Southport Inquiry Phase 2
Violence Fixated Individuals: Lessons from threat management and multi-agency processes other than Prevent

Trusting Hands Gateshead
Framework for Integrated Care Vanguard

Dr Aisling Martin, Consultant Clinical Psychologist, Trusting Hands Gateshead

AislingMartin@Gateshead.gov.uk

Acknowledgements:

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Instruction questions

How does the Trusting Hands model integrate psychological expertise into safeguarding processes, and what impact has this had on the identification and management of individuals with complex needs and risks?

What value does embedding psychologists within multi-agency safeguarding arrangements bring to risk assessment, decision making, and intervention planning, particularly where risk does not fit neatly within criminal justice, mental health, or safeguarding frameworks?

What lessons from the Trusting Hands Vanguard site are most applicable to the identification, assessment, and management of violence-fixated individuals?

Framework for Integrated Care

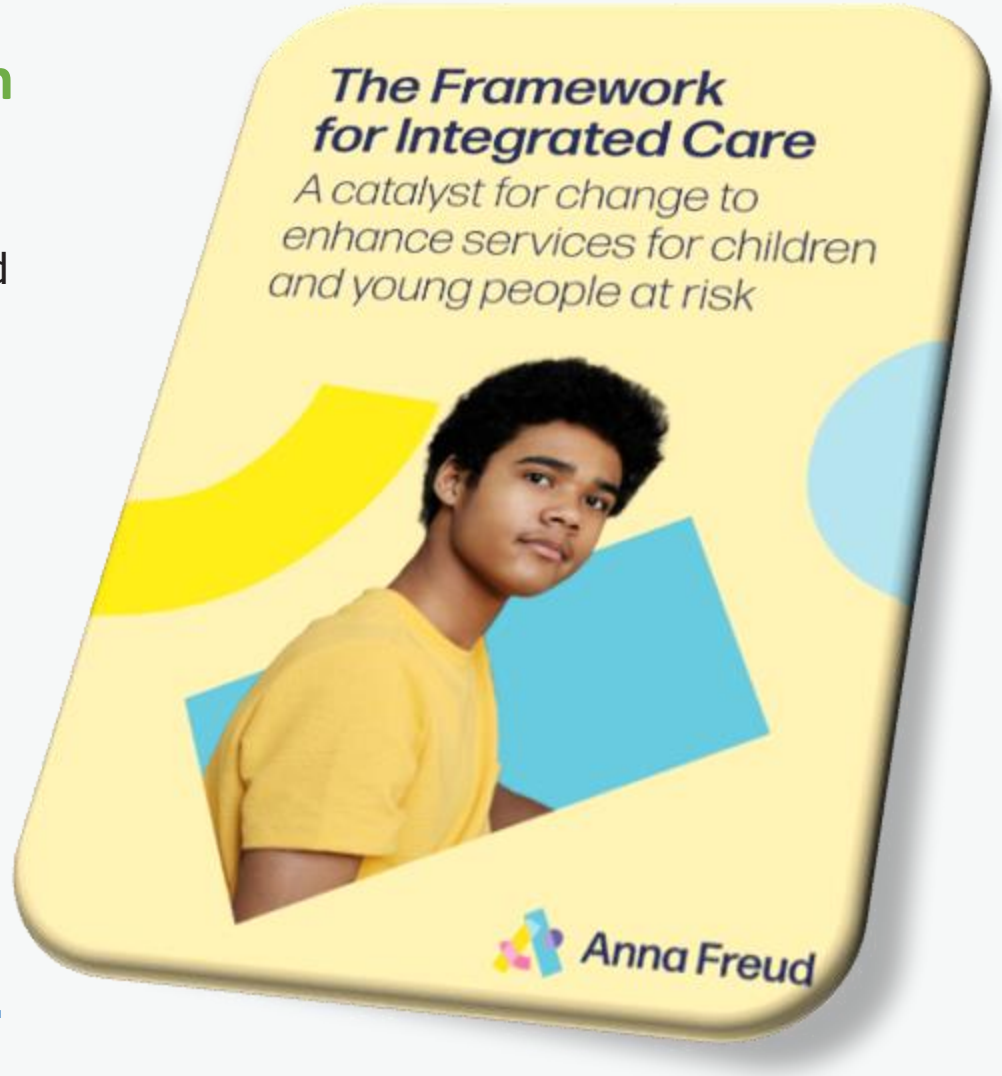
A catalyst for change to enhance services for children and young people at risk

The Framework for Integrated Care is a set of evidence-informed guiding principles and practices, not a prescribed way of doing things.

These principles and practices can act as a catalyst for cultural and organisational change.

For children and young people experiencing some of the highest levels of need, adversity and health and social inequalities, support systems can become disjointed, inconsistent and unhelpful.

The Framework for Integrated Care was developed in recognition of this.



