VIOLENCE REDUCTION NETWORK

LEICESTER, LEICESTERSHIRE & RUTLAND

Preventing Serious Violence

VRN Briefing No.6

#PreventionThroughConnection

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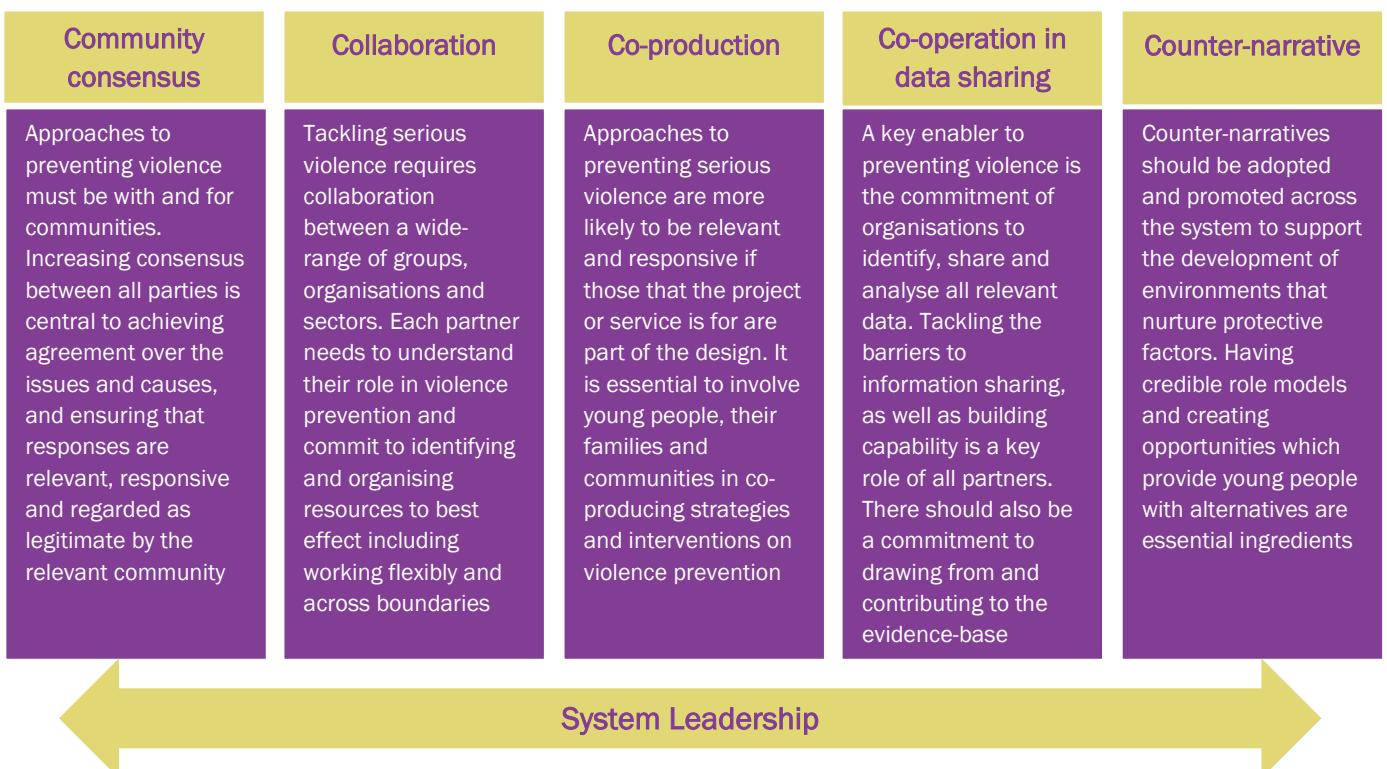**www.violencereductionnetwork.co.uk**

Preventing Serious Violence

Central to a public health approach is the core belief that violence is preventable; that it is possible to prevent and reduce modifiable risk factors and to strengthen protective factors. Like with other complex issues, the causes of violence are multifaceted which means that solutions need to address a multitude of individual and contextual risk factors.

This Briefing aims to synthesise the growing body of evidence on effective interventions and approaches for preventing serious violence. It begins by providing an overview of the Centre for Disease Control and Prevention's six strategies and the associated interventions and approaches for preventing violence involving young people. The Briefing then considers the findings from a systematic review commissioned by the Youth Endowment Fund which brings together the best available evidence on approaches which focus specifically on diverting young people away from crime and violence. The Briefing concludes by providing some good practice guidance for designing or reviewing existing interventions.

Public health frameworks for preventing serious violence

Public health approaches provide a framework to support the design and delivery of comprehensive, evidence-based prevention programmes which tackle the complex and multi-layered nature of risk and protective factors. As advocated by the Office for Health Improvement and Disparities, it is important to locate any prevention activity within a whole-system approach to serious violence. By adopting a place-based focus, silo working can be reduced and replaced by collaborative working between partners and communities which leads to improved long-term outcomes for the 'whole place' (a defined population) rather than just the individual. The 5 C's framework represents the critical building blocks of a violence prevention system and includes:

