, then symptoms of deprivation and stress may occur.

Hardie (2014) explores Relative Deprivation Theory (RDT), Multiple Discrepancies Theory (MDT) and Self-Discrepancy Theory (SDT). All suggest well-being is based on expectations of attainment relative to a particular standard. RDT suggests dissatisfaction occurs when a person considers their imagined self with their current circumstances. MDT suggests that happiness and satisfaction relates to the size of the gap between the current situation experienced and what a person wanted, expected and hoped to have. SDT argues that, "When people believe that they have lost or will never obtain some desired goal", a discrepancy occurs in the absence of positive outcomes and that this predicts a vulnerability to disappointment and dissatisfaction (Higgins, 1987, p. 322). Reynolds & Baird (2010) suggest it is a discrepancy between one's self-concept and ideal self that causes a problem. SDT argues that the larger the gap between ideal and actual self, the

greater the risk of negative mental states. In all of these theories, vocational expectations produce goals that become a measurement of happiness or disappointment, dependent on whether a person judges their goals have been achieved or not.

Gottfredson (1981) proposed that there are various stages of development with regard to career decision-making and that at 14 years and older, young people will focus on motivation, values and abilities to make these choices. By doing this, they normally would eliminate unrealistic choices so that by the time they move into late adolescence they have an idea of the career level they can expect to achieve. Aspirations typically become refined and resemble their expectations (Beal & Crockett, 2013). Hardie (2014) recognises that goals set in earlier adolescence tend to be more optimistic but probably carry less disappointment when not met than goals and aspirations arrived at later on. This may explain in part why not all who experience unmet aspirations respond in a negative way. Evidence suggests young adults have goal flexibility and resilience so that they are not negatively impacted (Mortimer *et al*., 2002; Hardie, 2014). Reynolds and Baird (2010, p. 152) refer to this as "adaptive resilience". Young people tend to change vocational goals over time and so early goals may not form a stable measurement of later success. Schulenberg *et al*., (2004) suggest that many young people have unmet aspirations but still report a growing sense of well-being. Adjusting goals would seem to be a natural part of adolescence and adaptability in this way, leads to better mental health (Wrosch *et al*., 2007).

There are three main explanations for the perceived differences in research findings regarding unmet aspirations and poorer well-being. Firstly, there may be a difference between the impact of unmet educational aspirations and vocational expectations.

Reynolds & Baird, (2010) suggest the impact of young adults not meeting educational expectations may not impact on well-being at all. Hardie (2014) argues that falling short of educational goals does not seem to impact in the same way as unmet occupational goals. Greenaway *et al*., (2015) disagree finding that a failure to meet educational aspirations causes depression when they differ from expectations. This leads us to our second explanation. Regardless of the type of aspiration, problems are created by the gap between aspirations and expectations. Discrepancies between aspiration that is higher than a person's expectation seems to be a key feature of when behavioural problems and stress may occur (Higgins, 1987; Boxer *et al*., 2011). Studies have shown that when there is a discrepancy between what is hoped for and expected either for our educational or vocational selves, then there is lower life satisfaction (Pisarik & Shoffner, 2009; Greenaway *et al*., 2015) and that the bigger the gap between aspiration and expectation, the more significant problems are likely to be (Reynolds & Baird, 2010). This is what Higgins (1987, p. 323) refers to as "magnitude" with the implication that near misses to aspirational goals are likely to be more accepted and less damaging. Thirdly, although it seems that discrepancy between aspiration and expectation is the main risk factor, the age at which dissatisfaction occurs may come in later life and so may not be evidenced in early adulthood. With regard to vocational aspirations, longitudinal studies show that depressive symptoms are found when aspirations are not met for mature women (Carr, 1997). Hardie (2014) also demonstrated more depressive symptoms in older men who failed to achieve their early aspirations.

Therefore, those in practice should seek to generate the aspirations and goals discussed in chapter 7 whilst ensuring that expectations are realistic and prepare clients for

occasions when these expectations are not realised. Reynolds & Baird (2010) show that there may be good reasons why someone does not meet their expectations and if a person can point to external factors rather than failures in character, then this has less of a negative impact. Hardie (2014, p. 198) calls on practitioners to help adolescents "re-calibrate their goals" over time.

There were mixed messages amongst SPP staff about aspirations and expectations. Overall, there seemed to be a grasp of the need to be realistic. In a focus group, one support co-ordinator remarked:

> And I suppose you're upfront with them because, you know, if a client has no growth whatsoever, no GCSEs and they want to be an astronaut, I think sometimes we do have to say, well actually, you know, that may not be a possibility. I think as long as you are upfront with them as well, then there isn't going to be that danger of, you know, the bubble popping. …You've got to be realistic with them. …I don't think anyone could sugar coat the world enough to be in the supported housing bubble and to go out and then be shocked by what they find. We're very realistic about the benefits they'll receive and what they'll need to do and it's all the way through. So if you had someone which went from start to finish, I'm pretty sure they'd have a realistic view of what they will be going out into. (Practitioners Focus Group)

However sometimes comments were made that seemed to be unrealistic. Kerrie, the Foyer Service Manager remarked:

> I think the main thing is helping young people from whatever background they are from to show them that they do have a future and they are capable of doing anything that they want to do. (Kerrie – Foyer Service Manager)

Remarks like these may be down to enthusiasm and a genuine desire to do the very best for a client but the findings discussed above would suggest it is a dangerous message to communicate to young people as clearly the idea that anyone can do anything they want in the future is not realistic. Greenaway *et al*., (2015, p. 13) suggest that, "holding on to big dreams without expectation of success … is particularly diagnostic of vulnerability". The reality is that because of factors like intelligence or skillset, certain careers are extremely unlikely for some individuals, especially where there has been severe disadvantage. That is not to say a person should not be aspirational and that they should not raise their expectations. The well-being of an individual is conditional on the goals and hopes a person sets for themselves (Higgins, 1987; Massey, 2008). Oyserman *et al*., (2015) suggest that potential can be developed and realised by holding high expectations in areas a person feels they can be successful in and that this is what gives rise to future aspirations. Boxer *et al*., (2011) comment that a person should be encouraged to raise expectations, but this also requires an improvement in self-efficacy so they genuinely are more optimistic but also more likely to take the steps needed towards achieving their goals. Hardie (2014) suggests that aspirational goals become a standard by which people measure their success, especially in vocational terms. Therefore, although it is important to generate aspirations, it is also necessary that they are realistic and in line with expectations.

Stigma

The purpose of engaging young people in programmes around aspiration and expectation is to get them to see their potential and encourage motivation towards good outcomes. However, engagement in such programmes may also be problematic in that it can lead to labelling and stigma, resulting in negative rather than positive expectations. McCord (1978) argues that by being involved in a project that delivers services for a person's welfare, such a person might justify the help received by perceiving themselves as always requiring help. A labelling process through engagement in a programme may cause deterioration because of feelings of stigma and increase a sense of self-blame, self-perception as more deviant and a decline in behavioural control (Corrigan, 2004; Gatti *et al*., 2009; Moos, 2012). Project MATCH showed that workers who focused on negative emotional aspects of the client's life ended up with worse outcomes in terms of drinking (Karno & Longabaugh, 2003). It is important that support workers do not add to this problem by taking a moralistic or negative view of an individual's vulnerabilities, for example, substance misuse issues, or else this may encourage poorer outcomes (Richmond & Foster, 2003).

Kiera reflected on her own difficult background and recognised that it is very easy to believe in the labels that are placed upon you and then live up to them. She realised it sometimes takes someone to show you that there are alternatives in order to reject stigma:

> I grew up in [a named town in the south of England] and the area I lived in was notoriously kind of chavy, dangerous and if people knew you were from there or knew that you were homeless they'd automatically kind of assume that you were worthless and you were a criminal and you were up to no good. Which made me

> kind of act in that way and I became what people thought of me and it was only because of actually, a really lovely family who was, the woman was a social worker, took me in and I lived with them and believed in me and didn't say all those horrible negative things about me that I then became what she thought about me which, you know, was really positive things.
>
> (Kiera – Support Co-ordinator)

Kiera believed from her own experience as a young person that labels could be powerful and generated an expectation about how someone would behave. She also noted how in her work at SPP, that clients presented with life context issues that made them feel they had to act in a particular way:

> So I see it with the kids all the time. …There's all the negative words the media use hoodies, chavs … and if a 17-year-old girl or boy is followed round a shop every time they go there because they think they're going to shoplift or people cross the street because they think they're scary or they won't get jobs because they don't look right. …I think you kind of, tend to have the approach that, "Well sod it, it's so hard to be anything but what people think I am, so I might as well just be what they think and that's easier". (Kiera – Support Co-ordinator).

There is research that seems to support Kiera's belief. In order to understand and prevent deterioration in the psychosocial, behavioural, and emotional functioning of already at-risk, marginalised groups, studies have been conducted that consider self-stigma, a process where negative stereotypes are internalised and believed to reflect a belief about oneself (Corrigan, Watson, & Barr, 2006). In this way, stigmatising is seen to be one of the mechanisms that increases antisocial behaviour through association with other

vulnerable adolescents in group programmes (Weiss *et al*., 2005b, Moore *et al*., 2017). Gatti *et al*., (2009) show in a 20-year study looking at juvenile justice, that stigma seemed to be one of the reasons why iatrogenic effects occurred. Therefore, we must be cautious of programmes creating negative labels for their clients.

A lack of expectation about the future or a negative expectation caused by certain labels has the potential to cause harm. We now consider how poor working practice may also be problematic.

Lack of bonding through poor approaches

In chapter 4, the practitioner/client relationship was discussed with attention to how workers might influence clients towards better outcomes (Karver *et al*., 2008, Shirk *et al*., 2011). Consideration was also given to how a lack of bonding between client and support worker may prove problematic. Moos (2012) shows that if a client starts to gain hope about an intervention programme but because of a lack of therapeutic support or bonding with support workers they disengage, that this can lead to subsequent demoralisation. Hope, as discussed in chapter 7, is important in terms of aspirations and resulting positive outcomes. Hope is needed in the context of a good working alliance and may result in an effective intervention. Ilgen & Moos (2006) demonstrate from Project MATCH programme, a study looking at substance misuse, that where there was a poor working alliance there is a higher likelihood of deterioration. Timko *et al*., (1995) demonstrate in another study that this is due to issues like workers showing a lack of understanding of the presenting problems and the causes behind such difficulties. Balancing discipline and structure with engagement and bonding that demonstrates

understanding, is particularly challenging for SPP staff. Helen, who co-ordinated the SPP youth clubs recognised this:

> Sometimes just I think things go wrong. Communication goes wrong. I don't have enough time. It's not properly managed. It's ... we can never predict what's going to happen and you have to think on your feet a lot and once an action's been done, for example, if I kick a young person out for you know, being aggressive and suddenly they leave and I reflect on it and I think where are they going, what are they doing? (Helen – Youth Development Worker)

In chapters 4 and 6, the need for workers to show empathy was discussed. Roaten (2011) argues this is especially important when working with adolescents. In chapter 6 it was also noted that a worker needed to avoid conflict, whilst offering non-judgemental guidance which hopefully resulted in the client moving to a higher level of readiness to change. The opposite approach, i.e. a lack of guidance and a judgemental attitude may cause difficulties. There is a place for challenging behaviour however Moos (2012) suggests that when done with a lack of empathy, it is likely to cause resistance in a client and increase the likelihood of poor outcomes. On this basis Zane *et al*., (2016) argue that confrontational programmes with a 'get tough' approach may appeal to politicians but lack a theoretical base for reducing problematic behaviour in adolescents. Those workers who provide positive approaches that minimise criticism and avoid negative attention, are those that seem to promote positive outcomes (Handwerk *et al*., 2000).

We have discussed so far why there are sometimes negative outcomes due to the programmes delivered by organisations like SPP. There of course factors that an

organisation has little influence over that provide further explanation as to why poor outcomes may occur within a programme. We consider these further now.

Life context and personal risk factors

In understanding why things go wrong, Moos (2012) moves us beyond factors associated with delivering a programme to focus on life context and personal risk factors. Life context factors are on-going influences that cause deficits. These include a lack of close friends, structure, guidance and accountability. Vulnerabilities in adolescents are not an individualised phenomenon (Zane *et al*., 2016) but are influenced by social forces such as school, peers, the community a person lives in and related neighbourhood problems (Shirk *et al*. 2000; Huefner *et al*., 2009). For instance, Melkman (2015) shows how adolescents from poorer backgrounds are more vulnerable to risk-taking for new sensations. Snyder *et al*., (2010) demonstrate that those who engage in anti-social behaviour are more likely to have experienced anti-social behaviour in their own homes and neighbourhoods. These are "micro-social" forces, which are local and immediate, and "macro-social" forces, which are wider, structural changes in networks (Dishion, 2013, p. 597). The reality for many programmes is that young people have vulnerabilities because of dysfunctional life contexts which include family and friends (Weiss *et al*., 2005a; Gatti *et al*., 2009). For example, Dishion *et al*., (1999) show that an increase in negative outcomes occurs where there are uncooperative families. Humphreys *et al*., (1997) argue that these factors have a negative influence on a young person, resulting in more conflict with others. This increases isolation and is associated with a difficulty forming therapeutic alliances and poorer outcomes generally. When looking at a mentoring programme at SPP aimed at troubled teenagers, consideration was given to why such an approach may not

work. In his response, Matthew recognised the difficulty of these context issues in delivering a successful programme:

> What might contra-indicate a referral is that the family situation is so pressured, chaotic and distressing and so fluid that simply any mentor by themselves without balancing full support is really going to struggle. …and this is a personal experience [when mentoring] of thinking this is all fine and dandy but I'm going to have to deliver you back to the front door and you're going to walk through that door and everything we have been doing is going to be … wiped away because the situation requires more than mentoring. (Matthew - Volunteer, Hadley House & Mentoring Programme)

In trying to understand factors like those that Matthew identified as problematic, Zane *et al*., (2016) call for a greater understanding of the contexts and mechanisms that affect the efficacy of programmes. Any intervention or programme is delivered in a context that must be considered and understood. Thought needs to be given with regard to how one might guard against the negative influences from the life context of any individual client.

Besides life context issues, there are also personal risk factors that are to do with the severity of individual problems (Moos, 2012). Poulin *et al*., (2001) argue that adolescents are likely to respond differently to interventions, including peer group approaches depending on their level of problems and behaviours. It may be that psychiatric difficulties, a lack of coping skills, poor interpersonal skills, verbal ability and impulsivity have an impact on the effectiveness of a programme (Gatti *et al*., 2009; Moos, 2012). We see examples of these personal risk factors and their impact in research. Snyder *et al*., (2010) show how young people with poor inhibitory control seem more likely to associate

with antisocial peers. Those who display anger and aggression tend to be quite reactionary and are shown to respond less positively to programmes of support (Karno & Longabaugh, 2005) and more ready to associate with other aggressive adolescents (Molano *et al*., 2013). Vulnerable young people in youth justice settings are associated with more mental health difficulties (Hoeve *et al*., 2013). Many SPP clients were engaged in the youth justice and/or illegal activities and practitioners reflected often on the links between the vulnerabilities of their clients and poor mental health.

Moos *et al*., (2002) recognise that personal risk is associated with a number of psychological factors such as a lack of self-efficacy and coping skills. Greenwood (2006) show how a negative self-image can hinder adolescent progress in programmes designed to help. In contrast, Cécile & Born (2009) demonstrate that where there is a focus on interpersonal skills training and individual counselling to improve self-efficacy and behavioural difficulties, then there are more positive results. Psychological personal risk factors may have a biological basis. For example, sensation seeking is said to come from a biological tendency to look for new, exciting and intense experiences that are associated with risk-taking based on genetic make-up and neurological mechanisms (Melkman, 2015). This may explain personal risk factors such as substance misuse, although on-going drug use is also linked to constant association with vulnerable peers so aetiological influences are sometimes hard to identify.

Age and gender are also personal variables (Moos *et al*., 2002). Older youth are shown to respond less positively than those who are younger to certain therapeutic approaches. In terms of gender, male adolescents react less positively than their female counterparts to treatment (Poulin *et al*., 2001; Argys & Rhys, 2008). Housing status is interesting as it is

both a personal risk and context issue. Cahill *et al*., (2016) argue that there is the possibility of increased problems such as conflict and criminal behaviour in residential settings like those at the SPP hostel. Ilgen & Moos (2006) suggest that individuals who deteriorate are more likely to have multiple personal problems, e.g. substance misuse, mental health difficulties and history of abuse.

These life context and personal factors may help to explain in part see young people going through the same programmes of care experience different outcomes. Increased vulnerabilities make it much more challenging for support workers to engage in effective approaches. A failure to consider and address these vulnerabilities could be a causal factor in deterioration even when a programme itself is seen to be efficacious and evidence-based. Cécile & Born (2009) argue that a focus on personal risk factors is likely to improve the effectiveness of an intervention programme.

Resource/policy risks

One area not highlighted by Moos (2012) as a risk for deterioration but highlighted by SPP staff members was wider structural issues of resources and policy. The lack of resources and the design of services due in part to government policy and funding cuts were implicated in the deterioration of some clients. Lipsky (2010) argues that a lack of resources combined with higher-level pressures lead to an inability to undertake public sector roles effectively. McCormack *et al*., (2002) point out that there may be a contradiction between the idea of client-centred healthcare and personalisation in care when it takes place in a market driven policy environment that has often sought an evidence-based approach based on what works most commonly for most people. Consequently, funding may not be readily available for personalised care as current policy

might imply which results in some agencies working with those that are the simplest to reach and engage. Cortis (2012) argue that work is carried out with those who it is easiest to demonstrate success for and avoiding those who are most disengaged or challenging because the funded programmes do not suit them. SPP said they had observed this practice in other providers. Therefore, EBP would seem to be a resource issue not just a practitioner, programme or intervention problem.