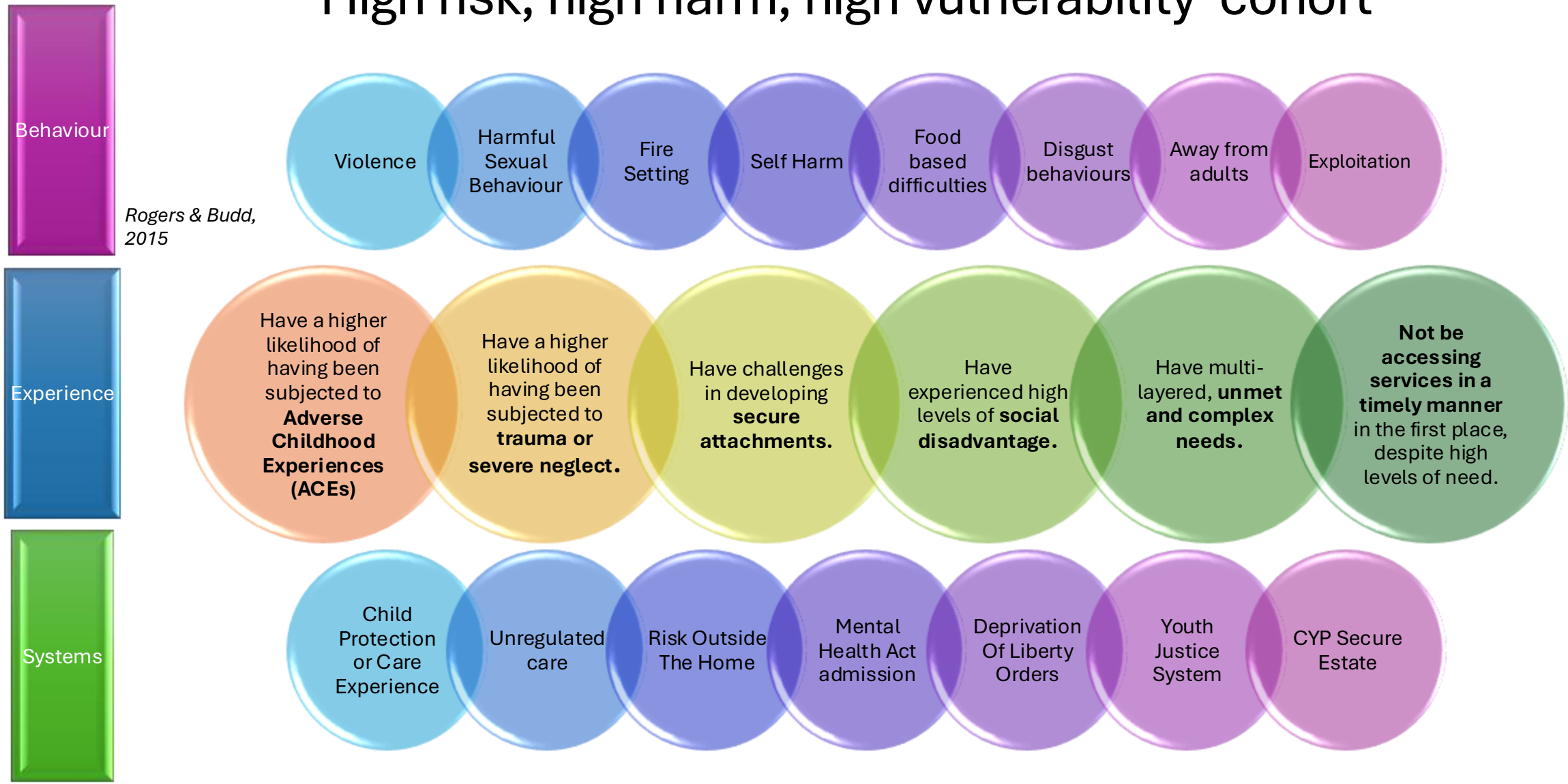
https://www.annafreud.org/services/services-for-professionals/the-framework-for-integrated-care-a-catalyst-for-change/

Framework for Integrated Care (FfIC)

- Relationally-informed, whole systems approach
- Shifts the question from *'What's wrong with you?'* to *'What happened to you?'*
- Recognises the parallel processes of trauma in systems
- Focus of intervention is the system around the child