Community consensus	Collaboration	Co-production	Co-operation in data sharing	Counter-narrative
Approaches to preventing violence must be with and for communities. Increasing consensus between all parties is central to achieving agreement over the issues and causes, and ensuring that responses are relevant, responsive and regarded as legitimate by the relevant community	Tackling serious violence requires collaboration between a wide-range of groups, organisations and sectors. Each partner needs to understand their role in violence prevention and commit to identifying and organising resources to best effect including working flexibly and across boundaries	Approaches to preventing serious violence are more likely to be relevant and responsive if those that the project or service is for are part of the design. It is essential to involve young people, their families and communities in co-producing strategies and interventions on violence prevention	A key enabler to preventing violence is the commitment of organisations to identify, share and analyse all relevant data. Tackling the barriers to information sharing, as well as building capability is a key role of all partners. There should also be a commitment to drawing from and contributing to the evidence-base	Counter-narratives should be adopted and promoted across the system to support the development of environments that nurture protective factors. Having credible role models and creating opportunities which provide young people with alternatives are essential ingredients

System Leadership

For prevention activity to be effective in the long-term, it should adopt a life-course approach which considers the critical stages, transitions and settings in which there are opportunities to reduce and manage risk factors and strengthen protective factors. The propensity towards violence has a long gestation period and the foundations are laid in early childhood. It therefore follows that upstream investment is vital to prevent the onset of risk factors and to ensure protective factors are in place.

The following Framework (see Figure 1) embodies the life-course approach and is routinely used by the VRN to understand, plan and take action to prevent and reduce serious violence. It is an adaptable model which can be used as a guide for communities and partner organisations when developing local and organisational responses to serious violence. Over time, the Violence Reduction Network (VRN) will be able to capture and present Leicester, Leicestershire and Rutland's system wide response against this framework.
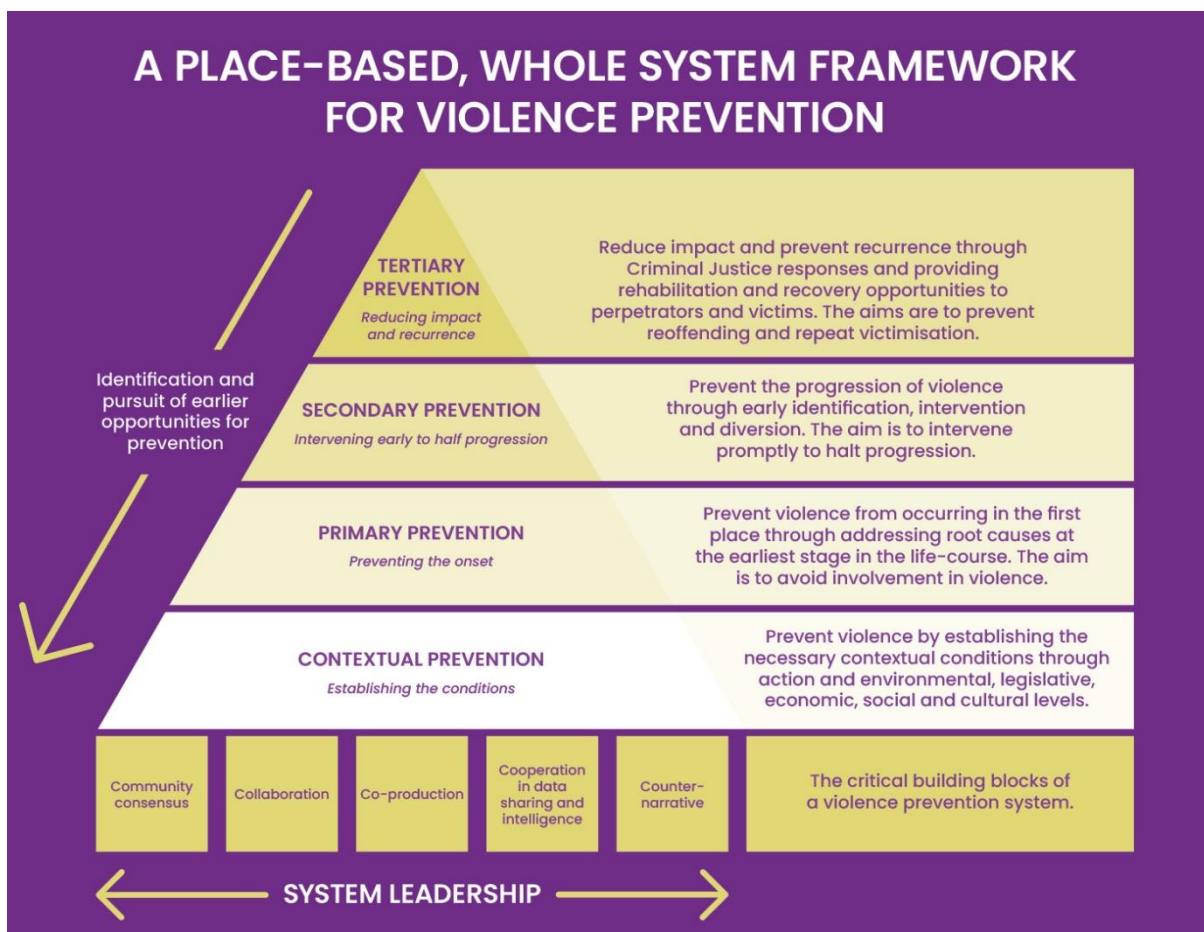

