



**ASK US**  
Advice toolkit

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## GOOD PRACTICE IN GIVING ADVICE TO YOUNG PEOPLE – SESSION NOTES

This resource is part of the Ask Us Advice Toolkit. For more information or queries on any of the topics covered in this toolkit, or to find out about training and consultancy the Ask Us partners can offer please contact [enquiries@1625ip.co.uk](mailto:enquiries@1625ip.co.uk)



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# GOOD PRACTICE IN GIVING ADVICE TO YOUNG PEOPLE – SESSION NOTES

## Slide 1 – Session Aims.

Welcome  
Housekeeping

## Slide 2

What is/was Ask Us?

## Slide 3 Start with the person, not the law

### Whole advice vs Whole person

Whole person approach

- Builds resilience
- Uses strength-based questions
- An understanding of ACEs, trauma informed awareness and the secure base
- Reframing relationships that have been historically negative
- Builds opportunities for positive activities, actions and support

Advisers work with the 'Whole Advice' approach

Whole Advice approach - We need to know all contributing factors to accurately offer advice and options.

Whole Person approach. It's good practice to know contributing factors in the young person's life that could act as barriers to them getting and then acting on the advice process.

If we don't know enough about the person, then we have already potentially put barriers in place for them and us to work together.

This can often be daunting because we will need to have conversations with the clients that are 'difficult' but ultimately, they will ascertain what needs the client has and what barriers they need to overcome for the advice process to be successful.

The whole person approach will look at aspects of the young person's life that could impact their ability to carry out any tasks we set them with the advice process.



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These could be, but not limited to:

- Opening post
- Getting information like bank statements,
- Making appointments,
- Keeping appointments

By being aware of what a young person has experienced in their early years and the complex effects that that can have on their development we can be much better prepared for some of their behaviours and presenting symptoms that may accompany them when they attend appointments.

Knowledge of the 'why' this client group faces the barriers and complexities they do is helpful - to bring a better understanding to why they present with the issues they do and, in the crisis, they do.

Advisers/solicitors often need answers to very rigid questions. Some questions might feel to a young person that they have no relevance to them but we do need to find this information out to do our job.

We've found that a helpful balance to strike is interspersing informal, trusted, wide-ranging strength-based questions.

You still need to know the answers to your advice questions for the whole advice approach but you also need to build in the whole person approach.

This can look like:

### **Slide 4 - Handout of strengths based questions for session.**

“What’s important to you in this?”

“What would a good outcome look like for you?”

This is a joint effort and builds shared purpose and ownership.

An unhelpful place to be is to only having formal, narrowly-focused, brittle conversations:

“as an adviser .... and this is what you should do”

Or

“I need the answers to the following questions”.

Strengths based questions are useful for this as they can help identify any barriers to completing advice tasks without sounding like you're being negative. They allow for a young person to problem solve their own issues and offer their own solution.



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### Slide 5

#### How a young person's brain works

Amygdala and the pre-frontal cortex

Over the last 15-20 years much research has been done to look at the **'adolescent brain'** and at what point we become a 'grown up' Science has shown that it's much more complex than boiling it down to life events.

Studies show that young people are scientifically hardwired to make decisions from their Amygdala. During the teenage years this part of the brain undergoes a significant change and where decisions were primarily made in this part, there is a change happening where decisions start to be made from the Prefrontal cortex.

But during the teenage years and through to the mid 20's the amygdala is the hub for decision making.

Research also shows that melatonin (the "sleep hormone") levels in the blood are naturally higher later at night and drop later in the morning in teens than in most children and adults. This difference may explain why many teens stay up late and struggle with getting up in the morning.

Teens/young people should get about 9 to 10 hours of sleep a night, but most teens/young people do not get enough sleep. A lack of sleep can make it difficult to pay attention, may increase impulsivity, and may increase the risk for irritability or depression.

Would an appointment first thing in the morning be appropriate?

The amygdala's function includes responses associated with fear. Trigger's Fight, Flight, freeze or fawn response.