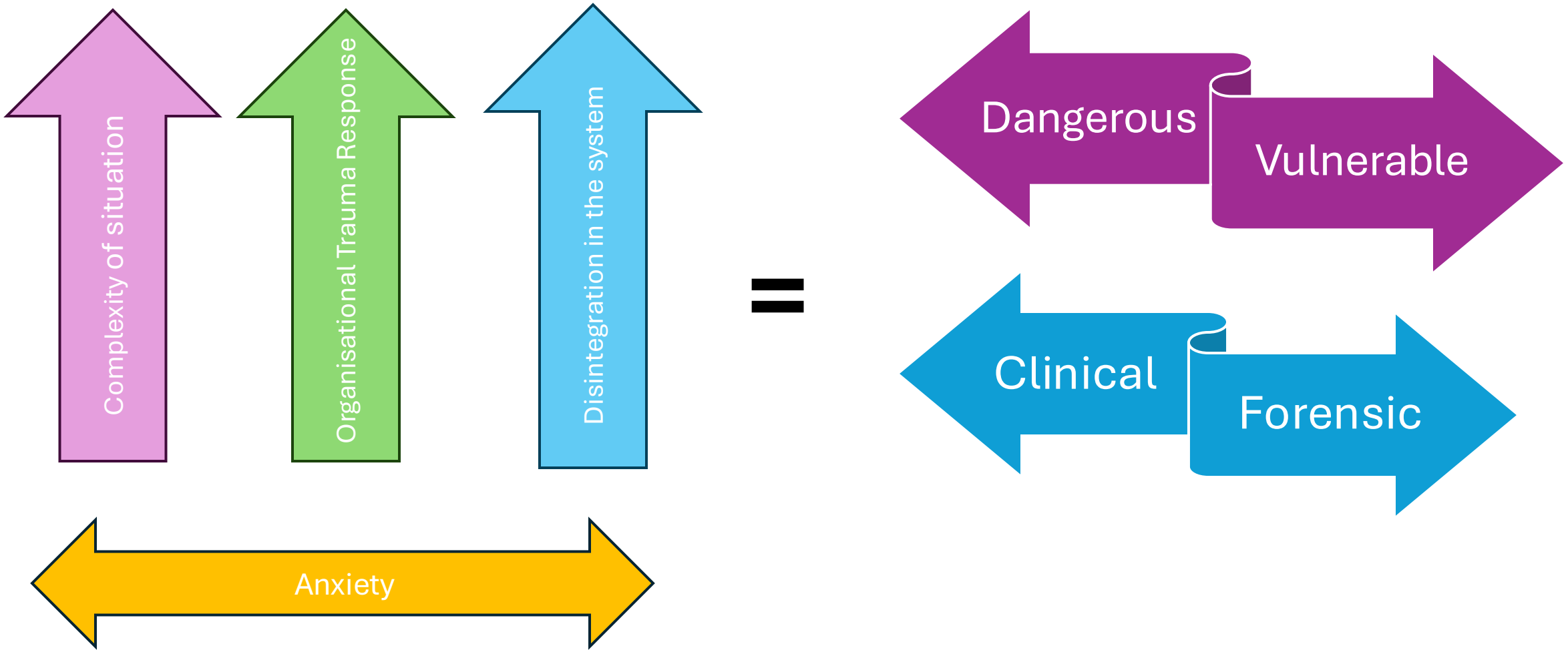
Image: Anna Freud, 2024

*'High risk, high harm, high vulnerability' cohort

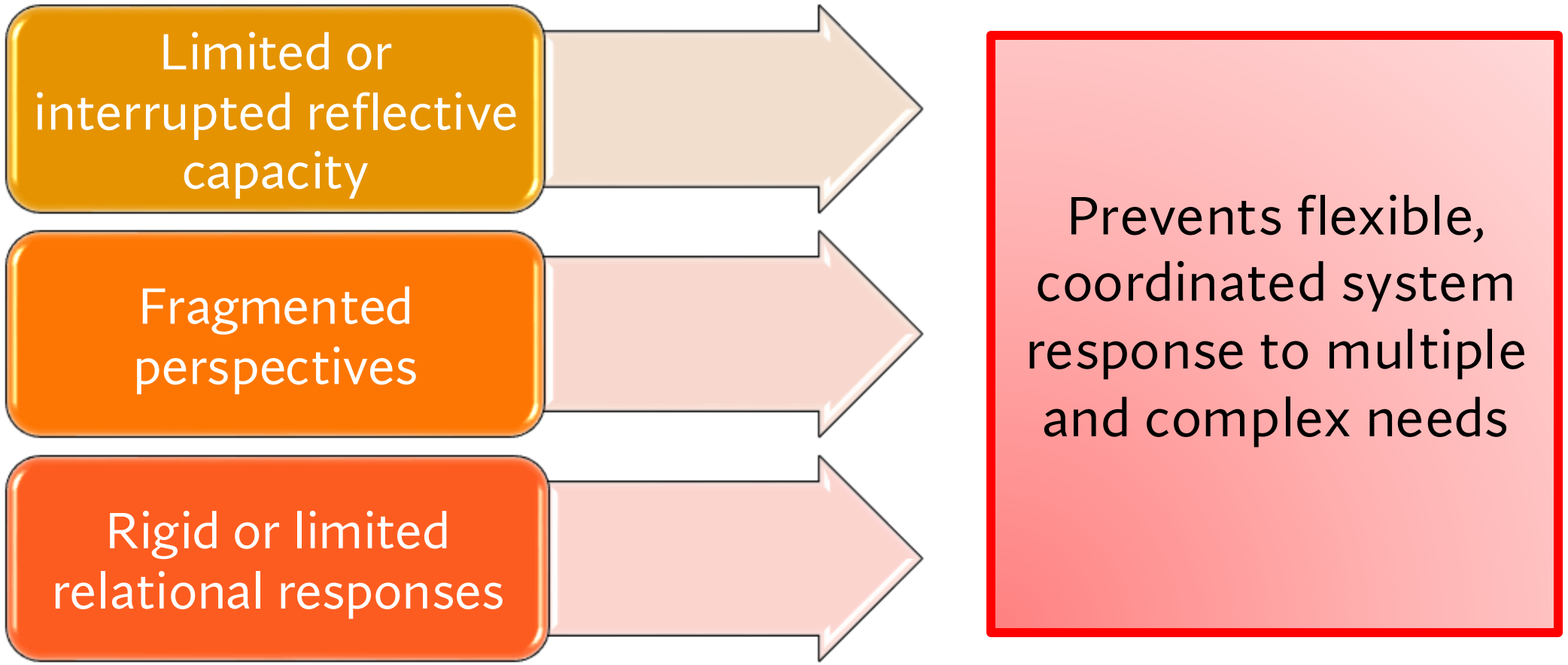


*Taylor, Shostak, Rodgers & Mitchell, 2018

Parallel Processes and Polarisation

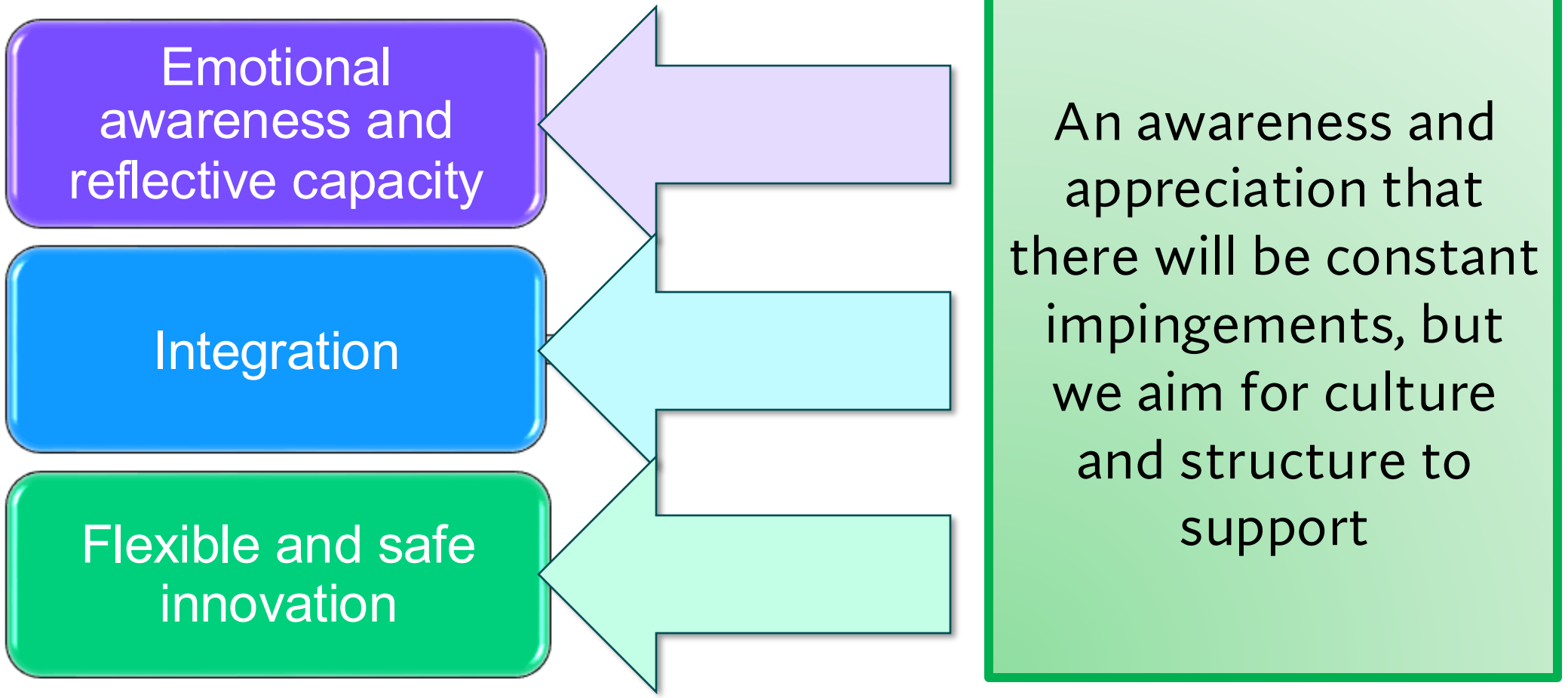


Signs systems are becoming traumatised



Adapted from Harvey, 2024

So what?



Adapted from Harvey, 2024

Trusting Hands Gateshead / Future Focus Newcastle

- Collaboration between Newcastle and Gateshead local authorities and Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW).
- Psychology-led multidisciplinary teams: psychology, speech and language therapy, occupational therapy, nursing, and advanced practitioners.
- Senior clinicians (Band 7 +), highly experienced in working with children in complex contexts.
- Embedded into Children in Care teams, Youth Justice, Contextual Safeguarding and Residential Care; co-located within the local authority.