Figure 1 - A whole system multi-agency approach to violence prevention

In terms of how the Framework translates into prevention activity, contextual prevention has the potential to achieve the most far-reaching impact due to its focus on ensuring civic-level policy and strategy and on creating the conditions and environments that are most likely to prevent violence. The primary, secondary and tertiary levels of prevention focus on different populations starting with a universal 'for all' focus and becoming more targeted and specialist as the risks and development of violence increases:

- Universal (primary prevention): aimed at the whole population
- Targeted (primary and secondary prevention): aimed at populations which can be identified as greatest risk

- **Specialist** (tertiary prevention): aimed at populations who have committed violence and/or experienced victimisation

The evidence-base suggests that it is possible to identify populations for intervention in the early years (as in primary prevention), but identification becomes increasingly accurate as individuals get older and more can be learned about their behaviour (as in secondary prevention). However, there is a trade-off in relying solely on this approach as the more risk factors that are used to identify the most at-risk groups, the smaller the percentage of individuals that are likely to be positively impacted an intervention.

Ultimately, there needs to be a broad programme of violence prevention activity which spans all four levels of prevention in order to provide the whole population with needs matched support. This involves an approach which strikes the balance between doing something for everyone (universal) but also doing more for those that need it the most (targeted). A valuable strategic objective would be to support a paradigm shift towards increased investment upstream and within primary prevention territory with a particular focus on early year's development and other significant developmental stages in life. Strategies within each level of prevention should also give due regard to developing a combination of civic-level, service-based and community-centred interventions with joint working across all three elements within the setting of place.
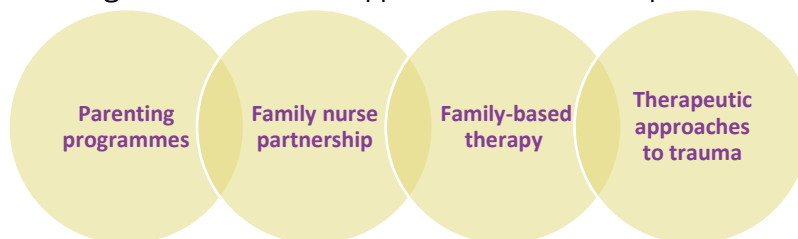
Interventions and approaches

Implementing high quality, evidenced-based interventions is key to preventing and reducing serious violence. Before covering some of the most promising approaches in detail, this section provides a summary of what the evidence-base suggests is likely to achieve positive outcomes across the various prevention levels.

To have the greatest impact, research has indicated that whilst individual change (for example, improved skills) is important, this needs to be combined with approaches that also seek to address relationships with parents, peers, siblings and significant adults and to positively influence a young person's environment (e.g. at school or in their neighbourhood) as well as tackle structural issues such as poverty and inequality. To maximise impact, approaches should also seek to address the causes of multiple forms of violence, including closely related issues such as exploitation, rather than deploying single-issue interventions. It is important to note that because many risk and protective factors for violence overlap with those for other harmful behaviours and health concerns, the impact of prevention activity is likely to extend beyond violence to achieve other positive outcomes for children and young people.

Below are a select group of strategies identified by Centre for Disease Control and Prevention (2016) as being underpinned by the best available evidence – the strategies are presented alongside the level of prevention that they align with. The six strategies focus predominantly on preventing violence involving young people from happening in the first place, and reducing the immediate and long-term harms of violence. Preventing violence requires multiple, complementary strategies, and those shown below reflect the established and emerging research-base about how to strengthen a young person's skills and relationships to prevent involvement in violence.

Promote Family Environments that Support Healthy Development – Primary Prevention

The family environment plays a significant role in shaping young people's physical, emotional and social health and their behaviours. This influence extends from early childhood through to late adolescence and beyond. Promising interventions and approaches within this sphere include:

Parenting programmes · **Family nurse partnership** · **Family-based therapy** · **Therapeutic approaches to trauma**
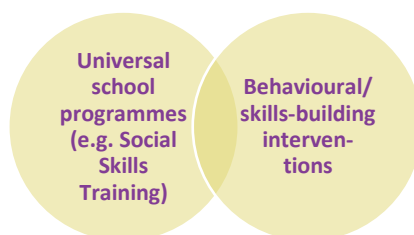
Provide Quality Education Early in Life – Primary Prevention

High quality early childhood education can improve cognitive, social and emotional development. In turn, this increases the likelihood that children will experience safe, stable, nurturing relationships and environments and long-term academic achievement. Key approaches and interventions include:

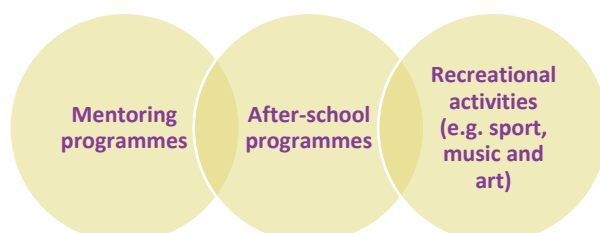**Bullying prevention** · **Schools-based programmes** · **Classroom management**
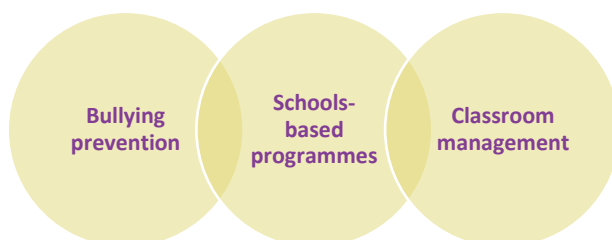
Strengthen Young People's Skills – Primary, Secondary and Tertiary Prevention