One particular client at SPP had high support needs and some mental health difficulties. Young homeless people are a highly vulnerable group and consequently are at increased risk with regard to their mental health (Hodgson *et al.,* 2013; Hanson *et al.*, 2016). He was based in Hadley House, an assessment centre and supposedly a short-term stepping stone to further accommodation. He had returned to this setting after an initial attempt at medium support housing that had failed due to his high support needs. As staff explored options, it became clear there was nowhere to move this client on to that could give him the support he needed. SPP workers expressed frustration at this reality and how it undid the good work they had managed to do with this young person in his early months with them. Kiera explained:

> There's only one high support unit in [this town] and they don't take people with mental health problems particularly. There are no high support units that take anyone with mental health. It's ridiculous because there's a low support mental health unit. Now most people with serious mental health problems aren't low support ... . We can do everything we can and we can change his risk assessment, we can amend his support plan but he still has to live in Hadley and now he's been there well over the three-month period he just feels like he's never going to get

> out. All that self-belief has gone. … We try and put into them, “You can do this. You can do this.” We're telling him, “You can move on”. Now everywhere we've tried to move him on to has turned him down, he's gone back into that negative [state]. He's getting negative experiences from everybody. Everybody is telling him, “No. You're not high enough support for this. You're too high support for this”. (Kiera – Foyer Manager)

This lack of option may be a cause for concern when it is understood that serious mental illness is higher in homeless people than those who are housed including higher rates of personality disorder and self-harm (Perry & Craig, 2015). One survey suggests that 41 per cent of young homeless people have mental health problems (Crisis, 2012). Others suggest a figure as high as 70 per cent (Davis, 2012). This comes at a time when the number of supported accommodation services targeting homeless people with mental health issues has dropped from 22 per cent to 4 per cent and nearly a fifth of homeless projects reported that ‘move on’ options for those in need of specialist support around mental health issues were experiencing gaps in services (Homeless Link, 2013). Various SPP staff reflected on this reality, indicating there was nobody that would take the aforementioned client because of his particular combination of support needs, with Senior Support co-ordinator, Sally Kirkwood admitting , “ We’re stumped”.

The outcome of this was a very negative mind-set in the client and is illustrative of the issue regarding unmet expectations discussed previously. Workers had encouraged the client about possibilities and future prospects. They tried to build expectations and then when no option was available for the organisation or the client, problems occurred. Dennis reflected on the deteriorating state of this young person:

> He'll be sat there thinking I'm not achieving anything so what's the point? And that will start his whole … "Well I'm not moving on anywhere so I might as well misbehave and carry on misbehaving". You know, and actually somebody really ought to give this guy a chance, get him into their accommodation, keep the support plan that we've got in place going and the support package around him going, but if he starts to fail or fall down, bring him back to us for some respite, we'll have a bit of a word, we'll then send him back again … . They won't do it. So he's trapped. Where does he go? We've got to find him another provider and there isn't one. (Dennis – Deputy CEO)

This problem of suitable move on options is not unique to SPP. According to Crisis (2012) a lack of suitable help is a common problem for young homeless people with one survey showing that, "over half found the support they were offered was not helpful, and 20 per cent said it was 'useless'. Many are simply turned away with nowhere to go and get by outside formal service provision and hidden from help". There are clearly resource issues for homeless young people. Homeless Link (2012) revealed that in one year, 75 homelessness projects were shut and over half of other homeless projects experienced budget cuts resulting in 2,000 fewer beds. Such cuts result in a lack of options for young people, resulting in further deterioration for some as observed with the particular case at SPP. For all the discussion of EBP, a failure to fund and provide adequate resources may result in the deterioration of clients in services who are trying to do their best but have no alternatives.

The SPP education projects and school also highlighted another resource and policy difficulty. Research shows that adolescents who have been permanently excluded are at a

far greater risk of poorer outcomes, “including prolonged periods out of education and/or employment; poor mental and physical health; involvement in crime; and homelessness” (Pirrie *et al*., 2011, p. 520). When not in employment, education or training (NEET), between the ages of 16–18, it is estimated that the lifetime costs to society for such young people will be £56,000 (Department for Education, 2010). Therefore, recognising the severe need of vulnerable young people and investing in solutions is important but needs to be appropriate. Organisations like SPP had to be able to address such difficulties at the point of need in order to make a difference as Dennis explained.

> You know, we were getting young people in who could only just about write their name and we were expected to get them to a level one qualification and our view always was, these children still deserve to learn some skills, they still deserve to come somewhere where somebody is going to keep them on the straight and narrow as best as you can whilst trying to impart knowledge, wisdom and a sense of, you know, there are people who care and, you know … and the contracts just made it almost impossible to do any work with them because you were trying to fit a child into a contract rather than trying to allow the contracts to meet the needs of the child … . If you look at colleges … there are young people within our sphere of support that wouldn't even dream of walking through the front door of [local] Colleges. There are some young people that have got no qualifications, that have not been to school since they were 12/13/14 who have got very, very poor literacy and numeracy, umm, that wouldn't sit in a classroom, that have been abusing cannabis since they were 8/9/10 and that's radically impacted their ability to sit quietly for two minutes and learn anything. What do you do, write them off?

> You know, and their only way of surviving is then to get involved in criminality, antisocial behaviour because they're getting bored and their aspirations are zero. So, where do they fit in to this educational system? (Dennis – Deputy CEO)

Current statutory guidance says alternative providers should offer, "Good academic attainment on par with mainstream schools – particularly in English, Maths and Science (including IT) – with appropriate accreditation and qualifications" (Department of Education, 2013, p. 10). SPP would argue that this is unrealistic and unsuitable for the kind of clients they work with. Pirrie *et al*., (2011) reflect on the challenge to improve pupils' academic performance, commenting that other gains that may be more difficult to quantify are perhaps more important at this stage, for example, positive engagement with other peers or adults in the educational setting. McCluskey *et al*., (2014) reflect that alternative education providers commonly deliver inappropriate curricula for excluded pupils because they are not in the same place culturally, emotionally or academically as most pupils in mainstream schools. SPP reflected on educational projects that they had run in the past that seemed to be effective with young people excluded from schools and pupil referral units. They commented on how the Government put a requirement on alternative providers, who took more than five full-time placements, to register as Independent Schools. This is something that has recently been reaffirmed by the Department for Education (2016). Ofsted in 2011 advised the Department for Education that providers should be registered if they provided more than one day's education a week to pupils and have been highly critical of the Government for not acting upon this and critical of alternative providers who have failed to register as Independent Schools (Ofsted, 2016). SPP did register as required and became subject to Ofsted requirements

meaning they had to operate with a very different framework and curriculum to what they had previously considered as effective. Head of Operations, Graham, reflected on this shift:

> We'd always operated quite a free flowing kind of approach that if someone came in and it was clear that they weren't in the right state of mind to reasonably learn on that day because they'd had no sleep, had an argument …, suffered domestic violence, then all you can do that day [is] give them some breakfast … talk about what they need to talk about or distract them from it or whatever else. You needed to be kind of prepared to shelf whatever plans you had. Obviously, once you get a syllabus and you've got Ofsted and things like that you get more into that framework, so we're taking people that can't maintain a classroom setting, putting them with lots of other people who can't maintain a classroom setting and trying to kind of do a classroom setting but with much less resources.
> (Graham – Head of Operations)

The required approach expected of SPP by Ofsted seems at odds with successful programmes in other countries like Australia where flexible and socially inclusive education services are seen to be necessary component for engaging vulnerable young people educationally and vocationally (Wilson *et al.,* 2011). The starting point for alternative education in that context was the young person and not a curriculum or testing. Provision sought to provide nurturing environments that developed self-esteem. This resulted in young people growing in confidence educationally. Teachers developed individualised approaches from assessing needs to learning plans that consider the interests and abilities of each young person (Mills & McGregor, 2016). Prior to registering

as a school, this would have been similar to how SPP practiced and was consistent with Department for Education (2010) suggestions regarding engaging with those who are NEET. In this way, policy does appear to be contradictory. With regard to NEET young people, the Department for Education reviewed two programmes, recommending a flexible approach tailored to individual needs. They also recommended personal adviser one-to-one support to help with personal development and a range of activities tailored to the needs of the individual. All of this is to be captured in an agreement with a personal adviser to demonstrate truly individualised approaches. In Hadley House, SPP had taken this approach. However, when Government policy required them to register as a school, this approach changed in their alternative education setting. Colin explained:

> The other thing that I was observing was that actually … were we giving young people a good education through the provision? Were we actually doing what we always used to do? I think the answer for me was no, we weren't. …We were much more around therapeutic and emotional interventions. …So you might have eight/nine/ten staff in there and maybe only twenty/twenty-five kids and it would be, you know, quite a common sight for one member of staff to be spending a lot of time with one young person. But that was working for that young person. Yeah, they weren't really getting an education, but to be honest, their education was buggered anyway and we were never ever going to be able to catch up on that ... . It was, it was emotional health and well-being rather than educational.
>
> (Colin - CEO)

Changes in government policy seemed to prohibit SPP engaging in alternative education in a way that their own practice wisdom suggested they should. They believed that this

new approach meant they started failing the young people they worked with. It may be an example of what Cortis (2012) describes as a purchaser-provider arrangement that seeks organisations to work with a 'one-size-fits-all' approach that compromise the innovation needed for meeting diverse community needs.

Herein lies a challenge for those managing organisations that seek to engage in EBP. Researchers point out the challenge of a misalignment between organisational goals driven by political or financial agendas rather than by EBP (Bartelt *et al*., 2011; Golenko *et al*., 2012; Williams *et al*., 2015). For SPP, the financial resources to work with vulnerable young people in alternative education were only available by becoming an Independent School and becoming subject to a pattern of delivery and inspection that did not appear to work in their experience for the most disadvantaged and problematic young people. SPP had the dilemma of being funded to do what they considered the wrong thing or having no funding to do what they considered best practice. The result was that the SPP alternative provision, which had appeared to work prior to registering as a school was no longer delivered and the new Independent School that seemed to be failing was shut down. It could be argued that current policy is therefore contrary to evidence-based approaches that Spielhofer, *et al*. (2005) has identified as offering activities that are meaningful and relevant that young people can participate in voluntarily; delivering learning in an environment that is not like a school and providing one-on-one support for young people, tailored to individual needs and circumstances. In other words, how SPP used to deliver such provision.

Summary

In this chapter, we have explored why things go wrong. The evidence-based organisation needs to be aware of these risks and seek to eliminate or minimise their impact where possible. The influence of peers is challenging and groups should be managed carefully. This needs to take place in structured programmes that help young people to work towards realistic goals, whilst raising hope of what might be possible. This must be done in a way that avoids labelling and stigmatising young people. Any approach requires bonding with skilled workers who can appreciate and the environmental and personal factors that increase the vulnerabilities of the young people they work with. Finally, those who fund such practice and design the policies that guide such work, must take a fresh look at how a lack of funding or the wrong approach may in itself cause deterioration despite the best efforts of any organisation engaged with vulnerable young people. It is important that they listen to the PW of organisations like SPP to understand where the gaps and difficulties lie. In the next chapter, attention is given to the practice wisdom identified throughout this study. Consideration is given to how the core components identified by SPP can inform an EBP approach whilst reducing the risk of harm.

Chapter 9 – Core Components of SPP Practice

In this chapter, I draw together what have been identified as core components for effective practice according to SPP staff. The purpose is to show how the ideas discussed come together in a programme of care and how they seek to build positive outcomes for

vulnerable young people whilst reducing the likelihood of harm. In this way, the active elements believed to be responsible for an effective evidence-based approach are offered for examination.

In being ethical, it is important to address the question of whether organisations should intervene at all and this question is briefly addressed. Finally, it is recognised that achieving EBP is not entirely dependent on organisations like SPP. As identified in chapter 8, client context, client personal factors and the approaches set out by policy makers and funders' impact on the success of a care programme. This will be considered in the context of implementing EBP.

Guarding against iatrogenic and negative effects

When the life context and personal factors of clients like those as SPP are considered, it is recognised that there are impacts on an individual beyond the control of an intervention programme that may result in negative outcomes (Moos, 2012; Zane *et al*., 2016). Therefore, when something goes wrong for an individual in the care of an organisation, it may not be because of an iatrogenic effect but as the consequence of these risk factors. It is helpful for an organisation to identify what these might be so that care plans can be tailored to try and moderate the effects of any particular vulnerabilities. Moos (2012) identify risk factors that might cause deterioration for a client that include a lack of bonding with staff, an absence of goals or monitoring progress towards goals, confrontation and criticism from workers, stigma attached to being part of the programme and unrealistic expectations about what is possible in the future. The approaches to practice discussed in previous chapters may have a protective effect that can lessen these risks. We have noted that strong working alliances, aspirations,

boundaries that encourage responsibility and a focus on motivation have a positive impact. We will now consider how these elements come together to address the risks that Moos (2012) mentions and encourage good outcomes.

Carefully structured peer groups and programmes

We should not generalise the findings from studies that have shown iatrogenic or negative effects of interventions with peer groups to all group settings (Burleson *et al.*, 2006; Huefner *et al.*, 2009). There is the potential for group and residential settings to be inadequately run causing harm but this needs consideration against the evidence from many studies that show positive outcomes can occur (Handwerk *et al.*, 2000; Huefner *et al.*, 2009). Denault & Poulin (2012) show that young people can improve their socialisation and interpersonal skills and learn much from organised group activities. Deviancy training may occur in routine interactions in their daily lives but this is not necessarily an indication of how they might respond in a carefully monitored, well supervised and highly structured programme of care (Handwerk *et al.*, 2000). Eccles & Gootman (2002) emphasise that an appropriate structure with supportive relationships, positive social norms, support for self-efficacy and opportunities to improve skills is more likely to result in positive outcomes. Group activities need to be characterised by adult leadership, rules and regular participation is sessions with an emphasis on skills building (Denault & Poulin, 2012). Kaminer (2005) argues that those who draw attention to iatrogenic effects that take place in group settings emphasise that these effects happen under certain circumstances where such characteristics are often absent. Rhule (2005) shows that group interventions can be justified if implemented with caution and care. More than that, group activities should be encouraged as they have been seen to increase the number of pro-social friends whilst decreasing numbers of antisocial peers (Simpkins

et al., 2008). Huefner & Ringle (2012) suggest that it is not necessarily the case that exposure to problematic peers leads to problematic behaviour; it is more to do with the nature of time that adolescents spend together that leads to difficulties.

Dishion & Dodge (2005) argue that problems may not always occur, as there are a number of factors such as the characteristics of group members, the skills of leaders and the intervention or programme context that can make a difference. Structured approaches have a long history of effectiveness for adolescents with emotional problems (Handwerk *et al.*, 2000; Weiss *et al.*, 2005a) and a decrease in deviant behaviours (Mahoney & Stattin, 2000), whereas unstructured activities show higher levels of antisocial behaviour and pose the greatest potential for problems (Maimon & Browning, 2010; Denault & Poulin, 2012). However, Dodge *et al.*, (2006) believe that there is a failure in services to consider the moderating factors that might influence contagion impacts such as how groups are structured. Positive outcomes are more likely in a group where adolescents with different levels of vulnerability from low to high risk are gathered together instead of high-risk youth only. This can improve the effectiveness of interventions and has a positive influence on those at high risk (Ang & Hughes, 2001; Weiss *et al.*, 2005b; Burleson *et al.*, 2006; Cécile & Born, 2009). As an approach, it is something that had developed in the PW of some staff members at SPP. The need to mix clients was recognised by senior staff. Graham and Kiera acknowledged this issue saying:

> I know that in supported accommodation we balance that by … say we'll try and take three, three and three. So, three people that are perhaps high or … [we] know to have a range of needs, a few people that are medium and then a couple

> of people where there's perhaps less support needed, so mum's turfed them out. (Graham – Head of Operations)

> Look at your client mix as well, there's all sorts, there's millions of things that kind of have to work to make it work but making sure you look at your client mix so if you've got a bit of a marijuana problem, you don't necessarily want to bring somebody in whose recovering, whose kind of recovering from addiction because marijuana wouldn't be good for them so you can think of alternatives. (Kiera – Foyer Manager)

Group composition is a moderating factor with regard to iatrogenic effects because low-risk youth may have a positive influence on their peers (Gifford-Smith *et al*., 2005). Acknowledging such benefits, Burleson *et al*., (2006) suggest that it may also be useful to recruit into programmes from diverse referral sources to ensure a helpful composition. Colin drew attention to another project locally where an even wider mix of clients could be seen and that this seemed to have a positive impact:

> There are interesting concepts and models out there that we're involved in that could in the future, present new ways of working and, so for example if we go down to [named hostel] that's a twenty-bed unit which is twice as big as Hadley House. It attracts a similar cohort of young homeless but it also attracts people with mental health problems. It also … takes in, [as]part of its eligibility, single pregnant mums and mums with very young babes and couples with very young babes as well as homeless young people who've got, you know, very challenging behaviour. …It works really well because I think you've got a mix, a complete mix of people from all walks of life you know who are all in different places. …They're

> not just ten chaotic young people. They're all vulnerable and chaotic but you know, in a very different way… and you know, to have small children playing in a crèche has a very calming effect, has a very maternal and paternal effect on everybody within the building and you know, so there are certain knock-ons that happen that I think helped keep the building very calm. (Colin - CEO)

Non-problematic, pro-social peers can have a positive effect in communal programmes through social skills training (Arnold & Hughes, 1999; Kaminer, 2005; Mager *et al.*, 2005). This is important as improvements in such skills will help with further integration into other groups and as discussed in chapter 7, increasing the number of social identifications, which is good for self-esteem (Benish-Weisman *et al.*, 2015). It has been shown that young people become more vulnerable to negative peer influences the more they experience social rejections (Maner, *et al*, 2007) and this is associated with academic failure and poor social skills (Handwerk *et al.*, 2000). Therefore, positive pro-social groups are likely to offer a protective quality against feelings of rejection. Cécile & Born (2009) show that peer group programmes have value, as young people who have had the same problems tend to be more empathic to each other and become useful peer role models for what is possible. Burleson *et al.*, (2006) argue that there are benefits when coming to an understanding that others who share similar problems are working through difficulties and programmes like SPP allow this to happen in an environmentally realistic setting.