Gateshead Council

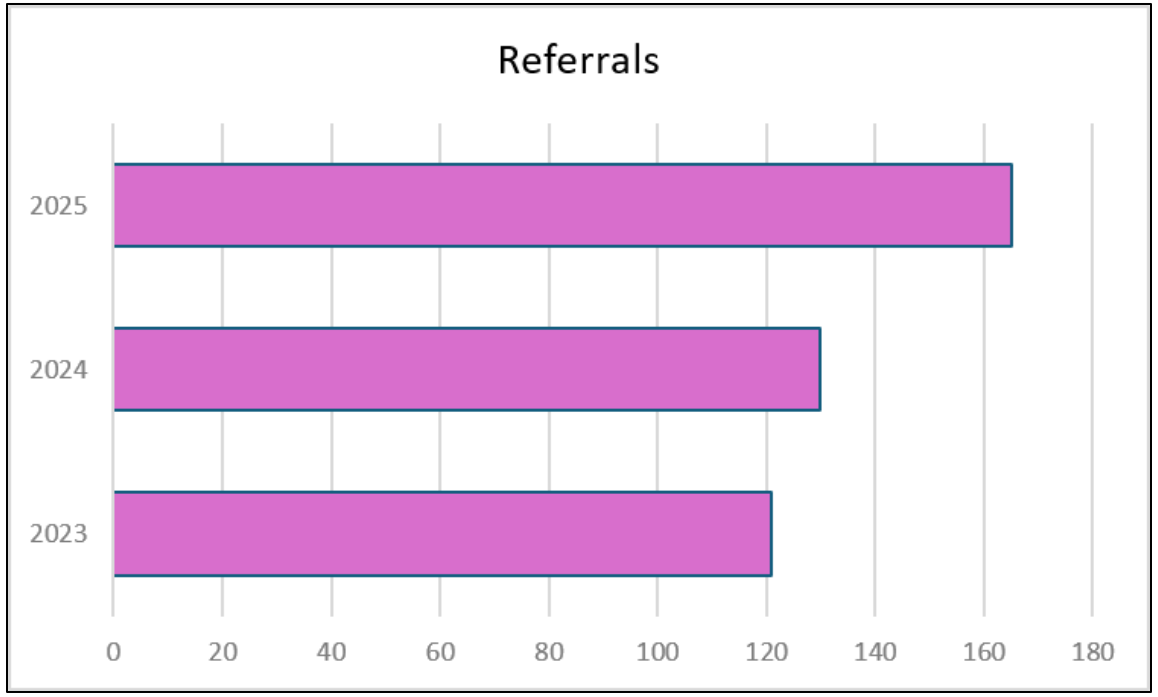
STRENGTHENING CONNECTIONS THROUGH TRUSTING HANDS GATESHEAD STORIES, SAFETY, COMPASSION AND CARE