A comprehensive approach to preventing violence involving young people is developing and strengthening young people's skills. In particular, having proficient skills in communication, problem-solving, conflict management, empathy, impulse control, and emotional regulation and management is a protective factor. Effective interventions and approaches include:

Universal school programmes (e.g. Social Skills Training) · **Behavioural/skills-building interventions**

Connect Young People to Trusted Adults and Activities – Primary, Secondary and Tertiary Prevention

Another important protective factor is having a strong connection to caring and trusting adults. Similarly, access to and involvement in pro-social and positive activities can help young people develop and apply new skills. Key interventions and approaches include:

Mentoring programmes · **After-school programmes** · **Recreational activities (e.g. sport, music and art)**

Create Protective Community Environments – Contextual Prevention

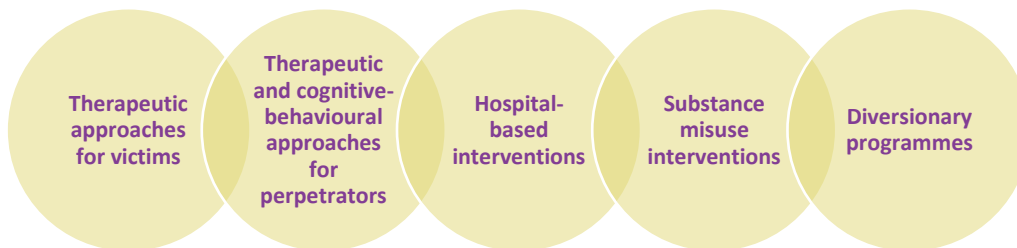Establishing safe environments in which young people can grow is a critical step towards achieving population-level reductions in violence involving young people. This includes spaces with any defined population with a common characteristic or share environment such as neighbourhoods, schools, youth groups and places where young people and adults regularly interact (e.g. parks, public transportation hubs). Promising interventions and approaches include:

- Limiting alcohol access
- Restricting access to weapons
- Data sharing
- Hot-spot and problem-solving policing
- Environmental design
- Community norm change
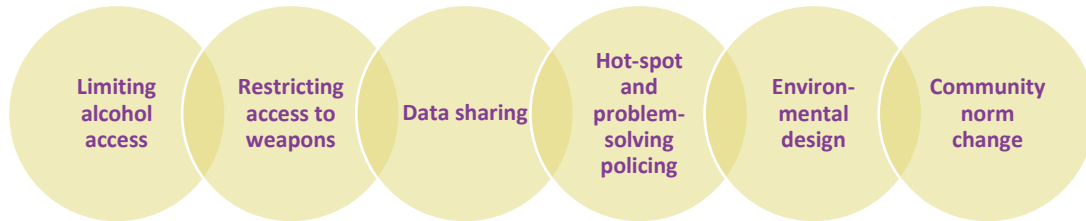
Intervene to Lessen Harms and Prevent Future Risk – Secondary and Tertiary Prevention

Criminal justice and enforcement responses alone have limited impact upon young people's future involvement in criminal behaviour particularly as the causes of violence are complex and multi-layered. Approaches which attempt to understand and address risk factors and strengthen protective factors have the potential to interrupt the continuation and escalation of violence. Effective interventions and approaches include:

- Therapeutic approaches for victims
- Therapeutic and cognitive-behavioural approaches for perpetrators
- Hospital-based interventions
- Substance misuse interventions
- Diversionary programmes

One of the most significant developments in the field of violence prevention has been the publication of the Youth Endowment Fund's (YEF) Toolkit which aims to ensure that research findings are:

- **Available:** Relevant research is often spread over different disciplines and journals. The Toolkit brings it together in one place to make it easily available.
- **Accessible:** The Toolkit presents findings without jargon and in plain English.
- **Actionable:** The Toolkit focuses on the practical implications of research findings.

The Toolkit summarises the best available research evidence about different approaches to preventing young people from becoming involved in serious violence. It is based on robust data about what has happened when these approaches have been used before. Currently it focuses on 13 different approaches and for each approach it explains what it is, how effective it is likely to be, how confident you can be in the evidence of its impact, as well as indicative costs of delivery.

Table 1 shows the 14 approaches which are currently included in the toolkit alongside their estimated impact on preventing violence and the quality of evidence underpinning this assessment.

ESTIMATED IMPACT ON VIOLENCE	APPROACHES	EVIDENCE QUALITY Low High
High	Focused Deterrence	
	Social Skills Training	
	Cognitive Behaviour Therapy	
	A&E navigators	
	Sport programmes	
Moderate	Pre-Court Diversion	
	Mentoring	
	Multi-Systemic Therapy	
Low	Parenting Programmes	
	Interventions to Prevent School Exclusions	
	Anti-Bullying Programmes	
	After-School Programmes	
Unclear	Police in Schools	
Harmful	Boot Camps	

Table 1 - Effectiveness of interventions (Source: Youth Endowment Fund Toolkit)

It is important to note that when an intervention is estimated as having a low or unclear impact on violence, it does not necessarily mean that it's not effective but rather that it has not yet been subject to a high-quality evaluation in relation to violence prevention. For instance, there is a lack of research which directly measures the impact of anti-bullying programmes on violence. However, there is strong evidence that anti-bullying programmes can be effective at reducing bullying in school and that bullying is associated with later involvement in violence. This is why the third step of the World Health Organization's 4-step process for implementing a public health approach advocates for the evaluation of interventions because it is only through generating evidence of impact that we will be able to understand if something is 'works' in preventing and reducing violence.