The importance of structure was discussed in chapter 5 and this may be particularly useful in managing difficult peer groups. SPP experienced that firm boundaries and structure protected against problems caused by peer influences. Colin reflected:

> … that's where we would expect the sort of, the tougher regime that we put in place, to try and counter some of the, you know, some of the fact that we are bringing together young people who can trade intelligence, I suppose, and trade new skills. (Colin - CEO)

In residential settings, close supervision of clients within carefully managed structured routines, has been shown to be beneficial and reduces antisocial behaviour (Handwerk *et al.*, 2000; Huefner & Ringle, 2012). However, structure is not simply about preventing certain difficult behaviours occurring but is also about allowing space for pro-social behaviours to be developed. This encourages the enhancement of interpersonal learning and trust (Burleson *et al.*, 2006). Lansford (2006) show how structured group activities, e.g. sports activities and trips to the cinema, are useful for encouraging pro-social behaviour and the development of new values. However, it is regularly occurring rather than occasional structured activities, that when supervised by experienced an adult practitioner seems most beneficial (Greenwood, 2006).

Bootzin & Bailey (2005) suggest that structured programmes should also take account of life context and personal risks as these can both positively and negatively influence the effectiveness of interventions. In terms of personal risk, an example of this might be structured mental health assessments. It is known that youth with mental health concerns and substance use disorders are more likely to offend or reoffend (Hoeve *et al.*, 2013). Becoming more aware of such vulnerabilities allows for a more effective plan to be put in place that manages risk and is therefore less likely to see the programme fail. Likewise, it is known that young people with high impulsivity, or who have experienced significant peer rejection, are more sensitive to reinforcement from peers when engaging

in problematic behaviours (Snyder *et al.*, 2010). Understanding which young people are more impulsive and have experienced peer rejection will allow targeted support, e.g. engaging such young people in organised activities with pro-social peers. Organisations like SPP had clients who did not do well because of such factors initially; although, being aware of them, may allow for an approach to individual clients to be adopted as discussed in chapter 3.

We should also consider the appropriateness of any treatment approach for an individual. This is known as the Responsibility Principle (Andrews, 1990). It recognises that certain treatments do not fit with certain learning styles (Prendergast *et al.*, 2013) and that nonspecific factors like a lack of motivation are more likely to result in negative outcomes (Bootzin & Bailey, 2005). Rhule (2005) demonstrates that intervention and prevention programmes that are shown to have efficacy in one environment can still produce negative effects in another, so it should not be assumed that we can simply transport an evidence-based intervention from one cultural setting to another. Nation *et al.*, (2003) say programmes need to be socio-culturally relevant. For example, gender and ethnicity may influence outcomes positively or negatively (Chamberlain & Reid, 1994; Bernal *et al*., 2009). Rhule (2005, p. 621) states that, "a meaningful discussion on iatrogenic effects must consider these sources of variation in the youths' responses to interventions".

Presence of skilled workers delivering evidence-based approaches

The presence of experienced workers is important. Skilled leaders in group settings have been shown to mediate the interaction between peers with challenging behaviour, thus reducing problems of peer deviancy (Gifford-Smith *et al.*, 2005; Kaminer, 2005; Leve & Chamberlain, 2005; Dodge *et al.*, 2006; Dishion, 2013). The skilled worker achieves success by providing structure, discipline and activities with adolescents that encourage pro-social behaviour (Lansford, 2006) by reducing the interaction of problematic individuals where possible (Cécile & Born, 2009). The iatrogenic or negative effects that have been blamed on gathering high-risk youth, e.g. the Experiment in Juvenile Court Study (McCord *et al.*, 2001) may have been caused by untrained workers who operated with minimal supervision rather than because of the intervention itself (Weiss *et al.*, 2005b). Huefner & Ringle (2012) agree, showing that conduct disorder in residential settings is directly related to the level of experience of care staff rather than exposure to other peers.

Even those who might be considered as effective group leaders, because of their interpersonal and engagement skills could inadvertently cause deviancy training. Gottfredson (2010) says this happens through encouraging dialogue among vulnerable peers about issues like drug use and allowing pro-deviancy opinions to be expressed and respected by the group. This can provide positive reinforcement for such behaviours and is sometimes caused by leaders trying to be culturally relevant and topical. Discussions like these were observed during some sessions at Hadley House. Field notes recalled:

> I then went and helped round up clients for the Foyer Training that was being run by the Red Cross and consisted of basic first aid training. …The training itself was very well attended with 7 clients from Hadley and 4 who came down from the

> Medium Support Unit. …The group was very talkative and at times quite unruly. There was an element of self-regulation with clients telling each other to shut up. But there also seemed to be a sense of playing up to each other. Frequent comments in relation to being too drunk to help anyone who needed First Aid and comments relating to physical attacks were fairly common and seemed to attract laughter and approval from other group members.

This suggests that the focus of group activities and training should be on pro-social ideas and skills training with care not to encourage pro-deviant discussion. Instead, antisocial behaviours need to be addressed by highly skilled practitioners in treatment settings with appropriate interventions. When a young person enjoys a good relationship with a support worker, they are less likely to engage in a problematic behaviour such as substance misuse whilst achieving positive outcomes (Dishion *et al.*, 2001, Nation *et al.*, 2003). Therefore, as discussed in chapter 4, building a good working alliance will guard against negative effects and provide a positive approach to reducing antisocial behaviour.

It must also be recognised that when interventions are delivered, workers need to be skilled in their implementation. Iatrogenic effects can be caused where there are poorly trained workers delivering too little of an intervention over time (Nation *et al*., 2003; Zane *et al.*, 2016). Poorly trained workers are likely to deliver programmes in an inconsistent way and even when interventions are evidence-based, a failure to deliver interventions in the correct way will lead to a lack of fidelity and poorer outcomes (Barlow, 2010). Rhule (2005) says the most effective programmes for preventing problematic behaviour in young people tend to be based on a strong programme model delivered with fidelity to that model. Even a skilled worker who delivers a non-efficacious intervention is likely to

see no benefit and possible iatrogenic effects (Weiss *et al.*, 2005b). Therefore, the need to equip workers with tools that are proven to work for their clients must be remembered.

Studies suggest a number of evidence-based intervention approaches for client groups like those who SPP work with. Rhule (2005) draws attention to programmes that have efficacy in reducing problematic behaviour and substance misuse including Cognitive Skills training and Life Skills Programmes but stresses the need to conduct training, supervision and evaluation so that staff implement interventions effectively. Group programmes are shown to be effective when delivered in well-defined situations using empirically supported approaches (Lipsey, 2006; Huefner *et al.*, 2009). Burleson *et al.* (2005, p. 13) promote the idea of using manualised approaches with "trouble-shooting" protocols on how to prevent situations that may lead to peer contagion or deviancy. Andrews (1990) suggests that interventions with those particularly vulnerable to issues of criminality should focus on changing antisocial attitudes and peer associations. This requires a focus on developing skills around self-management, control and building pro-social skills. Nation *et al*., (2003) stress the need for programmes to be comprehensive, embracing multiples interventions to address difficult behaviour and like Rhule (2005) & Kaminer (2005), stress the need for skills-based components such as problem-solving treatments. It is beyond the scope of this study to provide a comprehensive review of evidence-based interventions but there are many helpful tools available to those that work with vulnerable young people. The challenge for workers is to identify evidence-based interventions that embrace and implement the principles discussed.

Workers must be careful with high-risk strategies such as confrontation and criticism. Moos (2012) argues this can lead to increased anger, anxiety and behavioural difficulties,

especially in more vulnerable clients. Instead, programmes with a high ratio of positive to negative interactions are likely to be more effective (Handwerk *et al.*, 2000). An unskilled and untrained worker is more likely to use a high-risk approach inappropriately and cause harm. For this reason, workers should be closely supervised. Barlow (2010) says managers must monitor interventions and provide corrective feedback where necessary. Burlseon *et al.*, (2006) show that an effective supervision apparatus is able to protect against iatrogenic effects. As part of supervision, reflective practice should be encouraged so that organisations can gather information routinely where iatrogenic effects, negative outcomes and deterioration occur in order to develop local PW that guards against such practice. This also allows any negative impacts on a client of a programme to be addressed as soon as possible.

Increase in resources

When SPP staff were asked what they would do differently to improve services the issue of resources was a recurrent theme. Support Co-ordinator, Naomi argued:

> In my opinion, there's not enough provision with the charity sector, within any sector. There's not enough provision to deliver, this is just my opinion based on working for a couple of companies that the provision isn't there. To go the extra mile, you need more staff. We can do a good job but if you have double the amount of staff, you can do a better job. ...With extra staff, there would be more autonomy to spend what I consider, quality time with individuals.
>
> (Naomi – Support Co-ordinator)

According to Ang & Hughes (2002), one of the reasons current practice delivers so many group interventions with high-risk adolescents is because it is economical and convenient.

Kaminer (2005) argue that group therapy is less expensive than individual therapy so if it is effective, then it is obvious why a provider would embrace such an approach. As acknowledged in chapter 1, EBP is in part driven by the need for cost-effective interventions but Nation *et al.*, (2003) suggest that local services may have difficulty replicating expensive, science-based models and have to adapt what is delivered. Schalock *et al*., (2011) point out the obvious challenge to organisations delivering services when resources are being cut. Economic factors cannot be ignored but consideration should be given by policy makers as to how they resource programmes as failure to engage effectively with vulnerable young people may end up costing society more in the long-term. A key driver of EBP is to identify where programmes do not work and eliminate them as there is no point paying for services that do not help vulnerable young people to effectively address their problems (Huefner *et al.*, 2009, Ooi *et al*., 2016).

Crisis (2012) recommend that services providing support to vulnerable homeless people should have budgets protected by the Government and local authorities and this should be viewed as a positive investment. We have acknowledged the value of one-to-one working alliances as a means of reducing antisocial behaviour and policy makers must consider this in terms of Social Return on Investment (SROI). Rhule (2005) suggest that problematic behaviour has economic costs to the taxpayer and the longer such behaviours continue the greater the cost. SROI is a tool for putting a monetary value on the social and economic costs and benefits of engaging in certain interventions (Nicholls, 2016). Cordes (2016) explains that early ideas about calculating SROI arose out of methodologies found in business finance literature for evaluating investments. The difference with SROI is that payoffs are defined in social terms. SROI has recently been

given increased status as part of the Public Services (Social Value) Act (2012), which requires public service contracts to take into account the wider value of a project over its entire lifetime (Watson *et al*., 2016). The NEF suggest a lifetime criminal may cost the state £400,000. Their research also suggested that for every £1 invested in training programmes for ex-offenders that £10.50 of social value was created if this helped prevent a lifetime of criminal outcomes (New Economics Foundation, 2012). A recent Canadian study that invested in employability skills delivered by social enterprises calculated that for every dollar of investment in these training programmes, a $2.08 of social value was created (Walk *et al*., 2015). Investing in programmes that prevent high-risk young people entering into unemployment or into a life of criminal behaviour would seem a sensible investment. We acknowledged in the previous chapter that a failure to provide adequate housing options for one young person with mental health difficulties saw him decline in his behaviour and increase his drug taking and antisocial behaviour. This lack of investment is likely to be more costly financially to the taxpayer in the long-term when it encourages the decline of a vulnerable young person despite the best efforts of a service. Therefore, it could be argued that a lack of investment in appropriate provision will cause more harm and have long-term financial implications.

Nation *et al.*, (2003) remind us that even when evidence-based approaches are used, sufficient dosage is necessary. With waiting lists a common problem in many services, there exists a pressure to move people through as quickly as possible. However, Tarrier *et al*., (2004) argue that the greater the difficulties and vulnerabilities of a young person, the greater the intensity and dosage of an intervention that maybe required. A one-size fits all approach, for example, a five session programme of Cognitive Behavioural Therapy

would seem to ignore this particular issue and yet was the approach of a mental health trust where SPP is based. Consequently, an evidence-based intervention is ineffective because sufficient dosage is not provided and this is in itself a poor use of resources (Carroll *et al*., 2007). Prendergast *et al.*, (2013) show that those with higher levels of need benefit to a greater extent than those with low levels of need. Specific targeting of high intensity services with high dosage for those with the highest needs would seem sensible. Low-need clients need low intensity services and may get worse with high-risk clients as discussed previously. Therefore, resources should be focused where they are most needed and have greatest impact.

When considering SROI, we should note that low staff/client ratios are desirable for better outcomes in group programmes (Steenbarger, 1996; Melnick *et al*., 2009). It has also been shown that antisocial behaviour goes up in sheltered accommodation as population sizes increases (Teare *et al.*, 1995; Heufner *et al*., 2009) so smaller settings with higher staff ratios are needed for the best outcomes. Another factor is staff experience. Huefner & Ringle (2012) show that in residential settings, longer-serving staff were more effective in helping adolescents with problematic behaviours. However, this challenging work is often associated with low salaries and high stress. It was observed at SPP that there seemed to be a constant turnover of staff and volunteers working at Hadley House. Higher salaries and more staff may reduce such turnover and research suggests this is better for clients and the effectiveness of a service. Several staff members at SPP believed greater investment was needed and research seems to support the value of such investment in terms of effectiveness with SROI suggesting such approaches are less costly over a lifetime. Therefore, policy makers and funders need to consider the

value of early investment in programmes with young people that prevent a lifetime of problems.

Is something better than nothing?

One final issue to discuss regarding negative impacts is to ask whether we should get involved at all, especially if we risk doing more harm than good. It could be argued in some cases that a young person would have done better without an intervention. It is something that Deputy CEO Dennis had considered:

> So there's this whole issue around you take a group of people over here and you put a load of interventions in and you get some great outcomes but you get the same outcomes over there with no intervention, so it's just that something has changed and you haven't yet put your finger on it. And I was quite intrigued with that. I thought, hmmm, how then are you ever to know if, you may have got better outcomes by actually not engaging with that young person? How are you to know that? Because what, do you not engage with that young person then you got to wait ten years to see what happens with them in their life. How do you prove this negative type thing? (Dennis – Deputy CEO)

Rhule (2005) shows that there are times, because of iatrogenic effects, where clients would have been better off if they had not received any intervention. Huefner *et al.*, (2009, p. 721) discuss this but suggest that when it is felt that a young person is worse off, it should be asked, 'doing worse relative to what?'. One of the dangers in discussing iatrogenic and negative effects is that it may encourage practitioners and policy makers to avoid certain approaches altogether. Handwerk *et al.*, (2000) discuss that although there is a need to be cautious, we must equally not overstate the risk of iatrogenic effects. A

level of vulnerability in SPP clients may exist that causes practitioners to take a risk even when there is a danger from congregating high-risk young people together as to not get involved could leave them in a more vulnerable situation. With regard to the young person previously mentioned who was deteriorating in the care of SPP, it was asked whether it was still better that he was in their care. Kiera replied:

> I think so, yes. Because I think he'd deteriorate a lot more if he was street homeless so at least we can kind of monitor his health. He's got a roof over his head and he's got food in his stomach and maybe we're not doing a lot more for him at the moment. We're trying to, eventually we will. It's just taking so much longer than ... we thought. (Kiera – Foyer Manager)

Considering the possibility of peer contagion, SPP support co-ordinator Lisa, commented in a similar way to Kiera when asked whether she found that older clients negatively influenced 16 and 17-year-olds. She remarked:

> It's so hard because it's almost saying it's negative for a young person to move in here. It's not if they're homeless, then it's a good thing. …It is a concern that they're living with nine other people who have many different support needs and they probably are, yeah. (Lisa – Support Co-ordinator)

SPP staff recognised the vulnerabilities of programmes like the one they offered and the reality of practice was that workers faced less than ideal situations where risks had to be taken. Clearly, young people can be influenced negatively but this is still a better option than being homeless where young people would experience even greater vulnerability and risk. Dennis reflected on this challenge:

> I've bumped into enough of my ex-clients, ex-service users that I trained and most of them that I've bumped into are in their 20s or probably more than that now. No, they'd be into their late 20s and are working, have families, have their own home, have grown out of the antisocial criminality that they were involved with. You know, will they probably drink too much? Yes, they probably do. Will they probably still be smoking cannabis? Yes, they probably are. But actually, they seem to have found their own equilibrium. Now was that as a result of what we did with them? I don't know. Can I ever prove it? No, I don't know. But most of those kids will turn around to me and what they say is you helped me because what you stopped happening was me getting further and further down. Now, is that their perception? Actually is that not a strong piece of evidence to say, the way that we did it back then was really effective? (Dennis – Deputy CEO)

Recognising that there are risk factors from the environment and personal vulnerabilities, it is suggested that part of the assessment process with clients should contain a risk assessment that results in a plan that tries to protect against iatrogenic effects and negative impacts. Weiss *et al.*, (2005b) argue that treatment and care programmes must consider the individual and how they fit, or do not fit with the various options available. Risk assessment is not about the avoidance of risk but it seeks to minimise risk to someone coming to harm by introducing appropriate measures. Moos (2012) suggests that risk assessments can take into account issues like life context and personal risk factors, working alliance and readiness to change. They also provide an opportunity for workers to consider if the interventions they are delivering are indicated or contra-indicated for this specific set of circumstances.