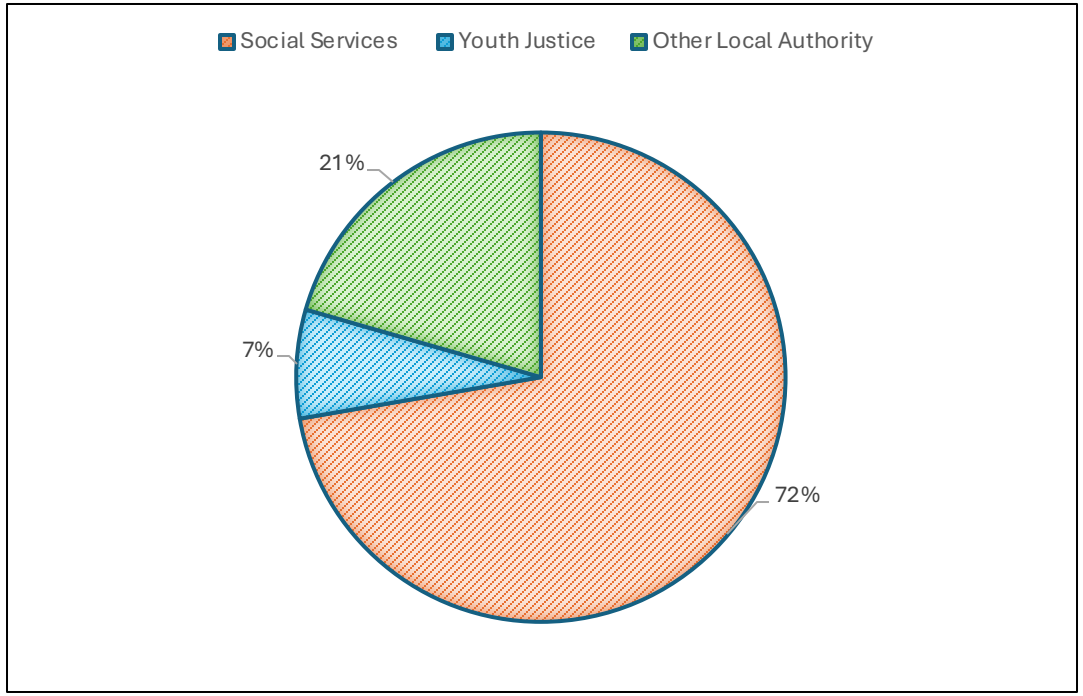
Newcastle City Council

Future Focus
Trauma informed care

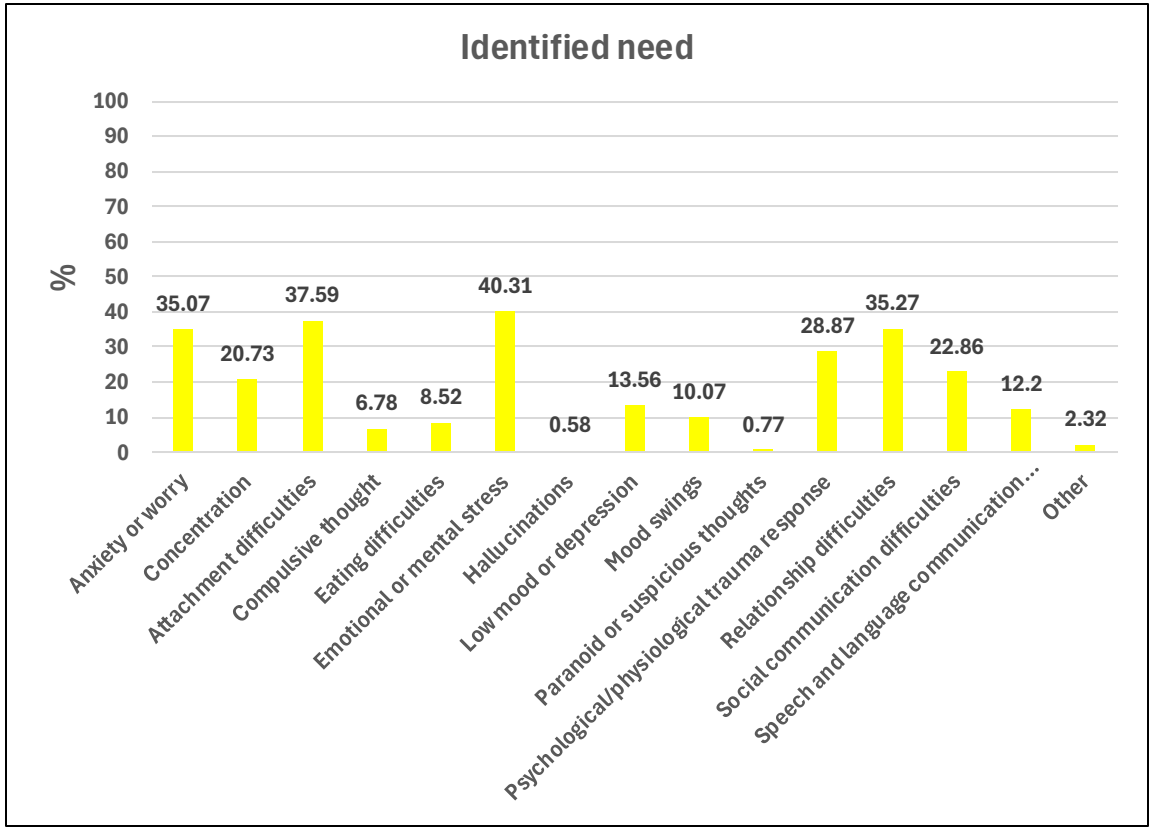
NHS
Cumbria, Northumberland, Tyne and Wear
NHS Foundation Trust