What is clear from the YEF's evidence review is that interventions which incorporate scare tactics or harsh disciplinary approaches – such as boot camps – are not effective. In fact, research suggests that such interventions may actually cause harm with young people who participate in a boot camp being 6% more likely to become involved in future violent and non-violent crime.

As indicated by Table 1, there are three interventions in particular which are estimated as being likely to have a high impact on violence and which are underpinned by a strong evidence-base. What follows is an overview of each approach as covered in the YEF Toolkit:

FOCUSED DETERRENCE

Focused deterrence is an approach to violence reduction that was developed in Boston (USA) in the mid-1990s. It recognises that most serious violence is associated with a small group of people who are themselves very likely to be victims of violence, trauma, and extremely challenging circumstances. Focused deterrence attempts to identify the people most likely to be involved in violence and support them to desist.

Focused deterrence usually includes a combination of the following steps:

1. Forming a dedicated project team from a range of sectors and organisations.
2. Identifying the specific violence problem (e.g. knife crime) and the people involved.
3. Directly and frequently communicating with the people involved in the violence problem and the surrounding community. Involves communicating that the affected community needs violence to stop.
4. Developing ongoing and trusting relationships with the people involved. Offering support and access to positive and credible opportunities and service to the people involved (e.g. education or employment, housing, health care and treatment).
5. Enforcing sanctions if the people involved do not desist from violence which could include increased police presence, and arrest and swift prosecution.

SOCIAL SKILLS TRAINING

Social skills training supports children to think before they act, understand other people's perspectives, communicate effectively, and use strategies for managing impulsiveness or aggression. It can be delivered through universal programmes, which work with all children, or through programmes which work in a targeted way with children who could benefit from more support.

Activities can include:

- Role play which might involve children taking on different roles in a potential conflict and practise strategies for resolving the conflict peacefully.
- Video demonstrations of positive behaviours so that children can be shown examples of other children playing together and finding ways to resolve conflict.
- Specific activities to reinforce effective delayed gratification.
- Relaxation and deep breathing techniques which children could use to calm down if they become angry.
- Teacher observations of children playing to monitor their development of these skills.

Cognitive Behaviour Therapy

Cognitive Behavioural Therapy (CBT) is a type of talking therapy that has been used to address a range of psychological difficulties. CBT aims to help children and young people become more aware of negative thoughts and learn to change or manage them. The therapist might work with a child to explore how their assumptions relate to reality, better understand other people's behaviour and motivations, and use problem-solving skills to cope with difficult situations.

CBT can be used with children who are demonstrating challenging behaviour, children in custody, or their families. It can be delivered in a range of community or custody settings, usually by trained psychologists who have post-graduate training or professional certification. It is typically an intensive intervention which takes place over a short period of time. On average, interventions last for 15 weeks with about 3 hours per week of support.

There are two additional approaches – A&E Navigators and Sports Programmes – which the YEF have assessed as having a high impact on serious violence but which need further research because to date, few impact evaluations have been conducted on these interventions. In summary:

- **A&E Navigator Programmes** – Involves placing a case worker in hospital emergency rooms to support children and young people with a violence-related injury. Case workers try to develop trusting relationships with the young person, provide informal mentoring and facilitate access to services.
- **Sports Programmes** – Involves engaging young people in regular, organised sport and physical activity. They could involve both team sports (e.g. football, basketball) or individual sports and physical activity (e.g. gym, boxing). Programmes will often use sport as a 'hook' to engage young people in other activities, such as mentoring or counselling.

The YEF Toolkit also shows that a number of other approaches or components of interventions are likely to have a moderate impact on violence. For instance, research evidence suggests that pre-court diversion – an approach to preventing re-offending by finding an alternative to formal criminal justice proceedings – has the potential to protect a child against future involvement in violence. This is because offering support through Youth Justice Teams at the point of arrest or via an out-of-court disposal can support reintegration, prevent labelling and avoid experience of the criminal justice system. Research suggests that pre-court diversion reduces reoffending by 13% and even for those children who do go on to commit another offence, it is likely to be less serious.

Similarly, there is evidence to suggest that mentoring is effective in both reducing crime and the behaviours associated with crime and violence. Mentoring involves matching a young person with a mentor who acts as a role model, who listens and ask questions to help the mentee gain insights into their own thoughts and behaviours, and who provides guidance on education, employment and training and support to access services. The research evidence suggests that there are certain conditions which increase the effectiveness of mentoring such as:

- Having a greater proportion of male mentors and male mentees
- Having mentors with professional experience of working with young people
- Enabling mentees to choose their mentor
- Choosing suitable locations which are easily accessible and where the mentee feels comfortable and safe
- Focusing on a particular issue such as substance misuse
- Incorporating emotional support and acting as an advocate for the mentee
- Delivering mentoring alongside other activities such as sport and music

Implementing and evaluating interventions

The Early Intervention Foundation (EIF) provides a wide-range of good practice guidance on implementing and evaluating new and existing interventions. While there isn't the space within this Strategic Needs Assessment to cover the guidance in detail, it is worth highlighting some of the core steps which if followed, will give you the best chance of designing and delivering an effective programme.