Implementation issues

Something that became apparent in the course of this study is that EBP cannot be achieved by an organisation alone. There are client risk and context factors that make it difficult for them to engage with services. Services also have to work within the constraints of funding and policy restrictions that can be detrimental to an evidence-based approach.

Mitchell, (2011, p. 208) says implementation can be understood as "the intentional use of strategies to introduce or adapt EBP interventions within real-world settings". Implementation has been described as the gateway between a decision to adopt an intervention and the consistent use of that intervention in an organisation. At an organisational level, despite increasing access to organised research evidence in databases such as the Cochrane Collaboration (Williams *et al*., 2015), there is a gap between the production of empirical literature and practitioners drawing upon such findings (Akin *et al*., 2016; André *et al*., 2016). Increasing awareness of EBP and publishing results of studies alone does not lead to implementation, especially when not closely matched to organisational programmes (Chaffin & Friedrich, 2004; Rhoades *et al*., 2012). Even with intensive training in evidence-based interventions, implementation into practice is poor (Shiner *et al*., 2013; Marques *et al*., 2016). Lau *et al*., (2016) suggest that only a third of existing evidence-informed guidelines are regularly followed and adhered to in practice. Dennis explained the difficultly for agencies adopting EBP and provided a useful third sector perspective:

> And I guess it's because most voluntary sector organisations and youth groups are made up of people like me that are not academics, that don't understand maybe

> some of this stuff, who just want to go out and do what we think is right for the community and that's going to be really difficult to sell that whole prospect of evidence-based practice to us … 1. How are we going to understand it? 2. How we going to implement it? 3. We're always going to be sat there in the end, 'but really, are you sure this is?' So I think there's some merit in it but I don't know how much. (Dennis – Deputy CEO)

There have been attempts to bridge the gap between research and practice through ideas such as Knowledge Translation (KT) (Albrecht *et al*., 2016; Kitson *et al*., 2016) and this has led to numerous implementation models (Aarons *et al*., 2011; Hanson *et al*., 2016). KT describes how knowledge is refined from the setting where it was created to get to a place where it can affect practice in other situations (Tricco *et al*., 2016). Other terms such as knowledge utilisation, translational research, dissemination of research findings and implementation science have been used to describe this process (McKibbon *et al*., 2010). Florin *et al*., (2012) suggest the term research utilisation, suggesting this should be seen as a subset of EBP describing it as a process of taking the findings from research and other sources of knowledge and making this more accessible to practitioners.

Hanson *et al*., (2016) discusses a growing body of literature focused on the challenge of implementing EBP. There are numerous frameworks to guide, for example, one website identifies eighty-seven intervention framework approaches in relation to health research (Centre for Research in Implementation Science and Prevention, 2016). Tabak *et al.,* (2012) say that these frameworks vary is focus and there have been varying attempts to categorise them but most are designed to help organisations, policy makers and researchers to more effectively address implementation issues and select appropriate

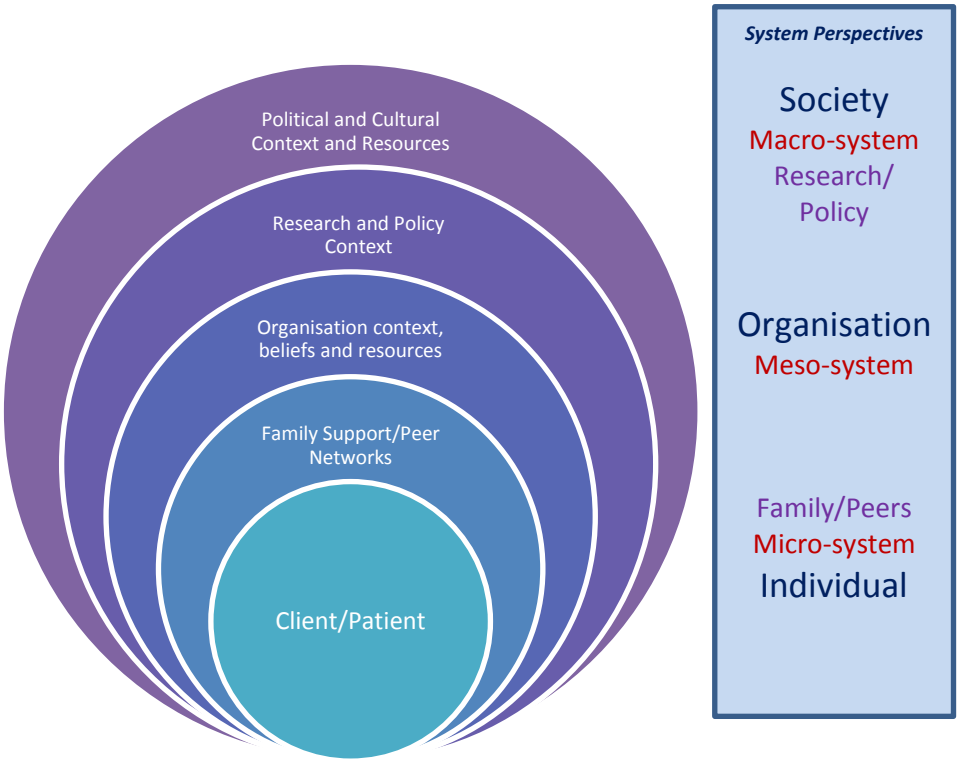
EBP models for differing settings. Implementation frameworks focus specifically on best practice during the stages necessary for embedding evidence-based approaches in practice (Aaron *et al*., 2012; Metz *& Bartley,* 2012) and are important as they have been shown to increase implementation success (Hanson *et al*., 2016).

When looking at implementation literature, differing approaches are taken. Some embrace a classical view of EBP and their model is about implementing ESTs with fidelity, for example, the Active Implementation Framework (AIF) (Metz *et al*., 2015) whilst others focus on a range of implementation issues within an organisation that might include leadership and client preference, e.g. the Practical, Robust Implementation and Sustainability Model (PRISM) (Feldstein & Glasgow, 2008). Some focus purely on the organisation whilst others consider wider policy and cultural issues. Recent research recognises the idea of practice components based on the idea that these programmes require numerous elements to be effective and these need to be identified and employed (Mitchell, 2011). Hanson *et al*., (2016) categorise these approaches, suggesting there are stage-based frameworks for implementing EBP in organisations and component-based frameworks that consider the bigger picture. As we have stated, EBP is not dependent purely on the organisation so this wider view of EBP is important.

Some component-based frameworks adopt an ecological model such as the Trans-disciplinary Model (Satterfield *et al*., 2009; Schalock *et al*., 2011). Such models go beyond the work of individual disciplines. For example, they do not simply look at interventions for working with vulnerable young homeless people as they recognise that effective EBP is about more than what a service delivers. Such models consider wider ecological factors from client preference to Government policy, funding and wider cultural beliefs. As noted

at SPP, if an intervention is delivered with no 'move on' options into suitable accommodation for a young person, then an environment is created where a client may deteriorate. Therefore, EBP can only happen in a suitable wider strategic framework that takes into account such problems and considers the issues beyond an individual intervention programme.

Fig 9.1 Ecological Model of EBP



Ecological models operate from a systems perspective. Schalock *et al*., (2011), suggest three systems: individual, organisational and societal. Others call these the micro-system, meso-system and macro-system (Doherty *et al*., 2003).

At the individual level, the focus is on individual outcomes for a client. This includes personal support and tailored interventions from the organisation but also takes into

account the beliefs, values and choices of the client. In this study, the influence of peers and family has been discussed, so it is important to remember how this impacts on the individual receiving an intervention and hence is included in this model. These together are often known as the micro-system.

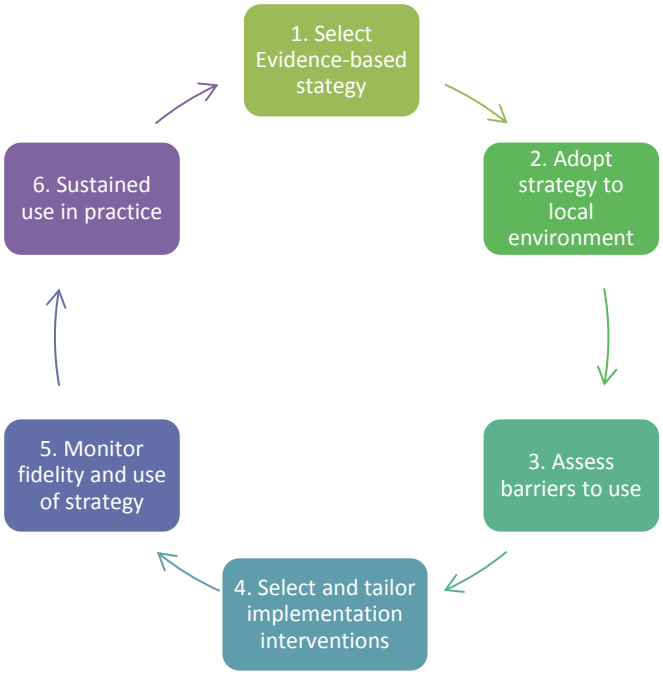
Beyond the individual is the organisation delivering interventions. At this level, EBP will be influenced by the range of interventions the service can offer, the competency of staff to build relationships and deliver targeted support effectively, the beliefs and values of the organisation itself and the resources available to the organisation that will affect its implementation strategy. This is sometimes known as the meso-sytem.

At a macro-system level, organisations are directed by policies and these policy priorities are influenced at a political, cultural and societal level. Shogren & Turnbull (2010) show that multiple factors impact on public policy and its implementation. Ideology of political groups and societal attitudes will influence priorities and approaches to policy and research. Bouffard & Reid (2012) argue that any understanding of EBP is not possible until we understand the power and influence within and over organisations. Such influences determine what counts a legitimate knowledge, what is funded and on what basis policy is formed. Foucault (2007) warns that Governments and other institutions at the marco-system level can determine what is studied and how research is conducted, and thus legitimise their own view of EBP. Bouffard & Reid (2012) say this is why ontological and epistemological assumptions must be discussed and challenged in reaching an understanding regarding EBP.

The ecological model draws attention to wider components that are required for effective EBP beyond the core components at a meso-system level, such as those identified

through the PW of SPP staff in this study. Without a broad understanding of how a government can affect organisational ability to deliver EBP and without understanding how a client may have life and context factors that stop them engaging, then we cannot fully appreciate the factors that affect EBP. The wider context in which EBP takes place explains why sometimes programmes are ineffective or cause harm even when an organisation delivers interventions with skill and care. The goal of this study was to identify EBP in a third sector setting rather than to discuss implementation issues. However, if we were to think about how to implement the PW of SPP staff in other settings then designing a programme based on the Iterative Cycle of Implementation model may be a helpful starting point (Stevans *et al*., 2015).

Fig 9.2 Iterative Cycle of Implementation



The core components identified in this study would be considered in stage one of the model. It is at this stage that a strategy based on PW, such as the approach of SPP of

building effective working relationships in a disciplined setting that encourages motivation towards aspiration and goals in an environment that provides support and opportunities (see chapters 4 to 7) could be adopted. Stage two of the model recognises the significance of engaging the workforce at a cultural level before engaging in delivery. Making cultural and contextual adaptations based on the clients and the local context may be important (see chapter 3). At stage three, the life context and personal risk factors that impact upon the client, along with policy/funding issues should be considered as these are potential barriers to success and require practitioners to consider any risk to the client (see chapter 8). At stage four, adopting specific intervention approaches such as motivational interviewing would be considered (see chapter 6). Stage five reveals the importance of studies like this one as when implementing the PW of others, the active ingredients of an effective programme need to be established and supported by an underpinning theory that explains why such PW seems to work. In this way, theoretical fidelity can be assured (see chapter 3). Stage six allows for sustained provision of a programme and a time to monitor and adjust as necessary. Client progress has often been evaluated by client feedback to questionnaires or practitioner impressions at the end of an intervention rather than through more rigorous systematic observation using validated tools (Kazdin, 2008). There is a growing call for research-integrated practice where building evaluation capacity into organisations is considered as important as the research conducted in academic settings (Preskill, 2014; Walker *et al*, 2015; Hanson *et al*., 2016). Greenhalgh *et al*., (2004a) argue that those providing programmes are insufficiently engaged in meaningful monitoring of outcomes beyond reporting with this activity often outsourced. A classical view of EBP based on RCTs has been criticised for not looking at real-world situations so improving the ability of organisations to conduct

quality research that increases knowledge and understanding is important although according to Boyd *et al*., (2013), it is often absent from EBP implementation models. Systematic evaluation is pivotal to improving research and practice. It allows deeper understanding of individual cases; it allows the monitoring of intervention effects and adjustments made, depending on the progress of a client; it helps inform practitioner judgement, improving knowledge of what works and why and thus provides the information needed for pattern recognition in intuitive decision-making (Kazdin, 2008).

Summary

In this chapter, we have identified strategies from the PW of staff at SPP that result in what was considered an effective approach that protects from harm whilst encouraging positive outcomes. In this way it is presented as an example of EBP. Providing structure and routine reduces problems that might be caused through peer contagion and deviance. Programmes also benefit by adopting evidence-based approaches that motivate and inspire. These need to be delivered by skilled workers who build effective working alliances. Resources are needed to do this effectively and this poses a challenge to policy makers and commissioners. With this responsibility acknowledged, it is recognised that implementing EBP requires engagement at multiple levels and this can be explained using an ecological model. Throughout this study, I have sought to identify the core elements of effective practice from the PW of staff at SPP but these are implemented within a wider context that influences whether an organisation, despite its best efforts to be evidence-based, is effective or not. In the final chapter I will summarise the lessons learned from this research, identifying what is believed to be the active ingredients of effective practice based on the experience of SPP.

Chapter 10 – Conclusion

In this chapter, a summary will be provided of the key themes and findings identified in a qualitative study conducted with a third sector charity called SPP with significant experience working in the sector. This organisation had worked with vulnerable young people and in particular homeless young people for over 20 years. The study sought to identify the Practice Wisdom (PW) that had emerged within the organisation. This PW offers a contribution to EBP literature by suggesting what the active components are of an effective programme. Besides the need to adapt to culture and context, the findings suggested the importance of a strong working alliance based on empathy and support within a structured framework that established routine, boundaries and discipline and sought to motivate clients towards new goals and aspirations.

The PW from organisations like SPP provide a different kind of knowledge than that generated by ESTs. This knowledge provides a legitimate contribution to an evidence-base for practice (van Baalen & Boon, 2015). "Knowing-in-action" and "reflecting-in practice" are important approaches for discovering new knowledge of what works and why (Samson, 2015, p. 123). This kind of understanding allows for greater external validity (Murtagh *et al.,* 2007), encouraging organisations to adapt to local conditions where EBP is conducted in real life conditions (August *et al*., 2010; Archibald, 2015). External validity is argued to be more important than the internal validity established in controlled conditions, as EBP has to work for ordinary people in the real world of normal practice (Kerner *et al*., 2005). PW contributes to a fuller understanding of effective programmes

and is consistent with the integrative view of EBP (Mitchell, 2011) that is encouraged by various educational, health and care organisations (Institute of Medicine, 2001; APA Presidential Task Force on Evidence-Based Practice, 2006; Department for Education, 2012a; International Council of Nurses, 2012) .

This study has outlined the core components that SPP believed made their programmes successful and in doing so, helped them minimise harm to clients. In exploring these ideas, consideration has been given to the academic literature and theories regarding such concepts. Understanding the theoretical underpinnings that make a programme successful is essential in establishing EBP and this approach encourages the consideration of theoretical fidelity in implementation (Mitchell, 2011; Doyle & Hungerford, 2014; Haynes *et al.,* 2016). Practitioners do not always understand the theory that underpins what they have come to experience as effective practice. It is a recommendation of this study that organisations like SPP should address this in order to ensure greater consistency in practice and as a means of ensuring the validity of PW. Validity is needed for PW to have value and contribute to EBP as a meaningful type of knowledge in research literature (August *et al*., 2010).

The core PW components identified at SPP are summarised below along with the theories that underpin these ideas and recommendations that may improve such practice and result in better outcomes.

Lessons from Practice Wisdom

The findings of this research indicate that the five core components of effective practice for SPP are as follows:

i. The ability to adapt practice to meet specific individual client needs with reference to their background and subsequent vulnerabilities.

The PW of SPP staff revealed that over time, clients change in their response to the same programme. SPP practitioners argued that you cannot deliver programmes in the same way that you did in the past because changing culture means changing clients that require different approaches. Research suggests that adaptation of evidence-based programmes because of culture and context does carry fidelity risks and may compromise effectiveness if not done with care and understanding (Haynes *et al*., 2016; Perez, 2016). However, a lack of context and cultural sensitivity may see ESTs that worked in a laboratory, fail in the complexity of real world situations (Lau, 2006; von Thiele *et al*., 2015). Theoretical fidelity is a means to try ensure that programmes continue to be effective when adapted to different contexts (Haynes *et al*., 2016). It is recognised that young people with the backgrounds encountered by SPP are more likely to withdraw early from treatment programmes (Huey & Polo, 2008). Therefore, more flexibility is needed where a client has experienced a lot of chaos and conflict (Godley *et al*., 2011). Theory-based analysis (Moos, 2007) encourages the discovery of core components in evidence-based programmes that allow for adaptation of approaches without discarding the essential ingredients that make an intervention effective. Theoretical fidelity calls for practitioners to understand these active components and ensure their delivery in order to

remain evidence-based when adaptations are made. Programme theory, as discussed in chapter 3, seeks to establish a causal model of core elements that will affect expected outcomes (Masterson-Algar *et al*., 2014). Programme theory also considers the wider actions and approaches that allow an intervention to be effective, for example, SPP staff recognised that good client relationships (the component) resulted in pro-social bonding and commitment to the programme (the desired outcome) and this is consistent with wider research (August *et al*., 2010).