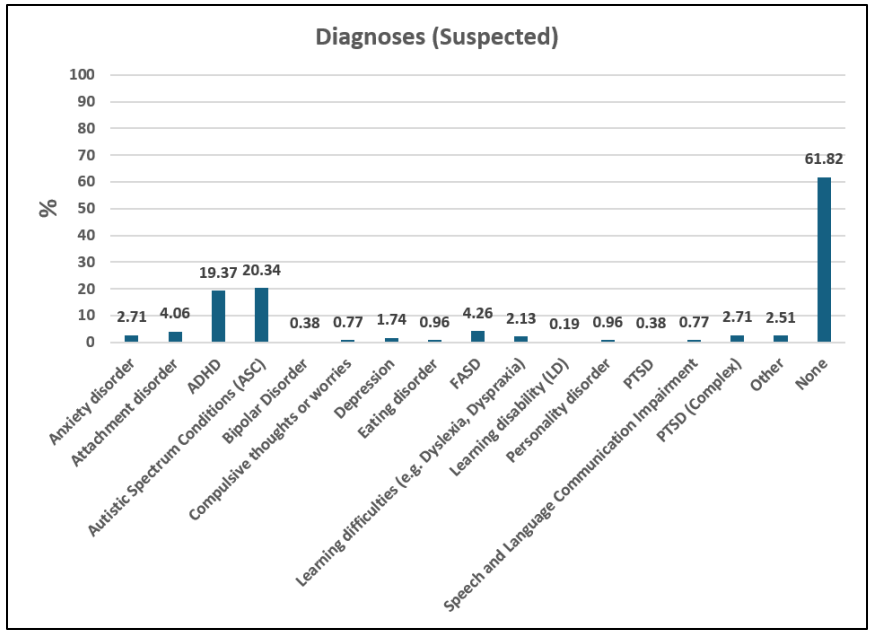
Referral data

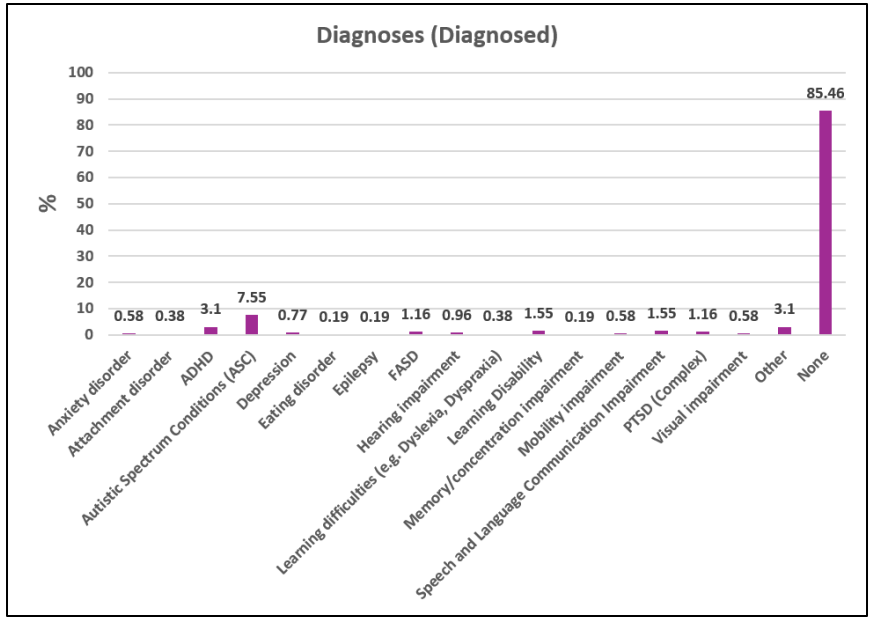




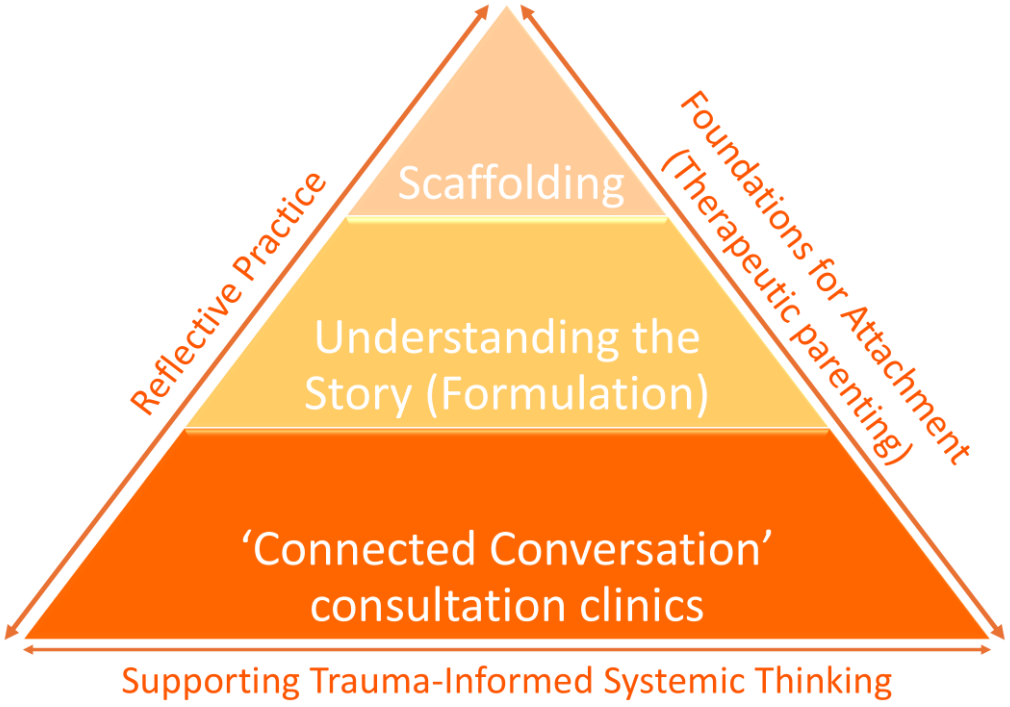
Identified needs
(Corresponding to NHSE dataset)







Key Interventions



- Consultation
- 'Understanding the Story' (formulation)
- Training (workforce and carers)
- Scaffolding and supervision
- Reflective practice
- Contributions to multiagency care and risk planning
- Liaison with multiagency partners (including locality mental health services)
- Strategic and organisational influence and support

‘Understanding the Story’ (Formulation)

- Multiagency approach to develop a shared understanding of the child and system
- Integrates multiple perspectives
- Considers how risk, needs and difficulties interconnect and are maintained
- Identifies strengths and protective factors (within the child and system)
- Guides risk management, goal setting, intervention planning and decision making
- Dynamically reviewed

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What it looks like

- Chronology / information gathering
- Two experienced clinicians
- Minimum 2-hour face to face meeting
- Professionals directly involved in the child's care and support network
- '5Ps framework', narrative formulation, systemic formulation, timeline-based approaches or enhanced case management informed by the Trauma Recovery Model (Skuse & Matthew 2015).
- Written understanding of the child's story and presentation, recommendations and coordinated plan shared.
- Ongoing scaffolding helps the system remain connected to the child's story.

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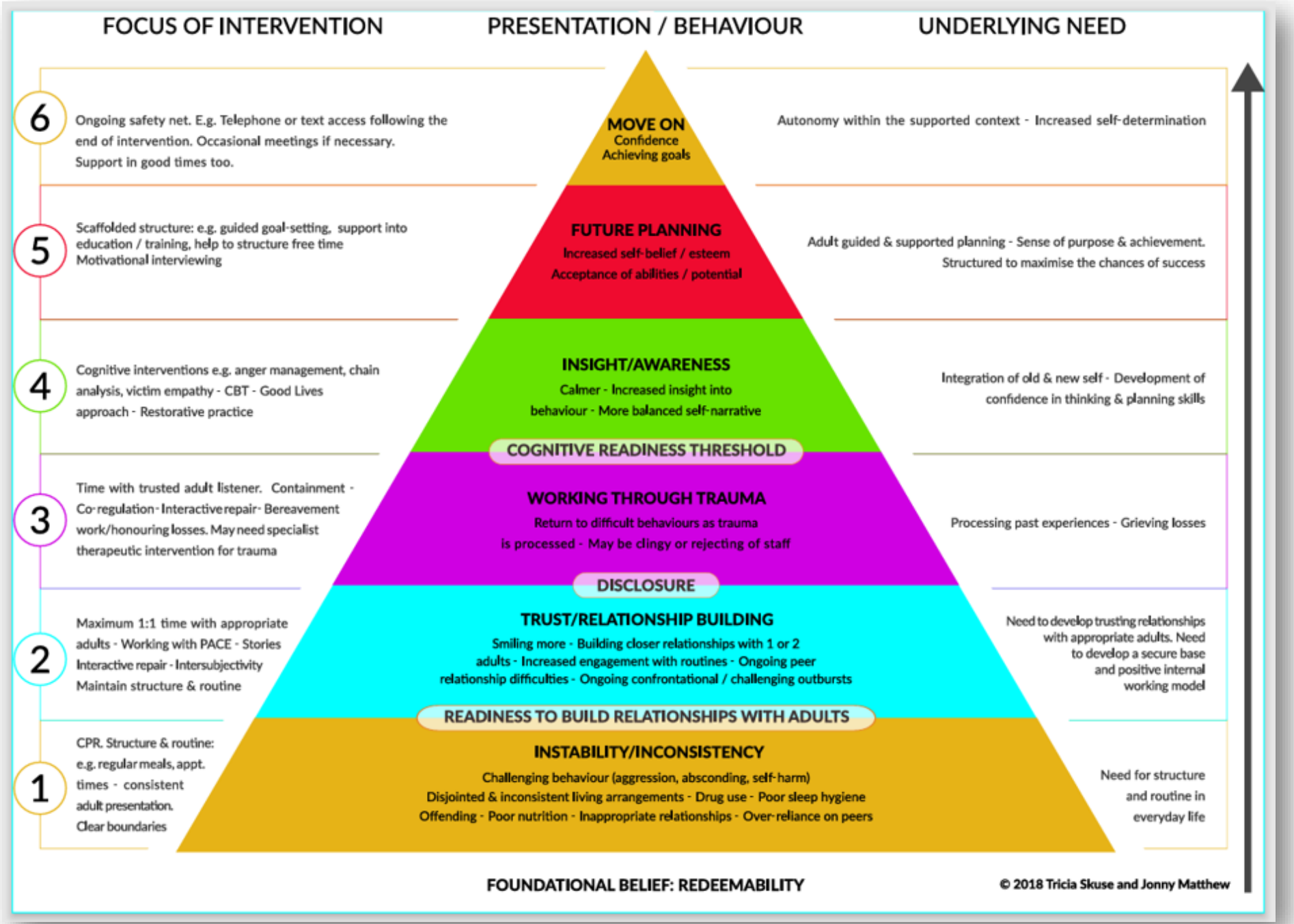
FOCUS OF INTERVENTION
PRESENTATION / BEHAVIOUR
UNDERLYING NEED
6
Ongoing safety net. E.g. Telephone or text access following the end of intervention. Occasional meetings if necessary. Support in good times too.
MOVE ON
Confidence
Achieving goals
Autonomy within the supported context - Increased self-determination
5
Scaffolded structure: e.g. guided goal-setting, support into education / training, help to structure free time
Motivational interviewing
FUTURE PLANNING
Increased self-belief / esteem
Acceptance of abilities / potential
Adult guided & supported planning - Sense of purpose & achievement. Structured to maximise the chances of success
4
Cognitive interventions e.g. anger management, chain analysis, victim empathy - CBT - Good Lives approach - Restorative practice
INSIGHT/AWARENESS
Calmer - Increased insight into behaviour - More balanced self-narrative
Integration of old & new self - Development of confidence in thinking & planning skills
COGNITIVE READINESS THRESHOLD
3
Time with trusted adult listener. Containment - Co-regulation - Interactive repair - Bereavement work/honouring losses. May need specialist therapeutic intervention for trauma
WORKING THROUGH TRAUMA
Return to difficult behaviours as trauma is processed - May be clingy or rejecting of staff
Processing past experiences - Grieving losses
DISCLOSURE
2
Maximum 1:1 time with appropriate adults - Working with PACE - Stories
Interactive repair - Intersubjectivity
Maintain structure & routine
TRUST/RELATIONSHIP BUILDING
Smiling more - Building closer relationships with 1 or 2 adults - Increased engagement with routines - Ongoing peer relationship difficulties - Ongoing confrontational / challenging outbursts
Need to develop trusting relationships with appropriate adults. Need to develop a secure base and positive internal working model
READINESS TO BUILD RELATIONSHIPS WITH ADULTS
1
CPR. Structure & routine: e.g. regular meals, appt. times - consistent adult presentation.
Clear boundaries
INSTABILITY/INCONSISTENCY
Challenging behaviour (aggression, absconding, self-harm)
Disjointed & inconsistent living arrangements - Drug use - Poor sleep hygiene
Offending - Poor nutrition - Inappropriate relationships - Over-reliance on peers
Need for structure and routine in everyday life
FOUNDATIONAL BELIEF: REDEEMABILITY
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Behaviour-focused approaches