The first step in designing an intervention or in improving the quality of an existing intervention, is to develop a Theory of Change (ToC). The idea behind a ToC is to create a 'road map' which links the intervention's activities to the intended short- and longer-term outcomes; it should explain 'why' achieving these outcomes are important.

As suggested by EIF, ToCs should be able to answer three questions:

- What is the intervention's primary intended outcomes and why is it important?

- Why is the intervention needed?
- Why will the intervention add value over what is currently available?

Often professionals draw on their own experience and expertise when answering these questions. However, interventions should be informed and underpinned by evidence: evidence of the serious violence 'problem' and those involved or at-risk of involvement, the risk and protective factors associated with that problem, and effective approaches (or the theory underpinning these approaches) to reducing those risk factors and strengthening protective factors.

Applying the three questions to the local context and a newly developed intervention – The Reach Programme – provides a concrete example which is demonstrated below:

- **What is the intervention's primary intended outcomes and why is it important?**

The primary intended outcome of The Reach Programme is to prevent exclusions from school across Leicester, Leicestershire and Rutland. School exclusions are recognised within the UK Government's Serious Violence Strategy (2018) and numerous national reports as a factor that increases vulnerability and propensity to violence. Outcomes of excluded children are often poor (e.g. just 7% of children permanently excluded achieved good passes in GCSEs) and children excluded from school are overrepresented in young offender populations.

- **Why is the intervention needed?**

The most common reason for fixed term and permanent exclusion in Leicester, Leicestershire and Rutland was persistent disruptive behaviour, followed by physical assault on another pupil. Persistent disruptive behaviour and physical assault are often the manifestation of underlying issues including ineffective social and emotion management skills, an unstable or unsafe family environment, negative peer influences and poor mental health. A programme which intervenes early and provides support to understand and address these individual and contextual causal factors is therefore necessary to reduce exclusions in LLR.

- **Why will the intervention add value over what is currently available?**

The areas of Leicester and Leicestershire (East of the City and Charnwood in the County) which have the highest rates of fixed-term exclusions, also have the highest rates of serious violence. Currently, no intervention exists locally to provide intensive, long-term support to at-risk young people to prevent fixed-term and permanent exclusions.

By examining existing evidence and answering these three questions, it is possible to answer two further 'what' questions which provide the additional information needed to develop your ToC:

- What will the intervention do?
- What will the intervention achieve?

Figure 2 was the first iteration of the ToC for the Reach Programme and it continues to be reviewed and updated as the intervention progresses. It incorporates research, evidence and local data, and visualises the problem that the VRN is trying to address, the change the intervention will bring about, and how we expect that that change will happen.

When developing a ToC for an established intervention, it is good practice to confirm the ToC by bringing together key stakeholders who have been involved in the commissioning, design and delivery of the intervention. This might include the intervention developer (which may be an individual or team), commissioners, the delivery partner and evaluators. Incorporating the views of recipients or beneficiaries of the intervention (such as young people, teachers, social care staff) can also provide additional insights on why the intervention is important, who it is for and what is being achieved.
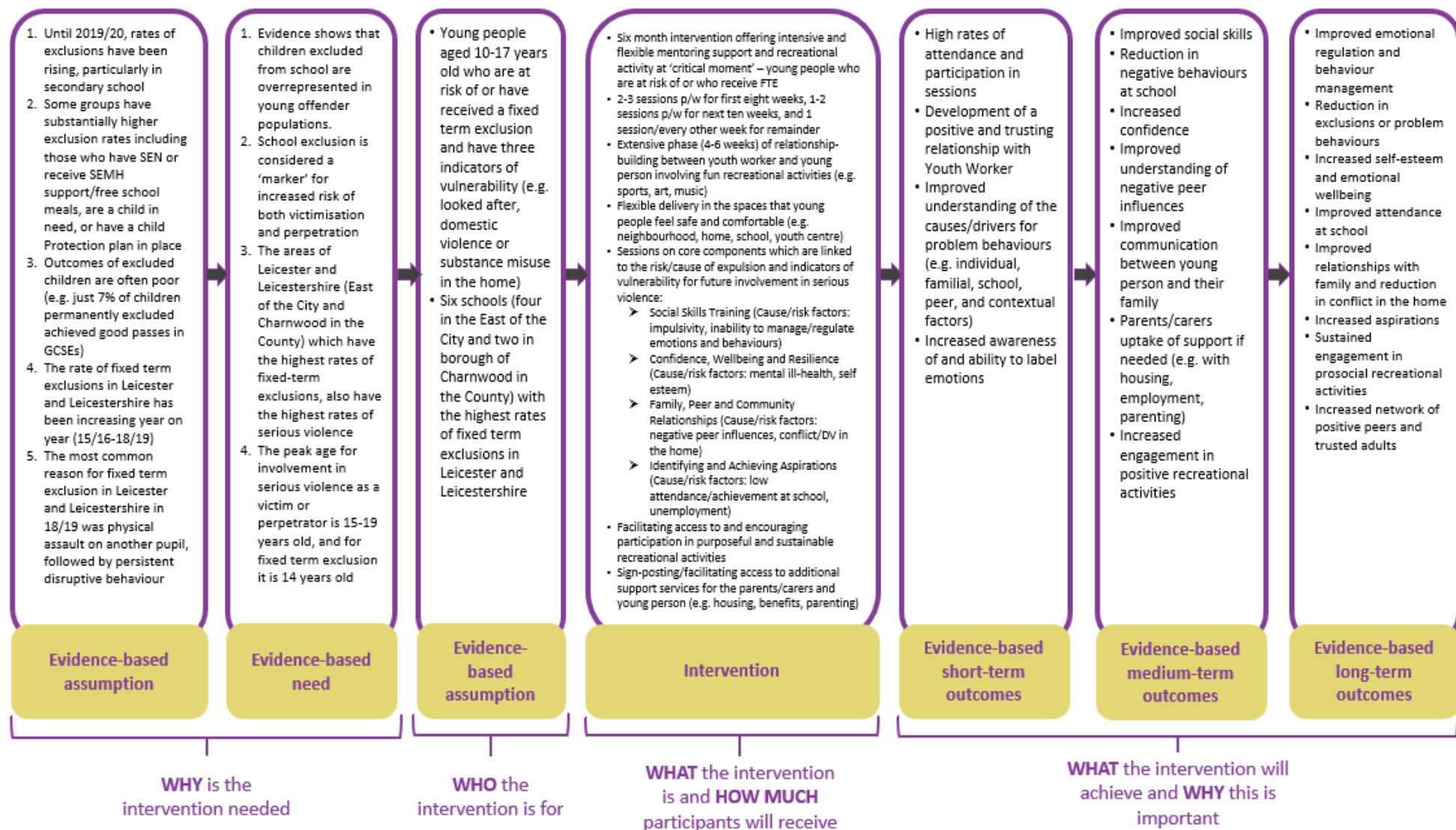
Evidence-based assumption