In reviewing literature and theory in this core component area, SPP may want to consider developing a greater understanding of these causal mechanisms. It is recommended that organisations like SPP actively document reflective practice to improve their own understanding of PW. This study is an attempt to capture and document their culture and mechanisms. Partnerships between researchers and practitioners are important for developing valid PW knowledge. Training in the under-pinning theories and associated delivery methods is required to ensure validity and consistency in such approaches and to ensure theoretical fidelity (Lochman, 2001; August *et al*., 2010). This is a move away from training practitioners to deliver numerous ESTs and instead focuses on essential practice elements commonly used with vulnerable client populations (Chorpita *et al*., 2007). This allows for flexibility and adaptation to programmes on a client-by-client basis whilst maintaining the integrity of a programme.

For practitioners to improve their skills they need to reflect on the limitations in their knowledge and understanding (Thompson & West 2013; Chu & Tsui, 2016). Intuitive work is based on a good knowledge framework that comes from experience and

education. For PW to develop, the production of new knowledge is important and reflective judgement must be applied to ensure theoretical fidelity. This should include collaborating with the ideas and values of clients as well as consideration of the theoretical and empirical knowledge generated regarding interventions (Samson, 2015). One way of encouraging this, and to improve multi-agency EBP, is to form learning networks designed to share peer learning and develop knowledge from other professionals and academics (Carson *et al*., 2011).

Further research is required as Programme Theory is a developing field and establishing the core components and essential elements of programmes without reducing effectiveness is a challenge (Perez, 2011; Breitenstein *et al*., 2012). Component analysis is needed to discover the active elements (Carroll *et al*., 2007) and these need to be expressed as principles and functions rather than techniques in order to make ideas more accessible to organisations (Haynes *et al*., 2016). Understanding these core components gives freedom to tailor the discretionary elements of programmes making them more appropriate for the context and culture in which they are delivered (Hawe *et al*., 2009). This allows for active changes that ensure the continued relevance of programmes without destroying the very elements that make them work and thus should allay the concerns of organisations like SPP about EBP by allowing some cultural and contextual changes over time whilst being accountable to the active ingredients of an effective programme. Evaluation research that ensures continued fidelity in adapted programmes is needed. Multiple case studies delivering identified core components would help

establish the extent to which these active ingredients are generalisable across different services working with vulnerable young people (Haynes *et al*., 2016).

ii. To establish working alliances with clients through the development of warm and supportive relationships.

Programme theory encourages us to look beyond specific interventions to identify the active ingredients that make a programme effective (Masterson-Algar *et al*., 2014). Staff influence through the building of effective working alliances seemed to be one of these core components at SSP. Practitioners recognised that many clients had come from dysfunctional backgrounds and difficult family situations that required sensitivity to young people's needs. The idea of responsiveness from Baumrind's parenting model (Baumrind *et al*., 2010) seems to describe the positive emotional tone and supportive relationship needed to build motivation and increase helpful behaviours in clients towards positive outcomes (Flaskerud, 2011; Gunnoe 2013). Some have suggested the quality of the staff/client relationship may be more important than specific treatment approaches or theoretical orientations with the effect size of the therapeutic relationship accounting for 20-30% of client improvement (Diamond *et al*., 2006; Hogue *et al*., 2006; Ilgen *et al*., 2006; Campbell and Simmonds, 2011). SPP clients and staff both recognised that a good working alliance was essential in work towards agreed goals. However, building such alliances with vulnerable young adolescents is often challenging and research shows they are difficult to engage in programmes of care (Waldron *et al*., 2007; Karver *et al*., 2010).

Theoretically, Bordin (1979) explains the value of the relationships in the pan-theoretical concept of the therapeutic alliance (Hanley 2012). This suggests the need for a bond that creates a trusting positive attachment and confidence in a worker (Campbell & Simonds, 2011). It also requires collaboration on tasks that are about a mutual engagement in planning care (Karver & Caproino, 2010). Finally, it focuses on agreed goals that become the outcomes to which, the client and staff member will work (Campbell & Simonds, 2011). This model seemed to be embodied in the PW of SPP staff who believed that effective engagement was achieved through active listening, building trust, empathy and care, practical and social support, and through coercing, persuasion and motivation. Listening builds rapport and allows important information to be gained (Fassaert *et al*., 2007; Bryant, 2009). This in turn, cultivates trust that is specifically associated with positive outcomes in programmes (Griffith, 2016). A worker builds trust through their credibility which is established by their skills, knowledge, empathy and care (Lewicki *et al*., 2006; Griffith 2016). Empathy has been suggested as the most important factor for effective interventions with adolescents (Roaten, 2011). Rogers, (2007) was one of the first people to recognise the value of empathy in the working alliance and it has been shown to increase participation whist reducing challenging behaviours (Karver & Caproino, 2010). Practical and social support is also a predictor of a strong working alliance (Urbanowski *et al*., 2012) and accounts for variance in outcomes in therapeutic settings (Leibert *et al*., 2011). Therefore attending to practical needs as well as emotions seemed to be an active ingredient in building a good working alliance. Practical support should help develop the clients practical skills, which in turn builds their confidence to

face life's challenges (Adler-Constantinescu *et al*., 2013). With these components in place, working towards goals is essential and part of the working alliance involves the worker seeking to influence client behaviour into agreed tasks (Berry & Greenwood, 2015).

In reviewing literature and theory in this core component area, SPP may want to consider being careful in ensuring professional boundaries so that unhealthy attachments are not formed. Framing the relationship in terms of personal limits of disclosure, expectations, purpose and an end-point to engagement is needed (O'Leary *et al*., 2013). The culture of SPP is to go the extra mile but there are dangers of moving beyond professional limits that can do more harm than good (Knight, 2015). It can lead to emotional and dependency needs upon the worker, which is not helpful when the goal is towards independent living (Reamer, 2003).

Further research is required regarding the working alliance. Research has tended to focus on relationships in specific domains, for example, substance misuse treatment and mental health (Hogue *et al*., 2006; Urbanoski *et al*., 2012) and upon on adult populations (Hanley, 2012). Research has also tended to be quantitative in nature acknowledging the importance of a good working alliance but with little explanation as to how to build this (Campbell and Simmonds, 2011). Therefore, studies with young people in general supportive settings are needed to explore how effective alliances are built and to establish the specific elements of the alliance that lead to positive outcomes. In this way, we can define more effectively what is meant by an evidence-based working alliance (Shirk *et al*., 2003). We have identified in the PW of staff at SPP what they believe are the

active ingredients for building an effective relationship but it would be useful to test this in other environments to establish if there are common active ingredients.

iii. To ensure that there is a disciplined and structured routine with rules and consequences that get clients doing something productive with their days.

Baumrind *et al*., (2010) suggest that in the parenting relationship responsiveness alongside demandingness is needed for the best outcomes. Demandingness is about the monitoring and control that adds predictability and structure needed for shaping pro-social behaviour (Gunnoe, 2013; Alvarez-Garcia *et al*., 2016). Although SPP staff are not in a parenting relationship with these young people, experience has taught them that making up for parental deficits is important. It seemed that a model for parenting that encouraged high responsiveness and demandingness was applicable when working with vulnerable young people with such deficits. Wider research shows that it is the balance between high responsiveness and high demandingness that is needed for positive developmental outcomes (Wolfe & McIsaac, 2011; Kim *et al*., 2015).

The PW of SPP staff focused on the need to establish boundaries and discipline to control rule-breaking behaviour that during adolescence is influenced by environment and peers (Allen *et al*., 2005; Sussman *et al*., 2007). Consistently enforced rules and consequences that have been carefully explained protect against the effects of peer contagion (Handwerk *et al.*, 2000). In the experience of SPP, this provided the environment most suitable for their clients to move forwards towards their goals.

Differential Association Theory (Norman & Ford, 2015) explains that what a client may consider as normative behaviour could be considered as anti-social in most settings. Social learning processes explain the difference in perspective. This is where a young person has observed the behaviours and beliefs of family and peers and considers them normal (Holland, 2015). This provides a challenge to organisations like SPP in establishing new pro-social norms.

SPP believed that they provided a suitable environment in which young people could test boundaries as staff would take into account the individual backgrounds and social norms meaning that responses were appropriate, proportional and supportive in nature. Workers tried to understand the internal states of each client when responding to behaviour whilst encouraging pro-social actions. It is recognised in wider research and in the PW of SPP that discipline is about teaching young people appropriate behaviours (Webb *et al*., 2007) whilst providing encouragement and reinforcement for desired behaviours. This is an idea supported by Operant Conditioning theory (Gray, 2015). Similarly, the Positive Discipline Model (Carroll & Hamilton, 2016) suggests that the consequences of rule breaking should be designed to support development and self-discipline. Consistency is important (Flaskerud, 2011) or else problematic behaviours are likely to continue. Providing a structured daily routine makes this possible by bringing predictability and is associated with lower behavioural problems and improved self-esteem (Malatras *et al*., 2016). Routine activity theory suggests that routine needs to be structured and supervised (Svensson & Oberwitter, 2010). Asserting power and creating

routine helps young people to develop the self-regulation required for progress towards independent living (Gunnoe, 2013).

SPP staff recognised that a structured and disciplined approach had two observable benefits. Firstly, it decreased anti-social and problematic behaviours by providing young people something positive to do with their days. This makes sense as boredom associated with being NEET is linked to a wide range of anti-social behaviours (Biolcati *et al*., 2016; Hendricks *et al*., 2016). Secondly, it prepared and socialised young people for independent living by encouraging them to think about the future and the consequences of anti-social behaviour as a hindrance to achieving future goals. Self-control theory (Gottfredson & Hirshchi, 1990) demonstrates that routine and discipline helps clients to build the self-control needed to put off immediate gratification in order to realise long-term goals for greater success. Routine promotes socialisation for these young people, teaching them the norms and expectations to function effectively in an adult society (Stables, 2004; Kochanska & Askan, 2006).

Further research is needed around the Positive Discipline Model (Carroll & Hamilton, 2016) which does not advocate extrinsic rewards and punishments. In its approach to positive discipline, it encourages methods that look to internalise rather than externalise behaviours with the belief that rewards and punishments only achieve the later. SPP experience demonstrated that without consequences, boundaries are ignored by vulnerable young people and problematic behaviours increase. This is an idea supported by advocates of behaviourism (Gray, 2015). Although as a model, Positive Discipline encourages communication and information as to what is considered appropriate

behaviour, something embraced by SPP, the no punishment approach seemed to fail at SPP. Before we can reject this model, it should be tested to see if there are circumstances in where this approach might be helpful, for instance young people who have been brought up in relatively pro-social environments.

iv. Support clients in their readiness to change with a focus on motivational strategies.

A consistent predictor of a strong working alliance that leads to clients achieving their goals is motivation (Wolfe *et al*., 2013; Alfonsson, 2016). Practitioners at SPP recognised that because of certain life and context factors that clients often presented with little motivation and were not ready to engage in any kind of behavioural change. A failure to engage clients is not always down to organisational issues and poor intervention programmes. Factors affecting the beliefs of the young person can make them resistant to change (Kim *et al*, 2012). Motivation is often low in vulnerable young people entering programmes of care (Hillen *et al*., 2015; Brauers *et al*., 2016) so a reluctance to change and engage in programmes should not be a surprise.

This finding is supported by ideas contained in the Transtheoretical model (TTM) (Davies *et al*., 2015) that states people will be in different stages regarding readiness to change. For some young-people pre-contemplation where someone is not even considering change should be expected (Norcross *et al*., 2011). However, the TTM also states that workers are not helpless and there are strategies that can be employed which may help build motivation in clients (Miller & Rollnick, 2002; da Silva *et al*., 2015). When the approach of SPP workers is considered, strategies that resemble the tools and

interventions encouraged by the TTM can be observed. This is encouraging as there is a significant body of research in support of such approaches (Prochaska *et al*., 2004; Hall *et al*., 2014 Dawson *et al*., 2015; Brauers *et al*., 2016).

SPP experience and wider literature recognise that self-efficacy is needed for change and is one of the reasons that some clients do not seem ready as they lack the belief that they have the resources to be successful (Sherman *et al*., 2016). Other clients may not perceive that they have any problems and so see is no need to change, something common among adolescents (Nightingale & Fischhoff, 2001). Clients may also choose not to change even when aware of difficulties they face because they prefer their current lifestyle. TTM strategies exist to address these client reasons for not changing. Strategies include dramatic relief where clients are prompted to recognise how their problems affect those around them at an emotional level (Thurl *et al*., 2015). Consciousness raising is another strategy that focuses on increasing awareness about the impact of problems through information and education. Re-evaluation strategies are employed where healthy behaviours are presented as an important part of who a person wants to be and realising how unhealthy behaviours impact on others (Di Noia *et al*., 2008, 2012). Decisional balance is also encouraged which is a motivational tool that focuses on the pros and cons of current behaviour (Kriegel *et al*., 2017). A skilled worker is able to de-emphasise the pros whilst drawing attention to the cons.

Although most SPP staff would have been unlikely to articulate that they used TTM strategies, experience had taught them to embrace such approaches. SPP understood that self-belief, expectations and skills needed to be managed to increase self-efficacy.

SPP recognised that the use of support and development plans in one-to-one settings could allow client beliefs to be challenged by thinking about the goals they wanted to achieve and the obstacles they would need to overcome to do this. In this way, SPP explored the pros and cons of behaviour with their clients. They recognised, as with concept of the stages of change found in the Transtheoretical Model, that it may take a client several attempts before change is established and that it is normal for clients to leave and then come back before success. SPP emphasised the need for motivation and focused clients attention on future goals and aspirations. They drew attention to what these young people might be capable of through highlighting personal strengths and building self-belief.

However, in reviewing literature and theory in this core component area, SPP may want to consider developing a better theoretical understanding of the TTM and engaging in some training around evidence-based approaches such as Motivational Interviewing. At times, some workers seemed accepting that clients did not want to change and lacked the tools discussed in the TTM to address this. This seemed to be an example of practice where implementation fidelity to an EST would have been useful. For example, asking about pros and cons of behaviour can simply reinforce the existing behaviour especially when giving equal attention to the both (Miller & Rose, 2015). Motivational Interviewing as a technique would teach practitioners how to use decisional balance to de-emphasise reasons to maintain the current behaviour (Krigel *et al*., 2017) and thus move clients through the stages of change more quickly whilst reducing harmful behaviours. For an approach that could be taught in a two to four day course, this would seem like a useful

investment and would improve the technique that SPP had discovered in part through their practice experience.

v. To increase the aspirations and expectations of clients by setting goals that helps them to realise their full potential.

Another core component of effective practice revealed in the PW experience of SPP was the need to build aspiration in clients. It was recognised that young people needed to raise their expectations, set new goals and realise they were capable of more than perhaps they had considered up until now. SPP was driven by a value of trying to help clients reach their full potential.

Aspirations are the desires and aims of a person (Rothon *et al*., 2011). Expectations are what they think might happen (Ashby & Schoon, 2010). The status attainment model suggests that by lifting educational aspirations then both educational and vocational achievement are likely to improve (Rothon *et al*., 2011). Research supports the idea that higher aspirations result in better educational and vocational outcomes and expectations (Creed *et al*., 2011; Gutman & Schoon, 2012; Stoddard *et al*., 2015). Aspiration increases hopefulness about the future whilst protecting against negative outcomes (Gerard & Booth, 2015).

However, aspiration was often low in SPP clients. The life-span model of motivation suggests that those who have experienced negative experiences tend to adjust their hopes to a lower level. A difficult family background and a poorer mental state is also likely to reduce aspiration (Salmela-Aro *et al*., 2007; Rothon *et al*., 2011; Ashby & Schoon,

2012). Social Cognitive Career Theory considers how these social and personal influences drive career related actions noting the importance of building self-efficacy, raising expectations and setting career goals for positive outcomes (Brown *et al*., 2011; Creed *et al*., 2011). Developing these personal and social dimensions is important when raising aspiration (Strand & Winston, 2008).

SPP engaged in a number of strategies to address personal and social deficits. It offered social support where staff showed a young person was valued, tried to build self-esteem and provided clients with practical care and information towards future goals, an approach supported in wider research (Wall *et al*., 1999; Chul-Ho & Ik-Ki, 2016). SPP staff suggested that you needed to change the psychological state of the young person, instilling a new belief and a feeling of empowerment. Then you needed to provide knowledge, options and opportunities through which this new belief and higher aspirations could be realised. Self-Concept Theory supports this approach arguing that aspiration is built as a young person's own self-image and knowledge about occupational possibilities increases (Gottfredson, 1981; Cochran *et al*., 2011; Volodina & Nagy, 2016). This was achieved at SPP by pro-social role modelling and one-to-one support that focused on strengths whilst drawing attention to the capabilities of a young person. Work was conducted with constant encouragement and praise and delivered through specific educational and training programmes. Through providing opportunities to engage in voluntary work and the knowledge and support to engage in such activities, a young person could be helped in working towards their occupational goals.

However, this must be carried out in a realistic way. It was observed that some practitioners were telling young people they could do anything and this is potentially dangerous. If aspirations and expectations are raised to a level that cannot be achieved then disappointment and distress may be caused later in life (Creed *et al*., 2011). Developing a realistic self-concept is important psychologically and ensures that the client does not engage in fantasy about the future (Rothon *et al*., 2011). High educational aspirations may not be appropriate for some due to the cognitive skills they possess (Madarasova Geckova *et al.*, 2010). So raising aspiration is important but this must be done alongside realistic expectations or else there is an increased risk of problematic behaviours when hopes are not realised (Bravo *et al*., 2016). Using tools like the Mapping Vocational Challenges approach may be a useful way to raise hope, expectations and aspirations but in a way that is realistic and attainable (Gottfredson & Lapan, 1997).