Check understanding of Fight, flight, freeze, fawn (the tiger analogy). If a big scary tiger jumps into the room:

- Fight – you attack the tiger
  - Flight – you run away from the tiger
  - Freeze – You hide from the tiger
  - Fawn – Beg the tiger not to eat you.
- 
- Emotional Responses - This is where fear and aggression are triggered. Research recently suggests that it is also responsible for other emotions.
  - Processing emotional memory - If someone has had a difficult response or relationship with services then this is where that emotional response to the memory is stored. Hippocampus stores long term memories; the amygdala holds the associated memory.
  - Hormone released - Hormones like cortisol This is when there is a threat, the Amygdala sends out stress hormones and the body responds with physical symptoms. (e.g heart racing, dry mouth, butterflies, panic response you feel)
  - The amygdala is associated with emotions, impulses, aggression and instinctive behaviour.



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At around your mid 20's the brain starts to shift and changes and starts being able to make decisions using the prefrontal cortex. It shifts from its instinctive emotional thinking into a much more emotionally regulated and flexible process.

### Slide 6

#### The Prefrontal Cortex

The prefrontal cortex is often referred to as the CEO of the brain. It makes the planning decisions, can break them down into smaller, more manageable, less intimidating steps, the ability to think before acting, emotional control, focusing attention, can anticipate consequences of actions and risk assess.

- Focus attention
- Predicting the consequences of actions; anticipating events in the environment
- Impulse control; managing emotional reactions, fear modulation
- Plan for the future
- Coordinating and adjusting complex behaviours ("I can't do A until B happens")

#### Activity 1

If we take this and think about these two very different 'decision making' brains

### Slide 7

What things might a young person struggle with the 'whole advice approach' in your service?

What things in our current approach would make it difficult for them?

**Activity - Pop something things down on the whiteboard.**

SAVE come back to later.

### Slide 8 - Trauma aware

Whilst all this is happening, whilst this young person is growing up and trying to develop these important skills this developmental transition is happening to the prefrontal cortex, it's important that they have a supportive environment in which they can grow and develop.

However, not all young people get to have a stable and supportive environment in which to do so.

Prefrontal cortex - use it or lose it during adolescence brain transition.



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## Slide 9

### ACES and Trauma

What is an ACE? Adverse Childhood Experiences

The CDC (centre of disease control) and -Kaiser (an American health company) Adverse Childhood Experiences (ACE) Study is one of the largest investigations of childhood abuse and neglect, household challenges and later-life health and well-being and the long-term stress it causes on an individual.

The 10 ACE's that the CDC Kaiser study identified were:

- domestic violence
- parental abandonment through separation or divorce
- a parent with a mental health condition
- being the victim of abuse (physical, sexual and/or emotional)
- being the victim of neglect (physical and emotional)
- a member of the household being in prison
- growing up in a household in which there are adults experiencing alcohol and drug use problems.

The original study found almost two thirds of participants experienced 1 or more ACE and more than 1 in 5 experienced 3 or more ACEs.

Research has found that a relationship with one trusted adult during childhood can mitigate the impacts of ACEs on mental and physical wellbeing.

## Slide 10 Trauma - what is trauma

**ACEs** are one possible outcome of exposure to childhood adversity.  
**We're going to look now at another causes, not a comprehensive list.**

## Slides 11 & 12

**List of individuals that could experience trauma.**

(LGBTQ) Common traumas experienced by these youth include bullying, harassment, traumatic loss, intimate partner violence, physical and sexual abuse, and traumatic forms of societal stigma.

## Slide 13

**How to support someone who has experienced trauma**

Whilst as a busy advice worker you may not have time to do extra for a young person who approaches you - a few ideas about the way you approach your work with them can make a big difference.



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### Slide 14 Attachment Theory

The theory of attachment was first proposed by John Bowlby in the 1950s and 1960s who described it as a 'lasting psychological connectedness between human beings' (1988). It's important to remember staff and volunteers are not therapists, but there is value in basic understanding of the "secure base" (Bowlby, 1988) and how disrupted attachments can disadvantage young people.

Many things are gained in this relationship that are crucial for that child's development and a functioning personality that is the blueprint for the child's future relationships and social interactions.

Without a secure attachment from caregivers' common milestones in a young person's life such as starting school, moving house, these transitions can become traumatic events as the young person has not had that 'secure base'.

#### Secure Attachment (Secure Base)

It's necessary for care givers to create a compassionate environment and have the ability to regulate their own emotions and reactions. They can also help their child learn these skills. Care givers who form a secure attachment see their child as a separate person and tend to be able to attune to the child's needs. They're able to empathize with the child's experience and remain present or "be there" for the child.