1. Until 2019/20, rates of exclusions have been rising, particularly in secondary school
2. Some groups have substantially higher exclusion rates including those who have SEN or receive SEMH support/free school meals, are a child in need, or have a child Protection plan in place
3. Outcomes of excluded children are often poor (e.g. just 7% of children permanently excluded achieved good passes in GCSEs)
4. The rate of fixed term exclusions in Leicester and Leicestershire has been increasing year on year (15/16-18/19)
5. The most common reason for fixed term exclusion in Leicester and Leicestershire in 18/19 was physical assault on another pupil, followed by persistent disruptive behaviour

Evidence-based need

1. Evidence shows that children excluded from school are overrepresented in young offender populations.
2. School exclusion is considered a 'marker' for increased risk of both victimisation and perpetration
3. The areas of Leicester and Leicestershire (East of the City and Charnwood in the County) which have the highest rates of fixed-term exclusions, also have the highest rates of serious violence
4. The peak age for involvement in serious violence as a victim or perpetrator is 15-19 years old, and for fixed term exclusion it is 14 years old

Evidence-based assumption

- Young people aged 10-17 years old who are at risk of or have received a fixed term exclusion and have three indicators of vulnerability (e.g. looked after, domestic violence or substance misuse in the home)
- Six schools (four in the East of the City and two in borough of Charnwood in the County) with the highest rates of fixed term exclusions in Leicester and Leicestershire

Intervention

- Six month intervention offering intensive and flexible mentoring support and recreational activity at 'critical moment' – young people who are at risk of or who receive FTE
- 2-3 sessions p/w for first eight weeks, 1-2 sessions p/w for next ten weeks, and 1 session/every other week for remainder
- Extensive phase (4-6 weeks) of relationship-building between youth worker and young person involving fun recreational activities (e.g. sports, art, music)
- Flexible delivery in the spaces that young people feel safe and comfortable (e.g. neighbourhood, home, school, youth centre)
- Sessions on core components which are linked to the risk/cause of expulsion and indicators of vulnerability for future involvement in serious violence:
  - Social Skills Training (Cause/risk factors: impulsivity, inability to manage/regulate emotions and behaviours)
  - Confidence, Wellbeing and Resilience (Cause/risk factors: mental ill-health, self esteem)
  - Family, Peer and Community Relationships (Cause/risk factors: negative peer influences, conflict/DV in the home)
  - Identifying and Achieving Aspirations (Cause/risk factors: low attendance/achievement at school, unemployment)
- Facilitating access to and encouraging participation in purposeful and sustainable recreational activities
- Sign-posting/facilitating access to additional support services for the parents/carers and young person (e.g. housing, benefits, parenting)

Evidence-based short-term outcomes

- High rates of attendance and participation in sessions
- Development of a positive and trusting relationship with Youth Worker
- Improved understanding of the causes/drivers for problem behaviours (e.g. individual, familial, school, peer, and contextual factors)
- Increased awareness of and ability to label emotions

Evidence-based medium-term outcomes

- Improved social skills
- Reduction in negative behaviours at school
- Increased confidence
- Improved understanding of negative peer influences
- Improved communication between young person and their family
- Parents/carers uptake of support if needed (e.g. with housing, employment, parenting)
- Increased engagement in positive recreational activities

Evidence-based long-term outcomes

- Improved emotional regulation and behaviour management
- Reduction in exclusions or problem behaviours
- Increased self-esteem and emotional wellbeing
- Improved attendance at school
- Improved relationships with family and reduction in conflict in the home
- Increased aspirations
- Sustained engagement in prosocial recreational activities
- Increased network of positive peers and trusted adults