An Ecological Approach to EBP

These five-core components from the PW of SPP offer new knowledge that could be considered and implemented in other organisations. The findings contribute to EBP at a meso-system level. However, the role of Government and policy is also essential. Without the correct approach at a macro-system level that includes proper resourcing and evidence-based policy, then organisations like SPP may struggle to engage fully in EBP (Lipsky, 2010). As revealed in this study, some vulnerable young people will inevitably come to harm, if there are no options available to them. EBP is only truly possible when policy makers understand the issues and provide the resources needed to address them. SROI demonstrates that investment in evidence-based early intervention and prevention

is cost effective over the life course (New Economics Foundation, 2012; Nicholls, 2016). The Public Services (Social Value) Act 2012 which requires public service contracts take into account the wider value of a projects over an entire lifetime is a helpful step in the right direction but needs to be more fully embraced by commissioners (Watson *et al*., 2016).

Even with effective programmes that are properly resourced there will be challenges at the micro-system level with clients who struggle to engage because of personal and context factors (Moos, 2012). An organisation needs to be aware of these issues and prepared to use evidence-based tools like motivational interviewing and supportive care to address such vulnerabilities (Krigel *et al.,* 2017). Such tools need to be used in programmes that make adjustments and allowances for people from vulnerable backgrounds based on their culture and context (Perez, 2016). This is because these vulnerable young people are notoriously difficult to engage with and are sometimes not receptive to services trying to help them and so the perceived relevance of a programme is important (Brauers *et al*., 2016).

These micro-system factors should also be taken account of at the macro-system level. Although value for money is important in commissioning services, care must be given not to have a commissioning model that encourages services to cherry pick the easiest clients for good outcomes (Cortis, 2012). Nor should there be a model that encourages certain approaches like group therapy because it is less expensive than individual therapy if it may increase the likelihood of iatrogenic effects in high-risk adolescents (Kaminer, 2005; Wiggins *et al*., 2009). Careful risk assessment of the circumstances for each client should

be carried out to try and ensure that practitioners do not cause harm through interventions as this would be unethical, immoral and ultimately cost society more (Matthews and Crawford, 2011). A contradiction appears to exist between the idea of a client-centred approach and market driven policy environments that seek evidence-based interventions that work most commonly for most people but by no means all people (McCormack at al., 2002). An evidence-based approach that seeks to work only for the average client will inevitably fail some individuals.

It may be the most vulnerable for whom such approaches do not work for and this seemed to be the case in the alternative education provision considered in this study. There has to be an expectation that even with excellent services, positive outcomes are harder to achieve with such clients. Basing targets, as Ofsted do, on achieving certain grades in alternative provision is an easy measurement but perhaps unrealistic for the most vulnerable. The idea that alternative providers should offer academic attainment on par with mainstream schools with appropriate accreditation and qualifications (Department for Education, 2013, p. 10) seems a little unrealistic when it is understood who these young people are. It would be better if those who operated at the macro-system level worked with those in the meso-system to truly understand what good progress looks like for certain individuals because of the impact on them from their micro-system to this point. EBP research into alternative education provision suggests providing a nurturing environment that develops self-esteem is effective. This results in young people growing in confidence educationally through teachers developing individualised approaches from assessing needs to learning plans that consider the

interests and abilities of each young person and not through the delivery of a prescribed curriculum towards prescribed targets (Mills & McGregor, 2016; Wilson *et al.,* 2011).

This is why EBP must be viewed at an ecological level. Although implementation challenges have not been the focus of this study, implementation is an issue that needs to be considered at each system level. Otherwise, the lessons learned in studies like this are of reduced value because approaches based on PW knowledge need to be properly resourced and supported as with any evidence-based programme.

Strengths and limitations of the research process

This study was conducted in a single organisational setting, using a small sample of staff. While the qualitative nature of this study could provide rich data, and is a legitimate means of exploring the PW of an organisation, the small sample size could be criticised by some as a limitation. Critics of qualitative research point out that due to the small-scale of this single case study, that findings are not generalisable (Grix, 2001). Gomm *et al*., (2000) argue that generalisability is too restrictive a concept for social science research. In such settings we are interested in the individual, in difference, in why a client in a programme does poorly whilst another does well as observed in this study. Erickson (1986) argues that since the general lies in the particular. What we learn in a particular case can be transferred to similar situations as it is the reader, not the researcher, who determines what can apply to his or her context. Hammersley (1992) acknowledges those who say when there is a single entity, partial account or snapshot provided that generalisability is a problem but points out that this does not mean general themes can not emerge or be applied in other similar situations. A study like this that seeks to apply a critical view of

findings to establish theoretical fidelity around core components offers pointers of good practice as it suggests an approach that works built on significant experience. As a consequence, it might be best in social sciences to think of generalisability more in psychological rather than mathematical terms where we frame findings as principles and ideas. Social phenomena are complex and too complex to provide definitive answers, approaches or models (Gomm, *et al*., 2000).

Although sample size is not a key dimension in qualitative studies, more research would improve generalisability if similar and differing organisations working with vulnerable young people reported similar findings (Ashby & Schoon, 2012). The aim of a qualitative study should be to, "emerge with feelings, ideas, described experiences, opinions, views, attitudes and perspectives that have a breadth and depth to them" that build a picture of practice (Davies, 2007, p. 152) and in this sense, this study achieved its purpose and provides a useful, unique and original contribution to research. Reliability is argued to be a problem when using semi-structured interviews and focus groups (Gray, 2009). In quantitative research, reliability refers to exact replicability of the processes and the results. In qualitative research with diverse paradigms, such a definition of reliability is challenging and epistemologically counter-intuitive (Leung, 2015). Reliability for qualitative research lies more with consistency of approach. Inconsistency has been minimised in this study by the fact that only one interviewer conducted the research and that the same broad themes were explored in every interview and consistently across the focus groups.

Another limitation of this study is that although it identifies PW drawing upon the experience of many years of this organisation, it does not offer any measure as to whether these approaches are actually successful as claimed. The absence of any systematic assessment presents an obstacle to any claims that this is valid evidence (Kazdin, 2008). To counteract this, other academic literature was considered to identify the theoretical ideas on which these PW claims stand but this is not an evaluative study and further research would be needed to assess the merits of such PW and to establish if the positive outcomes occurred in the way SPP reflected and because of their work.

Wider Research

Further research with regard to the core components of SSP practice was considered earlier. Here, wider research issues regarding EBP are discussed. Archibald (2015) calls for a more pluralistic methodological approach to research of EBP. Those involved day-to-day practice need to be part of this process. Research needs to understand *why* something works, not just *what* works. This will allow for a greater understanding of the kind of social interactions and cultural influences that may lead to a difference in outcomes. This requires more integration of quantitative and qualitative research programmes. Campbell (1984, p.19) encourages us to move beyond the highly controlled environments that have informed ESTs and to support, "a heterogeneity of programs, each evaluating themselves until they feel they have a package worth others borrowing, and support those who borrow to cross-validate efficacy." This will require a different approach to research with academics moving beyond the laboratory and out to work alongside practitioners to ensure robust evaluation and understanding. PW has much to offer in establishing

evidence for what works in real-world environments but the skills and resources of researchers are needed to capture this new knowledge effectively and to establish theoretical fidelity (Haynes *et al*., 2016). Collaboration between those who identify themselves as researchers and those who identify themselves as practitioners should help to bridge the implementation gap (Kazdin, 2008).

This collaborative approach will allow core elements of effective practice to be discovered allowing for adaptation without reducing effectiveness in different programmes. It is a developing research area of increasing interest (Breitenstein *et al*., 2012; Perez, 2011). Component analysis conducted by the designers of interventions may help identify these essential elements (Carroll *et al*., 2007). Collaborative research also allows working theories to be tested in practice contexts, taking us beyond tightly defined interventions to broader programme approaches (Haynes *et al.,* 2016). On this basis, research into evidence-based programmes should seek to categorise core components into core content of programmes such as the knowledge and skills needed; core pedagogical components regarding the theories of change that make a programme effective; and core implementation components such as the resources needed to deliver a programme effective (Doyle & Hungerford, 2014). When describing intervention programmes, it is important that genuine core components are identified alongside components that can be adapted if organisations are to understand the essential ingredients of practice that must be maintained to keep practice evidence-based (Hasson, 2010). Without this, robust evaluation is not possible. Fidelity monitoring is important, although understanding how

to ensure this is a challenge and more research to develop suitable models is required (Haynes *et al.,* 2016).

Further research is also required in specific contexts like young homelessness. Despite the wealth of research on EBP with regard to health and mental health related issues, very little literature can be found on homelessness. An EBSCO Discovery Service search in December 2016 identified only nineteen papers with the keywords 'evidence-based' and 'homeless' or 'homelessness' in the title and not one of these was conducted in a UK context. This research may be one of the first UK based studies to consider the issue of EBP in services working with the homeless. Yin (1984, p.21) asks, "How can you generalise from a single case?", and this is a legitimate criticism. For findings to be considered generalisable, then replication will be needed in other UK based homeless services working with similar groups of young people to establish the validity for findings in this study.

One final area for further research is to do with iatrogenic effects. Rhule (2005, p.621) states that, "a meaningful discussion on iatrogenic effects must consider...sources of variation". In terms of future research, it would be useful to examine the processes in-group sessions that may encourage iatrogenic effects (Weiss *et al.*, 2005b). Are there particular aspects that might exacerbate problems that could be considered as part of a risk assessment process? Tracking peer influences both inside and outside of programmes may also be useful to seeing how this influences the effectiveness of programmes. As this study showed, a common negative effect of peer influence was an increase in substance misuse, something that other studies have also recognised (Dishion *et al.*, 1999) so

researchers may want to explore whether peer contagion or other factors are more likely to increase certain problematic behaviours over others. Finally, it was noted in this study that some negative impacts are fairly instant whereas other studies like that of McCord (1978, 2003) suggest a delayed effect. Longitudinal studies are needed to understand the long-term effects of interventions and programmes. This will help us to understand what types of programmes pose most risk, what factors cause deterioration over time whilst also establishing what programmes result in good outcomes long-term and thus can truly be claimed to be evidence-based.

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Appendix A – Participant Biographical Information

Nathan Jenkins (Support Co-ordinator, Hadley House)

Nathan is one of the youngest staff members who felt he always wanted to work with troubled young people. Between the ages of 14 and 17 he helped run an under 12 football team and this gave him a taste of such work. However he initially ended up as in painting and decorating which he did not enjoy and says he wasn't in a very good place in his life and had quite a few problems. A chance meeting at a job centre with someone he knew who worked with SPP resulted in him applying for work with the organisation. Initially he did occasion shifts in another supported unit before going full-time at Hadley House about a year ago. He says he is motivated by helping people and that he can relate to these young people from his own difficult experiences. Having had no formal training in this work he points out the importance of his life experience.

Lisa Kemsley (Support Co-ordinator, Hadley House)

Lisa says this was not a career she ever thought of doing. She worked in a music shop for 12 years before being made redundant. A friend of hers, Kiera who is now the Foyer manager suggested she try some sessional shifts and loved it. She describes herself as a people person and says she can't imagine doing anything else now. She has been working at Hadley House for three years and says she would like to becoming more involved in floating support work as the shifts are challenging and she would prefer more usual hours. This work also allows wider contact with adults and families. Lisa also has involvement with a SPP educational project delivering training to 16-18 year olds who had

problems with their education. The aim is to help them with employability and get some NOCN credits on their CVs.

Andrew Truss (Support Co-ordinator, Hadley House)

Andrew obtained a Law degree and worked in lettings and sales before voluntary work with a young people in a church became a career. The context of this work was very different to SPP with many of the young people coming from middle-class affluent backgrounds. He stated he had no experience of the kind of issues that he encounters with the young people at SPP. He knew the volunteer co-ordinator at SPP who suggested he apply for a job and although initially unsuccessful he was offered some paid sessional work which he took up. Eventually this became a full-time role. He finds the work personally fulfilling and hope his Law degree may help him develop future roles in terms of supporting people in need.

Julie Mallon (Support Co-ordinator, Hadley House)

Julie has worked at SPP for under a year having finished a Psychology Degree at the local University. She had some volunteering experience with Rethink and with adults with learning disabilities during this time. She knew of SPP as one of her friends volunteered as an appropriate adult for young people who had been arrested. Having unsuccessfully applied for a job as a mental health advocate Julie was offered sessional work at Hadley House before obtaining a full-time position after about three months. She has always been interested in people and wanted to work in mental health. Although quite nervous at first she now loves working with these young people and decided she wants to work with offenders now rather than mental health because of the experience.

Lesley Spragg (Support Co-ordinator, Hadley House)

Lesley aspired to this kind of work because of her own personal background of being is supported housing. She was a deputy manager at a wildlife centre for a while before finding sessional work with SPP. Her experience has revealed the value and need for supported housing and believes it gives her a particular empathy with the clients. Like Hadley House, her experience was in supported housing that was part of the Foyer Federation. She would like to mover more into the drug and alcohol field and describes herself as in recovery and so has more personal experience to draw upon in this area.

Aaron Brumfield (Support Co-ordinator, Hadley House)

Aaron was given a copy of the job description role by a friend who already worked at SPP. Having shadowed a member of staff he secured a full-time role about 18 months ago. He has a short secondment to the Peer Mentoring Programme during this time. Within in an hour of shadowing he remembers thinking that this is what he wanted to do. Aaron brought with him a fair bit of life experience from refurbishing houses to being a parent unlike many of the staff at Hadley House. He is motivated by the thought that what they do works and makes a difference.

Naomi Friend (Support Co-ordinator, Hadley House)

Before coming to SPP, Naomi worked for another supported housing agency and found out about the role at SPP through a friend who already worked there. She was drawn to SPP because she liked the daily structure that was in place for these young people. This was seven years ago now so she is one of the more experienced members of staff working in this role. Before her career in supported housing she worked in various

administrative and customer service roles. Naomi says she went off the rails when she was younger and had a brief spell in care. She used to run away and stay with a friend at a supported housing unit. She initially wanted to become a Social Worker but that didn't work out due to the cost of studies and because she left school without any qualifications. She feels not being academic limits her future career choices but wants to stay involved with working with clients.

Matthew Loughlin (Volunteer, Hadley House & Mentoring Programme)

Matthew, who is now in his 50's, worked as a trader in the City and abroad in the 1980's, setting up his own business in the 1990's. In the early 2000's he describe himself as, 'bent on self-destruction' ending up in bankruptcy. He says this gave him an opportunity to think clearly. Having then studied psychotherapy, counselling, addiction counselling, clinical hypnotherapy he decided to gain some real life experience and in SPP found an organisation with en ethos and culture he agreed with. He has no plan of action but want to see where this experience leads him.

Sally Kirkwood (Senior Support Co-ordinator, Hadley House)

Sally co-ordinates the day to day activities of other support co-ordinators in Hadley House. She became involved as a volunteer with SPP whilst completing a Mental Health Foundation Degree at a local University. This turned into sessional work and then a full-time post when her course finished. She was brought up in an Army household spending time in Germany and Borneo before moving to the UK when she was 15. She had no knowledge that supported housing existed and was quite surprised when she first looked around Hadley House that there were adolescents in Cheltenham who were estranged

from their family and parents who possibly didn't want any contact with them anymore. Sally attends multi-agency housing meetings to discuss the allocation of young people with housing needs across the county.

Kerrie Spalding (Foyer Service Co-ordinator)

Kerrie saw an advert in the local having been working in a support co-ordinator role with another company. She has a degree in psychology and a diploma in counselling. She has worked as a volunteer with the Samaritan's and her previous job entailed working with young people of the same age but with mental health issues including self-harm and eating disorders. Kerrie has now been at SPP for two and a half years. Once she got a taste of doing support work she loved it and still does, feeling this work is something that she is naturally good at. She loves coming to work every day and the sense that you feel you make a difference. Kerrie is keen increase her knowledge and do some more qualifications. She would like to manage more supported houses in a more senior position. Kerrie manages the Senior Support Co-ordinator at Hadley House is and is the first line of over-sight.

Kiera Cox (Foyer Manager)

Kiera started off as a support worker at Hadley House six years ago, having previously worked as a residential social worker with people with learning difficulties. She heard about the job at SPP through a friend. When Kiera was younger she lived in the YMCA, experienced periods of homelessness and had a lot of the same problems that the young people who come to Hadley House also have. She says the main reason she wanted to

work at SPP was because she has an affinity with teenagers and finds them enjoyable to work with. Kiera did not have a good experience in hostels when she was younger. She found people were very judgemental about her background having grown up in a notorious area in Portsmouth. However, a woman who was a social worker took her in to live with her family and showed belief in her. Kiera wants to bring that same attitude to other young people experiencing difficulties.

Helen Moss (Youth Development Worker, Youth Club/Education Centre)

A friend contacted Helen to say that the job was available and having been on maternity leave she was looking for part-time work. She joined SPP about eight months ago having done youth work for about thirteen. She started off as a volunteer for the Princes Trust before getting youth development job with a charity called Western Spirit and then later with a local authority. Helen went to work for Shelter for five years before being made redundant whilst on maternity leave. She is not JNC qualified although has been on a number of training courses. She did a year on a University course but found it really frustrating as she is badly dyslexic. She feels more comfortable in charity settings rather than local authority roles. Helen co-ordinates the youth clubs that take place on a Tuesday, Wednesday and Thursday evenings and believes that young people should be given opportunities and a safe place to be. She is also involved in a project with the police that allow young people to ride and maintain mini-motorbikes.