Joe lacks motivation has ‘conduct disorder’ & suspected ADHD and depression. He is disengaged, defiant, displays violence and has ‘anger management’ difficulties

MANAGEMENT = behavioural management support, referral for assessment/medication for ADHD & CBT for depression, ‘thinking skills’ for anger management and violence

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Joe’s story

Joe finds it difficult to recognise and manage his emotions, especially anger, due to early neglect, discrimination from others, and exposure to domestic violence. These experiences have likely shaped his stress response, leaving him in a constant state of high alert. This ongoing anxiety and potential impact on executive functioning is likely to affect his concentration, emotional and behavioural regulation, impulse control, and focus - similar to ADHD traits.

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Joe’s story

His early relationships were emotionally inconsistent and unreliable, and he has experienced discrimination by others, leading him to become highly self-reliant and to expect others to let him down. Deep down, Joe anticipates rejection, which has shaped a ‘street-wise’ coping style. He avoids asking for help, keeps his feelings hidden, and tries to maintain control through overthinking and excessive independence. While this strategy helps him feel safe in the short term, it often results in a build-up of emotion that eventually erupts in aggressive or defiant behaviour, what could be described as a “bottle, bottle, bang” pattern.

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Joe’s story

Joe’s low mood and motivation likely stem from loneliness and repeated rejection. He tends to blame himself when things go wrong, feeling ashamed, which makes it harder to connect with others. His behaviour can push people away, reinforcing isolation and impacting self-worth.

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Joe’s story

He likely missed opportunities to learn healthy emotional expression and empathy. Professionals working with Joe hold differing views, some see oppositional behaviour needing boundaries, others suspect ADHD, while some believe trauma is central and advocate for therapy. These mixed perspectives have led to inconsistent support, frequent referrals, and systemic frustration.

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An approach that understands the story

Teaching Joe to “manage” anger or think about the impact of his behaviour on others is unlikely to work on its own. In fact, it might make him focus too much on thinking, increasing obsessionality and bottling things up even more. Authoritarian approaches and isolation will probably confirm his belief that “people reject me,” reinforcing old patterns.

Joe might need:

- Aligned support
- Safe, trusting relationships
- Support for caregivers
- Physical and social outlets
- Individual therapy

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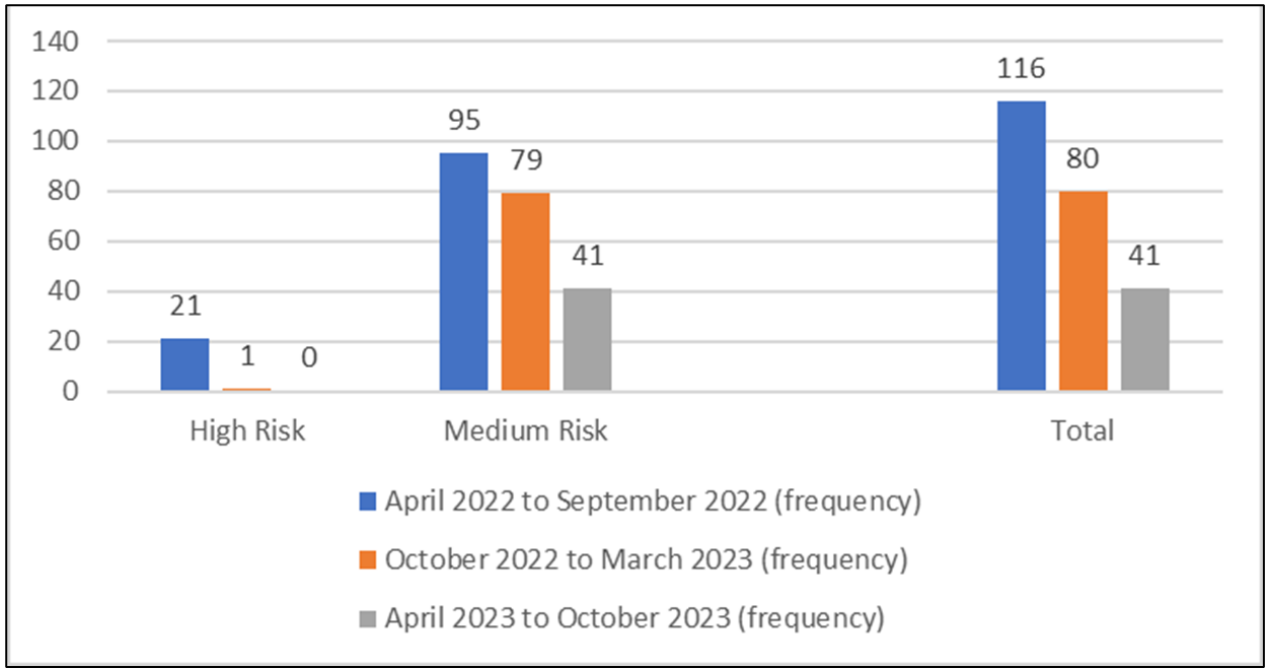
Case Example 1