WHY is the intervention needed

WHO the intervention is for

WHAT the intervention is and **HOW MUCH** participants will receive

WHAT the intervention will achieve and **WHY** this is important

Figure 2 - Theory of Change for The Reach Programme

Alongside a ToC, it is also good practice to develop an intervention blueprint. A blueprint is a plan which outlines the intervention's core components or activities (e.g. mentoring, employability skills, recreational activity) and their objectives, and illustrates how these link to the outcomes specified within your Theory of Change. As outlined by the EIF, having a blueprint of your intervention is useful for a number of reasons:

1. It will help you to consider the nature of the intervention's activities in terms of whether they are easy to deliver, engaging and suitably varied
2. It will enable you to identify whether the intensity and length of the intervention is appropriate for achieving the intended outcomes
3. It will demonstrate whether there is an obvious and logical connection between the intervention's activities and their objectives, and the overall outcomes
4. It will help with training and quality assurance purposes and will inform the development of learning materials and resources

Using the same example as set out previously, an intervention blueprint was developed for The Reach Programme (see Table 2) to ensure that there were clear links between the core components of the programme and the intended outcomes – an excerpt of the blueprint is provided on the next page. This was developed in collaboration with the delivery partners who then used it as the basis for the development of the intervention's learning materials and resources. As with the ToC, the accuracy and appropriateness of the blueprint will be assessed as part of the first-year evaluation of the programme and subsequently revised based upon these finding.

Conclusion

This Briefing has provided an overview of principles of public health approaches to violence prevention which included the adoption of a whole-system approach with a place-based focus. It emphasised the importance of prevention activity which spanned the life-course, and which embodied the 5 C's: community consensus, collaboration, co-production, co-operation in data sharing, and counter narrative.

The Briefing also covered the 'best bets' when it comes to violence prevention interventions and approaches. Evidence of impact is particularly strong for focused deterrence, social skills training, cognitive behaviour therapy, pre-court diversion and mentoring. Finally, it highlighted how professionals could make a start on new interventions or revisit established programmes to strengthen quality and evaluation activity. Developing a Theory of Change and an Intervention Blueprint are some of the key ingredients in the adoption of public health approach to violence prevention.

CORE COMPONENT	CONTENT	OBJECTIVE	SHORT TERM OUTCOMES
1. Identifying the right mentor	Evidence suggests that giving young people a voice in who they are mentored by can lead to the development of a stronger relationship. Based upon the assessment conducted – in terms of a young person's preference and interests – the young person is matched with an appropriate Youth Worker who will act as a mentor throughout the programme. A young person has the option to change their Youth Worker if there are challenges in building a positive relationship.	To match a young person with the most suitable Youth Worker	Development of a positive and trusting relationship with Youth Worker
2. Social skills training	These sessions will involve recapping the situations and experiences which lead to negative displays of behaviour (as identified in the core activity 'Understanding Behaviour). To begin with sessions will focus on the feelings that young people feel, identifying the intensity of these feelings and understanding the difference between feelings and behaviours. Attention will turn to discussing the feelings and perspectives of others such as family members, peers and teachers, including reading and interpreting social cues. These sessions will include role play and perspective taking. The remaining sessions will focus on tools to help manage feelings including relaxation and breathing exercises and communication skills.	To become more aware of and be able to label emotions To be able to understand others' points of view and assess others' emotions To use new strategies for self-control and emotional management To use new interpersonal problem-solving strategies to develop and implement effective plans for interpersonal and school-related challenges	Improved social skills, emotional regulation and behaviour management Reduction in negative behaviours at school
3. Positive family, peer and community relationships	The Youth Worker will discuss positive relationships with the young person. They will explore positive and negative relationships in each domain: • Within the family – at home and extended family • Positive and negative peers – what makes a positive/ negative peer? How to resist negative peer influences • Community – who is in their local community? • Formal/informal relationships	To identify the drivers/causes of conflict in the home environment and to develop strategies to reduce and avoid these tensions To help with a young person's commitment to the intervention	Improved communication between young person and their family Parents/carers uptake of support if needed (e.g. with housing, employment, parenting)

	The Youth Worker will also speak to the young person's family, and spend time with their friends to gain a contextual understanding of their family and peer relationships.	To understand what negative peer influences are and why positive peer support is important To identify ways of resisting negative peer influence To identify positive community bonds and resources To identify existing and new support structures within and beyond the family	Improved relationships with family and reduction in conflict in the home Increased network of positive peers
4. Recreational activities	The Youth Worker will identify purposeful recreational activities that interest the young person. These sessions will take place alongside the problem behaviours and emotional management interventions. Where appropriate family member and positive peers will be encouraged to also participate in these activities. The Youth Worker will facilitate access to these opportunities and attend/participate if necessary to encourage participation. While at the beginning, recreational activities might include fun activities such as bowling, the Youth Worker will aim to identify more sustainable activities which the young person can continue beyond the project, such as football, youth groups, music clubs, or cooking/baking.	To identify purposeful and sustainable recreational opportunities To maintain interest and engagement in the intervention To provide positive peer group experiences and opportunities to develop social skills To improve mental and physical health	Increased engagement in positive recreational activities Increased confidence Increased network of positive peers and trusted adults

Table 2 – Blueprint for The Reach Programme