**Aim intervention Framework**

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| **Aim intervention Framework** | | **Risk Management**  **Adapted from MARP (2014)** |
| **Stage One: Preparation, Engagement and Motivation** | | |
| **Adults** | **Young Person** | **Multi-Agency**  **Risk management Meeting** |
| * Getting the basics right * Ground rules * Intervention planning meeting * Safety Plan | * Establishing ground rules * Safety plan | * Responsibility for risk management lies mainly with the adults * Safety Plans identified |
| **Stage Two: Building Resilience** | | |
| **Adults** | **Young person** | **Multi-Agency**  **Risk management meeting** |
| * Providing a secure base * Emotional literacy and regulation * Communication and social interaction * Peers, friendships and identity * Confidence and supporting achievement * Validating young person’s history | * Providing a secure base * Emotional literacy and regulation * Communication and social interaction * Peers, friendships and identity * Confidence and achieving * Understanding history and impact on inner world | * Responsibility for risk management lies mainly with the adults * Progress against identifies goals measured * Safety plans discussed and changed ratified |
| **Stage Three: Sex Education, Relationships and Harmful Sexual Behaviours** | | |
| **Adults** | **Young Person** | **Multi-Agency**  **Risk management meeting** |
| **Part 1:**   * Helping young person develop positive sexual health and relationships * Understanding young person’s history and impact on behaviours   **Part 2:**   * Understanding young person’s behaviours and possible risks * Understanding young person’s keeping safe plan and role within this | **Part 1:**   * Develop positive sexual health and relationships * Understanding history and impact on sexual behaviours   **Part 2:**   * Understanding harmful sexual behaviours and possible risks * Understanding and using keeping safe plan | * Responsibility for risk management is becoming shared with the young person * Progress against identified goals measured * Safety plans discussed and changes ratified * Young person’s keeping safe plan discussed |
| **Stage Four: Moving on (Ending intervention)** | | |
| **Adults** | **Young Person** | **Multi-Agency**  **Risk management Meeting** |
| * Review the young person’s progress and ongoing needs * Review the role of risk management and the review process * Complete ending report * Work on endings for the young person and parents | * Review the young person’s progress and ongoing needs * Review the role of risk management and the review process * Complete ending report * Work on endings for the young person and parents | * Progress against identified goals measured * Responsibility for risk management lies with the young person and a process of ending intense work is being agreed. |

(AIM3, 2019)

**Bridging the Assessment into Intervention**

Intervention is a deliberate process through which change is affected by the young person and significant adults around them engaging in work with professionals. The intended outcome is for the young person to be able to live their life positively without engaging in further harmful sexual behaviours.

Moving from Assessment into intervention can naturally help all those involved feel that progress is being made. Practitioners should spend time finding out from the young person and their parents/carers what parts of the assessment they found easier and what was difficult for them and why. This may highlight some of their preferences and help practitioner consider how best to work with them. For example, a parent might say that he did not like the assessment meetings starting late, a young person might say that s/he was being asked to answer too many questions s/he did not understand.

Time should be spend ensuring that they understood the assessment and that they understand the areas requiring intervention. It might be useful to have the young person’s goal describes differently from how they are communicated in the assessment report, in a language that is straight forward and easy to understand. Their opinions should be listened to about who they think can help them with particular goals.

It is recommended that prior to a young person being considered for AIM interventions, that and AIM3 assessment has been completed. This will provide an in-depth understanding of pathways into harmful sexual behaviours and broad areas for intervention within the assessment’s five domains (Sexual behaviour, non-sexual behaviour, developmental, family and environment and self-regulation) to reduce risk and improve the young person’s psychological wellbeing. Practitioners will use the outcome of the assessment and the AIM intervention Framework described below to identify an appropriate intervention plan for the young person and the adults around them.

(AIM3, 2019)

**The AIM Intervention Framework**

The AIM Intervention Framework offers a four-staged approach:

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| **Stage One:**  **Preparation, Engagement and Motivation** |
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| **Stage Two:**  **Building Resilience** |
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| **Stage Three:**  **Sex Education, Relationships and harmful Sexual Behaviours** |
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| **Stage Four:**  **Moving On (Ending intervention)** |

All these areas identified about have been selected because of their relevance to building resilience and managing risk. The assessment process helps to establish the relevance of each goal for individual young people, for example one young person may need considerable support on emotional literacy and less on sex education.

The Framework also identifies areas of work with parents and with other adults such as residential workers or foster carers, schools etc, to ensure that risk is being managed appropriately and to ensure that adults are being supported to help facilitate the young person’s goals.

**NB:** It is important to stress that The AIM Intervention Framework is not a manualised approach. Practitioners will be using the information from the assessment to determine the level and type of intervention the young person and adults require to facilitate change. This may mean adults and young people are working in different stages of intervention dependent on their needs. An example of this might be where one parent is still struggling to come to terms with their young person’s behaviours and finding it difficult to engage with professionals. This parent may need more support and input during Stage One while the other parent and young person move more quickly on to Stage Two.

**Timeframe**

The authors acknowledge that some people will have a limited time frame for intervention and if so, work should primarily be directed at the motivating drivers for the behaviour. Woking as a multi-agency team should enable practitioners to share the work, making use of resources that are time limited to the best effect.

(AIM3, 2019)

**The Four Stages**

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| **Stage One** offers a bridging from the AIM3 assessment and helps practitioners determine the areas requires to work on during interventions. It highlights the importance of preparing and engaging the young person and all the adults involved and provides structure, guidance, Core tools and exercises to facilitate this process. A Priority in Stage One is that any immediate safety planning issues highlighted in AIM3 are addressed. It is anticipated that a robust risk management process is in place throughout intervention (see the section below) reflecting the dynamic nature of risk and the multi-agency role in sharing risk management responsibility. |

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| **Stage Three** concentrates on the young person’s sexual health and relationships and harmful sexual behaviours. It is anticipated that when the young person moves into Stage Three, they are more able to engage in meaningful work on their sexual behaviours, developing insight and understanding of their pathways, including needs being met, and risk. Their Keeping Safe Plans are now developed and rehearsed with the young person and the adults around them. These are being put into practice if/where situations require them.  Work is also progressing with them more generally about sex and sexual health and relationships. It is anticipated that by the end of this stage they are making considerable progress, healthier choices and becoming more self-fulfilled as a result. |

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| **Stage Two** focuses on relationships, building the young person’s resilience and meeting their needs. This stage provides the emotional scaffolding often required for young people before they can fully address their behaviours. It identifies work to develop the young person’s confidence and skills in emotional literacy and regulation; communication, relationship building and goal setting; provides Core tools, exercises and guidance to facilitate the young person’s understanding of themselves and their histories. |

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| **Stage Four** marks the young person moving forward with their lives. It is anticipated that as a result of interventions there are many improvements within the young person’s lifestyle and that they can now largely manage their own risk which is now significantly reduces. The role of the adults shifts from proactively working with the young person to a monitoring role where extra support is provided if/when required. There may be occasions after interventions end where risk continues to be concerning. Stage Found helps the practitioner provide a summary of work highlighting risk and change and any outstanding areas for consideration. |

(AIM3, 2019)