Frequency of missing intervals by risk level

Background

- 16yo female in local authority residential care.
- Multiple changes of home
- Previous secure accommodation (S25 welfare)

Intervention

- Understanding the Story with multiagency care team
- Ongoing consultation to residential team to connect behaviours to underlying need based on understanding of her experiences
- Reflective practice to the staff team to contain their own anxieties
- Contribution to multiagency ‘trigger plan’ to promote consistent responding to missing episodes.

Outcome

- Reduction in frequency and risk of missing intervals.

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Case example 2

Background

- 14yr old male, residential care, history of developmental trauma
- Vulnerability to exploitation; violent and acquisitive offending; school disruption

Intervention

- YJS pathway: Enhanced Case Management, ‘SAVRY’, ‘Child First’ approach
- Residential: SLCN input, consultation, reflective practice

Outcomes

- System: Containment, collaborative working, shared risk management/decision making
- Child: Reduction in risk and offending behaviour, improved wellbeing, trauma therapy

How does the Trusting Hands model integrate psychological expertise into safeguarding processes, and what impact has this had on the identification and management of individuals with complex needs and risks?

- Shared understanding of risk, need, vulnerability, and behaviour within the context of a child's life history and experiences
- Integrating multiple perspectives improves identification of complex risk
- Developmentally aligned psychological thinking
- Recognises and responds to organisational trauma and system anxiety

What value does embedding psychologists within multi-agency safeguarding arrangements bring to risk assessment, decision making, and intervention planning, particularly where risk does not fit neatly within criminal justice, mental health, or safeguarding frameworks?

- Embedded and co-located clinicians
- Psychological thinking
- Formulation-based discussions
- Building collective capability to understand and manage complexity

What lessons from the Trusting Hands Vanguard site are most applicable to the identification, assessment, and management of violence-fixated individuals?

- We cannot look at violence in isolation
- We can understand and respond to risk in the absence of a diagnosis
- Psychologically-informed formulation is a risk assessment
- Individual risk needs to be understood in the context of the wider system
- Managing anxiety within systems enables thinking and effective decision making
- Psychological and developmentally-informed thinking, along with systemic practice, leads to integration

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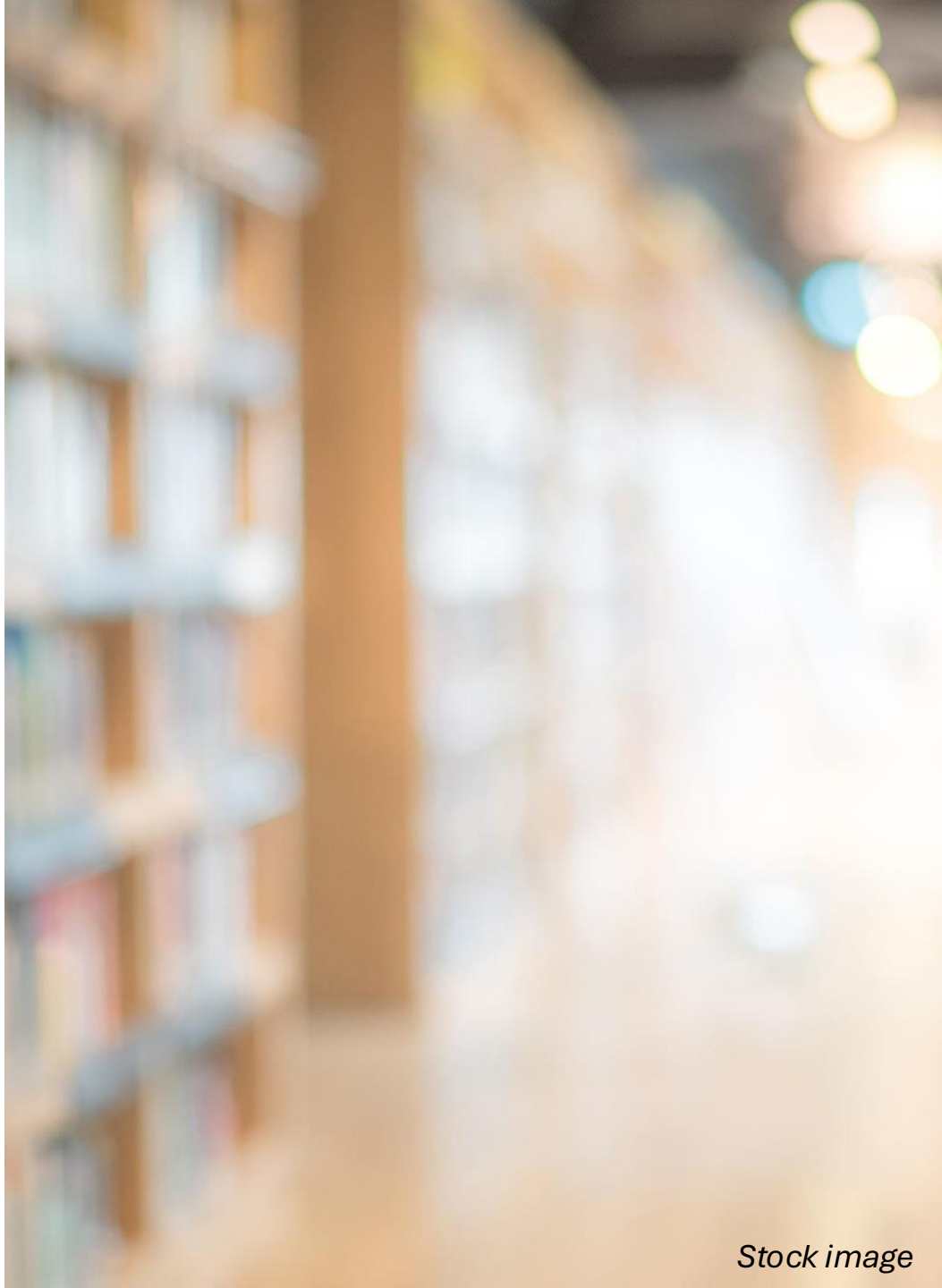

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