Disrupted attachments can mean that a person will have difficulties with the following;

- How to feel safe/secure with themselves and with others
- Lack of capacity for joy
- How to appropriately get their needs met
- Confidence and self-worth/feelings of worthlessness and poor self-esteem
- Empathy, and understand and gauge the feelings of others/ understand facial expressions
- How to understand and deal with their own emotions, emotional regulation

If we are working with a client/young person to reduce barriers to accessing and engaging with advice, we want to work in a safe way to reduce re-traumatisation.

So, it's important to know what can cause trauma and what the key principles of trauma aware practice is.

So why is knowing any of this important? You can apply this knowledge to your working practice as there is huge value in being therapeutic without having to be a therapist.

### Slide 15

4 R's for a trauma aware practice.



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- Realise the widespread impact of trauma and understands the potential paths for recovery
  - Recognise the signs and symptoms of trauma in clients and staff and others involved in the system or organisation.
  - Respond by fully integrating knowledge about trauma into policies, procedures and practices
  - Seeks to actively resist re-traumatisation

(SAMHSA, 2014)

### Slide 16

#### Activity 2

Thinking about all the things we've looked at during trauma and the secure base, what do we do or could be doing that could help young people remain engaged with the advice process?

#### Activity 3

In the first activity we looked at barriers to the whole person approach to advice for young people. And in our second activity we looked at what we have learnt about trauma aware practice that we could apply to working with young people that could keep them engaged with the advice process

Do any of these directly relate to other?

For instance a barrier could be **Not getting an immediate answer** because they are a young person and thinking with their amygdala/or experiencing trauma they might need very clear time scales.

A way to working in a **more trauma aware practice** could be manage the young persons expectations during the first appointment. With very clear time scales with when things might happen. Text messages to confirm appointments and appointment reminders.

Small group discussion, large group breakout rooms, feedback after 10 mins.

### Slide 18

Social workers, PA's and support workers.

We are going to look at the difference between PA, social worker and support workers.

#### Social workers

Social workers work closely with a number of professionals, including doctors, teachers and the police, to share information and promote effective communication, ensuring the safety of the child or young person.





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In cases where the child is at risk of significant harm, the social worker may arrange good quality alternative care for them. This has to be either with the consent of the family, a legal order or with police child protection powers. This care may be provided by an extended family member, a foster carer or sometimes a children's residential home.

Social workers also need to enact the care plan. This is a set of written instructions that might include:

- how you will be cared for
- where you will live
- who will look after you
- and how often you will see your family (if deemed appropriate)

## PA's (Personal Assistants)

When a young person enters care, they are allocated a social worker.

When they turn 16, they are introduced to a personal adviser (PA) who will work alongside the social worker until they reach the age of 18. Once the young person turns 18, the PA will become the primary worker and they will no longer have access to a social worker.

The PA is there to support and advise the young person with making the right decisions for them. The PA will continue working with them until 21, or up to the age 25 if they are in full-time education or if a request for additional support and advice has been made.

For care leavers aged 18 to 21, the PA will make contact at least every eight weeks.

PA's will:

- provide advice (including practical advice)
- liaise with the responsible authority in the implementation of the young person's pathway plan;
- enabling the young person to have access to relevant information, services and advice.
- keep up to date with the young person's progress and wellbeing;
- provide information about financial capability-how to manage day to day finances;
- provide housing options available to the care leaver
- support in accessing further education, employment or training;
- attend appointments and offer practical help

## Support workers (Tasks vary according to the specific role)

Depending on your local area and the services available to you. Support workers may be available to support young people.

Support workers can help with the following:

- providing physical support which may include helping with household tasks
- providing emotional support for an individual's (some support workers are trained in CBT)
- supporting and helping with health care needs, including routine checks and making and managing appointments.



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- encouraging and supporting the development of personal skills through hobbies and interests.
  - teaching life skills, such as shopping, using public transport and paying for bills.
  - encouraging independent living and resilience.

It's important to remember that there might be other people in the young person's life that they can trust to help them navigate tasks, appointments, scheduling phone calls and note taking.

Does the young person have someone close to them that they can ask for support with their issue?

**Friends, Family, College tutors.**

Do they have someone that

- is easy to talk to
- doesn't judge
- they can trust
- has been through similar issues
- has access to practical things like a phone, a car, a printer

If you are an advice worker it can be useful to know if the young person was a previously looked after child. (LAC) as some local authorities allow for full council reduction in some circumstances. Check your local authorities' guidance on care leavers and council tax.

PA's will be the ones who have access to the Housing Support Register and facilitate young people's housing.