Carl Boardman (Youth Services Manager)

Carl was made redundant in December 2008 having worked in a print factory. He decided to retrain and had always enjoyed working with young people as a football coach and in a

voluntary youth capacity. Carl went on to volunteer at a Community Partnership and took a part-time funded role whilst training before taking on a full-time managerial position that ended due to funding in August 2011 and coming to his current post in SPP. He feels he always wanted to give something back to the community and this motivates him with a desire to support people and enable young people. Carl has oversight of the youth services and manages the youth development worker and engages in a number of local partnerships that work with young people.

Graham Archer (Head of Operations)

Having obtained a degree in psychology, Graham worked for as addiction charity for six months before applying for a post with SPP. He has worked his way up through the organisation to his current position. Graham has undertaken a number of roles, initially starting work in the Supported Accommodation units including Hadley House and progressing to the position of Foyer Manager. He then moved into the position of Operations Manager and then Head of Operations, taking oversight for all of SPP's services. With a focus on contract management, developing new business, ensuring high quality service across the 30-40 contracts that we were delivering and becoming a member of the Senior Management Team. He is motivated by the challenge of the work and enjoys the fact that it is not predictable. Longer term he would like to do some work overseas possibly with work in trauma, therapy, support, and counselling to make use of his psychology background.

Dennis Williams (Deputy Chief Executive Officer)

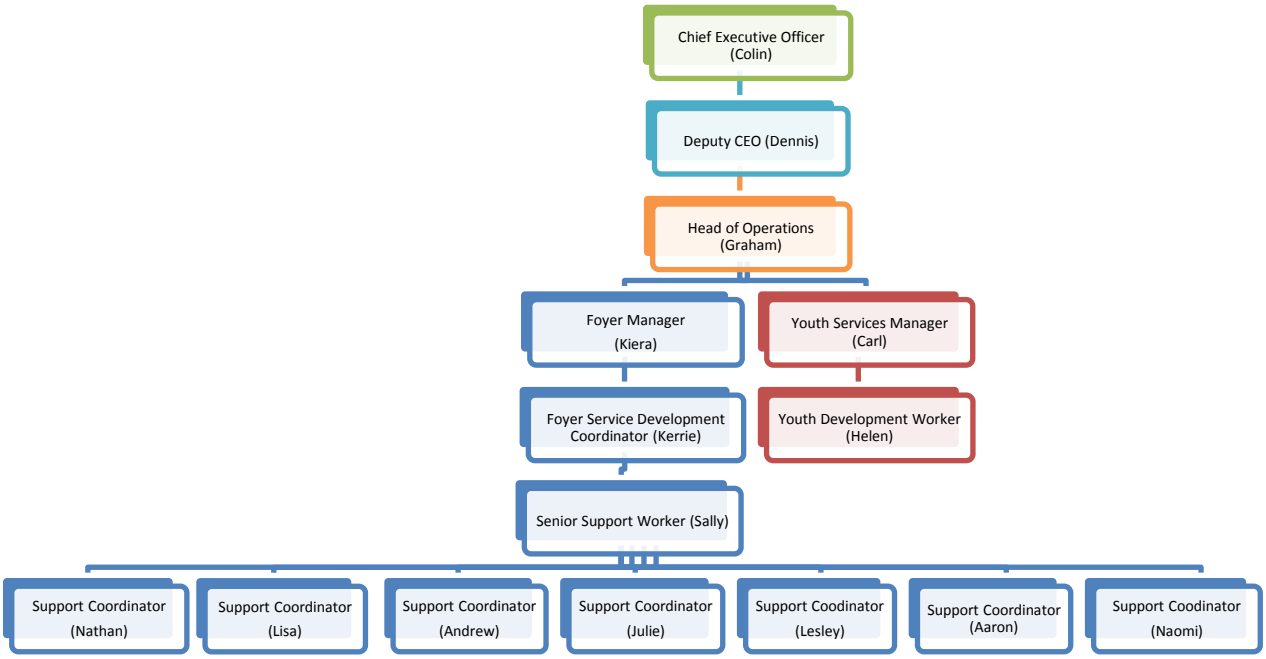
Having worked as a cabinet maker, Dennis joined SPP in 2001 as a training officer to work with 13 to 25 year olds before working with crisis housing. The journey into this work started when he volunteered for the Boys Brigade for three weeks to help a friend out in a very deprived area. Three years later he was till volunteering. At SPP he went on to take over the management of Training and Education Services before leaving in 2005 to spend time with a commercial training organisation. With new skills in contract tendering and management, Dennis returned to SPP in 2007 and currently sits on the county Safeguarding Children Board. He is motivated by the thought that, 'there but for the grace of God might go his own children, nieces and nephews'.

Colin Amsden (Chief Executive Officer)

Colin was brought up in a home where his father was a qualified youth worker although dropped out of school and has a period of homelessness and involvement in criminal activity. However, he reflects on how he has always worked and has a strong work ethic. In his early 20's he decided he needed to do something positive and went to University and completed a course in Social and Community Studies. Following several years with the Youth Service and Rethink, Colin joined SPP in 1999 to set up a project for young people at risk of exclusion from mainstream education. He progressed to manage the Family Support Service before becoming Operations Director and then Chief Executive. He plays a key role within the Voluntary & Community Sector in shaping services for children, young people and families in the county and is a member of various forums and strategic groups.

Structure of the Organisation (Participants)

Below is the structure of the organisation as it applies to those interviewed in this research.



Appendix B – Broad questions for semi-structured interviews

For Frontline Workers:

1. **How did you come to be involved with SPP?**
   * Background/experience/motivation/career goal
2. **In your own words, tell me a little bit about what your day-to-day role entails?**
3. **What is your understanding of the official purpose of your role?**
   * Formal/organisational aims
   * what work is carried out
4. **To what extent do you think what you do works?**
   * Explore any ideas of evidence based practice or practice wisdom
5. **How would you know if it did or it didn't?**
   * Explore methods of measurement/accountability/targets
6. **What lessons from working with Young People at SPP would you pass on to a new organisation setting up to do similar work?**

For Managers/Execs:

1. **How did you come to be involved with SPP?**
   * Background/experience/motivation/career goal
2. **What is your understanding of the purpose of SPP's work with young people and your role within this?**
   * organisational aims
   * what work is carried out
3. **What approaches/interventions do you/SPP subscribe to in your work with young people?**
   * explore specific approaches/interventions
4. **To what extent do you think that this works and how does SPP's approach fit with the idea of evidence-based practice?**
   * Explore any ideas of evidence based practice

5. How do you know if what you do is successful or not?

* Explore methods of measurement/accountability/targets

6. What lessons from working with Young People at SPP would you pass on to a new organisation setting up to do similar work?

* Exploration of practice wisdom.

Appendix C – Focus group plan/lines of questioning

1. Explain findings based on interviews and observations:

- the working relationship and influence of staff
- discipline, boundaries and consequences
- the importance of motivation and readiness to change
- the need to build aspirations

2. Check that my explanations have been understood and take questions for clarification.

3. Open up a general discussion to see if I have heard SPP correctly and establish whether I have missed any key ideas or approaches the organisation takes.

4. Go through each theme exploring how this is understood.

5. Ask participants to rate themes in terms of importance.

Appendix D – Ranking of Themes from Focus Groups

Summary of Theme Ranking – Client Focus Group

	1st choice	2nd choice	3rd choice	4th choice
Boundaries		1	1	1
Responsibility		1	1	1
Influences	3			
Aspirations		1	1	1

Summary of Theme Ranking – Frontline Workers

	1st choice	2nd choice	3rd choice	4th choice
Boundaries	4			
Responsibility		1	2	1
Influences	1	3		
Aspirations			1	3

Summary of Theme Ranking – Senior Staff/Management

	1st choice	2nd choice	3rd choice	4th choice
Boundaries	6	1	2	-
Responsibility	-	5	1	3
Influences	1	3	2	3
Aspirations	2	-	4	3

Appendix E - Information Sheets

Working with Young People Research (Workers)

We are looking for a few people to take part in a small study about work with young people at SPP. We would like you to have a think about whether you might like to be one of those people. Before you decide whether or not you would like to take part, we want to say a few words about why the study is being done and what it would be like if you decided to be involved. Please take some time to read the following information carefully and to talk to others about it if you want to.

The information on this sheet is in two parts. Part 1 tells you what will happen if you take part in the study. Part 2 gives you more information about how the study will take shape. Ask us if there is anything that is not clear or if you would like more information. Below are some of the questions that you may have.

PART 1

Why are we doing this study?
The study is trying to understand the how organisations like SPP work with young people. We want to know what the help offered looks like and how it is delivered?

Why have I been invited to take part?
You have been invited to take part in the study because of your involvement as a worker/volunteer with SPP who is working directly with young people or is responsible in some way for the management of a project working with young people. Other people have also been invited to take part, all of whom are also involved with SPP.

Do I have to take part?
It is entirely up to you to decide whether you want to take part or not. We will explain the study to you and go through this information sheet with you. If you decide that you do want to take part, we will then ask you to sign a consent form to show that you have agreed to do this. You are free to withdraw from the study at any time, without giving a reason.

What will it be like to take part?
The study at SPP will last for about year but we will only need you to be involved initially for one interviews. The interview will last between 30 and 45 minutes and will be recorded. With your permission, we may also request to see you again with follow up questions. You do not have to take part with this if you don't want to. You may also see the Researcher observing and getting involved in activities.

What will I have to do?
All you have to do in the interview is to tell us a little bit about yourself and the work you are engaged in with SPP. We want you to describe the support that is offered and the activities you are involved in.

What are the risks or disadvantages of taking part?
There are no risks or disadvantages to taking part other than the time taken up by the interviews.

What are the advantages of taking part?
This is your opportunity to shape research that may help services like SPP in their future delivery of services. Findings from the research will also be disseminated to politicians and 'think tanks' to try and influence work with young people in this country.

What happens when the research study stops?
When the research ends you will be invited to a get-together to meet up with the other people at SPP to hear about what we have found out.

What if there is a problem or if I want to make a complaint?
Information about the possibility of problems cropping up during the study is given in Part 2 below.

Will my taking part in the study be kept confidential?
Yes. All information about you will be handled in confidence. Further information about this is included in Part 2.

This completes Part 1 of this sheet. If the information in Part 1 has interested you and you think that you might want to take part in the study then please read the additional information below in Part 2 before making any decision.

PART 2

What happens if I say I'll take part but then don't want to carry on with the study?
You can withdraw from the study at any time. All you need to do is to inform us of your desire to do this.

What do I do if I feel uncomfortable with something or a problem arises?
If you have any worries about any part of the study, then you can speak to the researcher or to Sally Kirkwood at SPP, who will do their best to answer your questions.

You may stop an interview at any time.

You are free to tell the interviewer that you don't want to answer a particular question and he will move on to the next question.

You may also contact the supervisor of the researcher. Email: aparker@glos.ac.uk . Andrew is a Professor at the University and will make sure that any complaint about the research or the researcher is taken seriously. The University has a disciplinary processes in place should a researcher behave inappropriately.

What about confidentiality?
Confidentiality is all about protecting the identity of people who take part in studies like this so that no one knows who the participants are. Confidentiality is guaranteed both during and after this study. No one, other than the researcher, will be able to listen to the interview tapes or to see the observation notes that are made when activities are observed. All the information which is collected about you during the course of the study will be kept strictly confidential. When we write about the findings of the study participants will be given different names so that they cannot be identified. SPP staff will be invited to hear about general findings but will have no access to interview notes or observations and will never be told who has made what comments or observations.

What happens to the information collected at the end of the project?
All information will be securely stored in the researcher's office at the University of Gloucestershire. Computer files will be kept in a password protected folder and any paper documents will be kept in a locked draw. This information will be stored for up to 5 years. When the information is no longer required, it will either be deleted or shredded as appropriate.

If you say anything to the researchers about suffering significant harm or abuse then this will have to be reported to SPP and appropriate authorities. The researchers will also have to report any intention expressed by you to commit self-harm, harm a named person, or to pose a threat to security.

Consent

We will need adult consent for you to take part in this study. Normally this will be a parent or guardian. However, we know that sometimes this is not possible. In such circumstances a SPP worker know to you may give consent if they deem that being involved would not be unhelpful to you and that you are mature enough to take part.

Justin Dunne, Institute of Education and Public Services, University of Gloucestershire, Francis Close Hall, Swindon Road, Cheltenham. GL50 4AZ. Tel: 01242 715116. E-mail: jdunne@glos.ac.uk

Working with Young People Research (Young People)

We are looking for a few people to take part in a small study about work with young people at SPP. We would like you to have a think about whether you might like to be one of those people. Before you decide whether or not you would like to take part, we want to say a few words about why the study is being done and what it would be like if you decided to be involved. Please take some time to read the following information carefully and to talk to others about it if you want to.

The information on this sheet is in two parts. Part 1 tells you what will happen if you take part in the study. Part 2 gives you more information about how the study will take shape. Ask us if there is anything that is not clear or if you would like more information. Below are some of the questions that you may have.

PART 1

Why are we doing this study?
The study is trying to understand the how organisations like SPP work with young people. We want to know what the help offered looks like, how it is delivered and is it helpful?

Why have I been invited to take part?
You have been invited to take part in the study because of your involvement in a project run by SPP. Other people have also been invited to take part, all of whom are also involved with SPP.

Do I have to take part?
It is entirely up to you to decide whether you want to take part or not. We will explain the study to you and go through this information sheet with you. If you decide that you do want to take part, we will then ask you to sign a consent form to show that you have agreed to do this. You are free to withdraw from the study at any time, without giving a reason. This would not affect your place at SpP, the standard of care that you receive, or any other aspect of your life at SpP.

What will it be like to take part?
The study at SPP will last for about year but we will only need you to be involved for one short interview. The interview will last for 30-60 minutes and will be recorded. With your permission, we may also request to see you again with follow up questions. You do not have to take part with this if you don't want to. You may also see the Researcher watching and getting involved in activities.

What will I have to do?
All you have to do in the interview is to tell us a little bit about yourself and what you genuinely think about the support of SPP. We want you to describe the support that is offered and the activities you are involved in. We will ask if you think it is helping or not. We are also interested in what you hope for in the future.

What are the risks or disadvantages of taking part?
There are no risks or disadvantages to taking part other than the time taken up by the interviews.

What are the advantages of taking part?
This is your opportunity to shape how future SPP services are delivered. Findings from the research may also influence how other services working with young people operate and how politicians decide how they might support work with young people in this country.

What happens when the research study stops?
When the research ends you will be invited to a get-together to meet up with the other people at SPP to hear about what we have found out.

What if there is a problem or if I want to make a complaint?
Information about the possibility of problems cropping up during the study is given in Part 2 below.

Will my taking part in the study be kept confidential?

Yes. All information about you will be handled in confidence. Further information about this is included in Part 2.

This completes Part 1 of this sheet. If the information in Part 1 has interested you and you think that you might want to take part in the study then please read the additional information below in Part 2 before making any decision.

PART 2

What happens if I say I'll take part but then don't want to carry on with the study?
You can withdraw from the study at any time. All you need to do is to inform us of your desire to do this. This will not affect your place at SPP, the standard of care that you receive, or any other aspect of your stay at SPP.

What do I do if I feel uncomfortable with something or a problem arises?
If you have any worries about any part of the study, then you can speak to the researcher or to your support workers at SPP, who will do their best to answer your questions.

You may stop an interview at any time and a SPP member of staff will be there to talk to if you would find that helpful.

You are free to tell the interviewer that you don't want to answer a particular question and he will move on to the next question.

You may also contact the supervisor of the researcher. His name is Andrew Parker 01242 715387 Email: aparker@glos.ac.uk . Andrew is a Professor at the University and will make sure that any complaint about the research or the researcher is taken seriously. The University has a disciplinary processes in place should a researcher behave inappropriately.

What about confidentiality?
Confidentiality is all about protecting the identity of people who take part in studies like this so that no one knows who the participants are. Confidentiality is guaranteed both during and after this study. No one, other than the researcher, will be able to listen to the interview tapes or to see the observation notes that are made when activities are observed. All the information which is collected about you during the course of the study will be kept strictly confidential. When we write about the findings of the study participants will be given different names so that they cannot be identified. SPP staff will be invited to hear about general findings but will have no access to interview notes or observations and will never be told who has made what comments or observations.

What happens to the information collected at the end of the project?
All information will be securely stored in the researcher's office at the University of Gloucestershire. Computer files will be kept in a password protected folder and any paper documents will be kept in a locked draw. This information will be stored for up to 5 years. When the information is no longer required, it will either be deleted or shredded as appropriate.

If you say anything to the researchers about suffering significant harm or abuse then this will have to be reported to SPP and appropriate authorities. The researchers will also have to report any intention expressed by you to commit self-harm, harm a named person, or to pose a threat to security.

Consent

We will need adult consent for you to take part in this study. Normally this will be a parent or guardian. However, we know that sometimes this is not possible. In such circumstances a SPP worker know to you may give consent if they deem that being involved would not be unhelpful to you and that you are mature enough to take part.

Justin Dunne, Institute of Education and Public Services, University of Gloucestershire, Francis Close Hall, Swindon Road, Cheltenham. GL50 4AZ. Tel: 01242 715116. E-mail: jdunne@glos.ac.uk

Appendix F – Consent Forms

Consent Form for Working with Young People Research at SPP (Workers)

This research project is looking at the kind of work that is carried out with young people by organisations like SPP. We are trying to understand the value of such work and how it might be improved. Therefore, we are seeking the views of workers and young people in the hope that future work with young people can be of the highest standard.

Name of Researcher: Justin Dunne

Please initial each box

1. I confirm that I have read and understand the information sheet for the above study. I have had the chance to think about the information on the sheet and also to ask some questions about it, and I am satisfied with the answers that I have been given. ☐
2. I understand that I am taking part in this study on a voluntary basis and that I am free to drop out at any time without giving any reason. ☐
3. I understand that the information collected during the study (i.e. through talking to me and observation of activities at SPP) will be looked at by the researcher and his supervisors from the University of Gloucestershire and I give my permission for this to take place. ☐
4. I understand that everything I say is confidential unless the researcher believes that either I am, or someone else is, at risk of harm. ☐
5. I confirm that the researcher can record my interviews and is free to use direct quotations from the conversations and interview discussions that they have with me providing my identity remains hidden. ☐
6. I confirm that the researchers are free to contact me for follow-up discussions. ☐
7. I agree to take part in the above study. ☐

_____	_____	_____
Name of participant	Date	Signature

_____	_____	_____

Justin Dunne, Institute of Education and Public Services, University of Gloucestershire, Francis Close Hall Swindon Road, Cheltenham, GL50 4AZ. Tel: 01242 715116 E-mail: jdunne@glos.ac.uk

Consent Form for Working with Young People Research at SPP (Young People)

This research project is looking at the kind of work that is carried out with young people by organisations like SPP. We are trying to understand the value of such work and how it might be improved. Therefore, we are seeking the views of workers and young people in the hope that future work with young people can be of the highest standard.

Name of Researcher: Justin Dunne

Please initial each box

1. I confirm that I have read and understand the information sheet for the above study. I have had the chance to think about the information on the sheet and also to ask some questions about it, and I am satisfied with the answers that I have been given. ☐
2. I understand that I am taking part in this study on a voluntary basis and that I am free to drop out at any time without giving any reason, and without my place in SPP or my care or legal rights being affected ☐
3. I understand that the information collected during the study (i.e. through talking to me and observation of activities at SPP) will be looked at by the researcher from the University of Gloucestershire and I give my permission for this to take place. ☐
4. I understand that everything I say is confidential unless the researcher believes that either I am, or someone else is, at risk of harm. ☐
5. I confirm that the researchers can record my interviews and are free to use direct quotations from the conversations and interview discussions that they have with me providing my identity remains hidden. ☐
6. I confirm that the researchers are free to contact me for follow-up discussions. ☐
7. I agree to take part in the above study. ☐

_____	_____	_____
Name of participant	Date	Signature
_____	_____	_____
Name of person taking consent	Date	Signature
_____	_____	_____
Parent/Carer/Guardian	Date	Signature

Justin Dunne, Institute of Education and Public Services, University of Gloucestershire, Francis Close Hall Swindon Road, Cheltenham, GL50 4AZ. Tel: 01242 715116 E-mail: jdunne@glos.ac.uk

Appendix G – Thematic Analysis (Example)

The table below represents an example from three interviews of the thematic analysis process.

Key – Timing/Client Choice; Boundaries; Duration of stay; Client failure; Peer Influence; Substance misuse not problem; Sign-posting; Chaotic; Been given up on; Staff who care/role models; Creating Aspiration/Confidence; Standard Education/Provision Fails; Specialised roles; No move on

Sally Kirkwood (Senior Support Co-ordinator)	Did Mental Health Fd and placemnet contact opened up a volunteering link, sessional work and then a job after Uni. No other experience, army background so lived in Germany/Borneo. No idea supporting housing even existed.	• Was surprised by what she found. Recognised privileged background and wanted to give something back. • Was about making lives more bearable but now it is about preventing such problems in the first place. • New in Senior role so happy here for now. But possibly other SPP roles in the future. • Tries to offer family mediation first as supported housing should be last resort. Family mediation takes place outside Hadley with a SPP member of staff from different part of the org. • When they are here try and give best start to move them on – getting back to college, education, etc. Or getting them into mental health services, etc.	• Manages the site – gives staff guidance and direction. There to help staff as needed. • Tenancy support for clients. • Can be the disciplinarian when an incident occurs to preserve relationships with support workers. E.g. four clients caught smoking cannabis on site so police were called and client timed off site for 24hrs. On return they can meet with support workers for action plan to follow up incident. • When clients move in they go through house rules with staff member. If they don't agree, they don't move in. Given client handbook and given house rules. • If persistently break rules this would be discussed in reviews and a week with actions to resolve, after this a behavioural management contract is given – to address areas they need support in. If they don't achieve this then it can be extended or go to a panel meeting where Sally comes in and then a retractable notice can be given – x amount of days to do x amount of actions or notice to quit – eviction. So about a month to go through process.	• Involved day to day doing wake ups and Foyer Training. • Foyer training provided in house focused on life skills – cooking, helping understand benefits, sport, arts, drugs info. Do lots of consultation on what they want. Gets outside agencies in to do drama, first aid, etc. • Officially here to support and guide team. Has learnt from experience. • Provide safe environment. • Hadley exists to provide a full assessment. Have to get this right as it effects where they move on to next. • If under 18 it allows them to get lots of support in from other agencies. • Not just a holding role but trying to help YP get a better understanding of themselves. If they don't believe that they need the help or want the help then there's not a lot you can do with someone. E.g. on client denied she had any support needs. This led to incident and eviction. Second time, she is more self-aware due to staff in reviews and made her think	• Can't give any figures but high percentage of what we do works. • Cases where it doesn't work. Not necessarily the fault of YP or staff or SPP e.g. one client cam round five times when it eventually clicked. • Sometime it does not go as you want due to choice of YP. We can only give them options. • If a client moves on this is considered good outcome - 80% leave with good outcome. • Good outcome is because of structure and routine. Not all supported housing has wake ups or training, etc. Clients who have moved on to such housing, when they come and visit, say they miss Hadley. Want to get them into work ethic with daily routine and do something productive. • Good boundaries and consistency through team meetings and client forums is key.	• Specific targets include with how often Hadley works with other agencies. This is a KPI. • Also can't have any voids (empty rooms). • KPIs come from within SPP and Supporting People. • Staff on ground have not always been aware of targets. But areas for improvement have been communicated through team meeting with an action plan for support workers. • Feedback from managers given to team. • If targets are not met then a performance issue can be raised. • Some get worse – depends on the individual. • Stumped if can't get a client into any other housing provider. E.g. client with mental health turned down in one place but no formal assessment so turned down by other high support unit. Client is worse off because they have seen other move

			• Other agencies may also get involved.	about things she runs away from so very different second time round. • Need to address needs – substance misuse, anger, etc. Although main goal is to move them on, unless you address issues they would potentially fail in next housing. Both referral and support.		on and they think why haven't I? • E.g. another YP has a list of things that they have to work through before move on but if they don't want to engage it's tricky. • Other clients here might affect them personally but doubt the influence of older clients over younger clientsbut believe it is either not engaging with support or not having move on option. • Get client out in 3 months, any longer then they get frustrated, bored and why am I here?
Kerrie Spalding (Foyer Service Co-ordinator)	• Responded to ad in local paper 2 ½ years ago. • Degree in psychology and diploma in counselling. • Worked with people of the same age but with mental health issues – self-harm, etc. Found it was too close to home. Like age range but did not want to be so involved in mental health. • Happy in current role and would like more qualifications and perhaps manage more houses. Would like to line manage a set of seniors. Wants to do NVQ 5 in Management.	• Had done jobs where it felt like if I didn't turn up it would not make a difference. • Volunteered for Samaritans and felt it was something I was naturally good at. • Got a taste of support work and started enjoying going to work every day. Still enjoy it and feel you make a difference.	• Oversee and ensure that everything is happening and is in place. Making sure that Senior is doing day to day work and I manage whole of the clients and the whole of the staff team to make sure they are doing their job and the clients are benefitting. • Staff are being supported as well as they can be. • Will meet with clients to enforce boundaries e.g. paying rent, being present in housing enough e.g. housing benefit say you must be at main address at least 4 days a week. • Hope they learn a lot of things but dependent on client. Some can cook and clean and move through quickly. But could have 16 yr old from difficult background and they don't know how to cook/clean, etc.	• Helping YP from whatever background to show them they have a future and are capable of doing anything they want to do. Just because you have a difficult background does not mean you can't have a successful future. • It's about taking YP who feel they having nothing going for them and giving them experiences that show them that they are capable. • Encourage them to find a passion and maybe it is about building confidence e.g. to go to college. • Need to build trusting relationships as a lot of young people haven't had boundaries or rules put in place. They not had adults to respect or a reason to respect so they learn this through Hadley. When	• Point of structure is to build self-esteem. No structure leads to boredom and maybe drink/drugs. You stop engaging with outside world, sleeping all day becoming more removed from society making it harder to re-engage. Routine give YP a sense of purpose e.g. YP helping at a charity event thanked staff for involving them and talked of how proud they felt being able to do it. This motivated one the next day to get a volunteering position. She said she didn't know she was capable and was encouraged by so much praise. • You can see if someone is going downhill and put things in place to stop this. Client have to be streetwise	• You do see clients later in the street that thank you and you do get letters and cards. Saw someone recently who was working and doing well. Success stories outweigh the people coming back 3 months after an eviction. • Someone may come back 2 or 3 times but will eventually get back on their feet. It's not about that they failed it's just they weren't ready. A person has to want to make their life better to succeed. If they don't want to help themselves there is only so much we can do. They will succeed when they want to. • The clients look healthier, say they don't know how they were put up with, etc.

			• Biggest problem with these YP is budgeting. They need to learn this and make rent a priority. • Engaging with emotional needs? Nature of workers do but main goal is supported housing but most YP are going to want to talk. SPP offer counselling so they would be referred if they want and outside agencies we can refer to or who may already be working with YP. Weekly review though gives opportunity to talk – if they trust you, they will work with you. • Foyer training – making sure there is something for them to do. Client led and varied. Life skills are important. • Clients have 1-2-1 support from a worker. This support co-ordinator might go through with a client through housing possibilities.	they come in at first they kick against the boundaries and when they leave say how much they appreciated having to be up, do something with day and having a routine. A lot have never had this before and they see how those little things help them. • Focus on giving people lots and lots of chances. Will try hardest to put everything in place before evicting someone. • Ethos – belief that nobody is intrinsically bad so don't give up on them. • Holistic welfare is important. Not all housing providers get them to do something useful with their days.	or will be manipulated to lend money, offered drugs so if a YP is vulnerable would try to move them as quickly as possible. • Have not seen anyone go downhill who doesn't have a history of the things they get involved in whilst at Hadley e.g. substance use. You can stay away from drugs if you want to the problem is if you can't. • One YP moved to medium support and was given a large amount of money in back payments. Thought is he bought a lot of drugs and got into debt with wrong people. Went downhill because he owed money. Moved back to Hadley with view of going to a High Support unit but no movement there meant he stayed for a length of time and went downhill. Think it was due to increased drug use despite good staff relationships so he neglected day to things. He is very easily led astray. A lot of drug taking a criminal damage at Hadley at the time so he was around a lot of problematic people.	• Feedback from exit interviews suggests that YP feel they have moved on due to how supportive the staff were. No matter how much a worker was shouted and swore out they still continued to work with the person. Used to other people giving up on them. • Aims/Targets – certain paperwork that each client must have completed and certain guidelines and deadlines for this. • Make sure voids in rooms are not too big so managing waiting list. • Try and limit length of stay at houses. Hadley House is 3 months because it is an assessment centre. After 2 wks they should have an idea of where they will be moving to. • Expectations around levels of behaviour e.g. being medium support we expect a kind of behaviour. • Have a quarterly KPI report measured on voids, rent payments, number of client incidents, how well staff are doing, building upkeep, monthly file reviews or weekly for clients at risk of eviction. Look at evictions, retractable notices.
Kiera Cox (Foyer Manager)	• Started as support worker at Hadley 6 yrs ago. • Previously a residential social worker (not qualified) with people with learning difficulties.	• Motivated by own experience. When younger lived in YMCA and experienced homelessness and a	• It's about letting YP know that a different kind of life exists. • Housing – try to get YP stable in order for them to go on and get a job, etc.	• Realising Potential - it is about helping people to realise potential and know what is possible. You can achieve a lot of what you want if you believe	• Works really well but is hard to evaluate. How do we show what the outcomes are? • Believe it works as I've seen clients from 6 yrs ago who	• Evidence –based practice? Because of funding it is not based on EBP. It should be based on, all supported housing units being reviewed and checking us

		lot of the same problems. • But still got to Uni and improved life through help so it is about giving back. • Enjoys work with teenagers the most enjoyable. • Learnt what not to do – did not have good experience of hostels. People were judgemental of area lived in. You got labelled from area – worthless, criminal, etc so acted that way and became what people thought. • Family took her in, woman was social worker, they didn't say nasty things and believed in me so became the positive things she thought. • Want to do same things for these people. • Believes if people treat you a particular way it is easier to be like that than something different. Before meeting family, didn't know you could be different.	• So get them stable – somewhere to live, money sorted out, support network, eating properly, getting educated. • Offer emotional support and believe in them. • Give them boundaries because they often don't get that. Not parental, can't commit to lifelong support, but kind of fits this role short-term or is about putting right 16 yrs of bad parenting. • Foyer Training – life skills like cooking and cleaning, CV writing, interview prep. • Feed them as 16 yr olds are not good at budgeting and buying their food although not contracted to do this. • Day to day things – they have designated support worker. Paperwork needs doing for evidencing reasons. Meet weekly for a support and development plan for what they want to do to get where they want to be. This is broken down into little steps – work, college, family relationships. Plan gets reviewed each month but with targets in between. • Woken up each day so they do something constructive and have a daily routine. Typical daily lifestyle to prepare them for what it's like to go into a job. • Can refer to counselling or get them involved in volunteering and plan moves on with them in housing. • Hadley is supposed to be a three month stay. • It's therapeutic in that they can get angry with us in a way they	in yourself and have others who believe in you. • 'Supported Housing' gives funders aim of just housing them and moving on so there are KPIs – how many people housed, how many have had positive move ons, how often rooms filled, how many staff hours used. • Part of Foyer federation which has holistic views of housing that just housing is not enough to sort them out. To be part of Foyer you have to do training and education with them. • Housing without holistic approach doesn't work. So wrote a prevention from eviction policy with youth service and if 16-25 there isn't anyone we wouldn't take (exclusions – arson, sex offenders) and won't evict unless absolutely necessary. • Will take people e back who've been evicted. Should not just be one chance. They may come back four times because it did not work previously. • Changing psychology of clients? Beyond practical skills – Depends on clients. Some know they want to change life and already have mind-set but need practical help. Others, happy to be on benefits, don't want to do anything, hate us for trying to help, and are here as they have nowhere else to go. • It comes down to building a level of trust, professional boundaries, not friend but friendly, they need a support	didn't get on well and left and didn't feel we helped who are seen in town and are doing well. They show appreciation and say it didn't sink in at time but what was said made sense. So you can't always tell when they move out because what has been done takes time to sink in. • One client reflected it was because he kept being told he could do something that he didn't believe he could. 'If you do this it will help'. He came to realise this was the case. • You can see measurable distance when you work with someone over a year but hard to put down in writing. • Hard outcomes are from being homeless to having their own tenancy. No 1 target is stable tenancy contractually. • Outcome by measuring those who were NEET but now not. • But it is attitude change, self-confidence, etc. that is hard to measure but as staff you see and that when they come back, they tell you. • It's slightly unclear or unspecific what actually helped. Comments are general about I was helped. • Successful outcomes? In terms of housing move ons it's about 92% and negative outcomes were went to	out based on input and throughput and not what you actually do? You don't show evidence you just show statistics. We don't get feedback – we think it's good and works but there probably are people who could bring ideas and give feedback. Also see other units and think it shouldn't happen like that but no one in authority tells them. • I think that people should observe what happens and assess what we do. • Sector is poor at this and works on who does things cheapest and not best. • Why might they get worse? • Clients have not had same life experience as most clients so vulnerable un-streetwise YP out of children's home or there due to bereavement, they are sharing house with young offenders, drug use, etc. and they want to fit in. This can make situation worse. Pitfall of supported housing is who else they live with. Not too often though - 5 time in six yrs maybe. • Try and move on the most vulnerable as quickly as possible. • When we cannot move them on and they are here too long. Hadle is an assessment centre so strict. It is rigid. It works better than different ways of working but is hard for

			can't with police, parents and is a safe environment to get rid of a lot – they can be horrible but we'll still be there the next day. It's an appropriate place to test boundaries. Which is important part of growing up and because the staff remain and show they care then this is therapeutic. Someone to let off steam with. • Some training on anger management, listening skills, etc. to help staff as this is 90% of the role.	network. Trying to show them that they can do other things. Those who don't think they can change simply don't understand the options and don't think other things are possible. It's helping them to see the options and when they pick what they want to do we will help them. • We just kind of do this, it's not written down, it's done in our recruitment and in our ethos.	prison and one went street homeless due to extreme violence and drug use. • Outcomes – the vast majority, maybe 90% and can only think of four clients who we did not help at all and it all went wrong and that's 4 out of 500-600. Those which did not work were sexual offence, one so damaged by heroin use, one had severe physical and sexual trauma as a child he ended up in psychiatric care, another one was very violent and very happy with that. • Measurements beyond KPIs are happiness, have support networks, family members back involved, working, financially secure and their self-belief, confidence have improved. • Staff have procedures but not specific targets e.g. has referral and is moved on in 3 months. • Meet with clients once a week. Update Risk Assessment once a month. Nothing on outcomes. Worker has to address all support needs on referral.	teenagers to stick with this. So three months to manage crisis point. • Only one high support unit and they won't take people with MH probs. There is a low support unit but most with MH are not low support. • So one YP who has been there a long time needs specialist support and now feels he is never going to get out so self-belief has gone and everywhere has turned him down so due to these negative experiences he is not getting things we said he could. So he is in negative cycle, thinks we have lied to him and thinks he is no good for anything so has become self-destructive. • So time scale is a real problem with move on. • But although he is deteriorating that other option is street homeless so this is still better.