

The Heart of Practice: Building Cultures of Relational Care

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● The background to this guide

The conversation that sparked this guide came during a one-day symposium held at the Institute of Criminology (Cambridge University) entitled 'Care and Love in Public Services: Place, Ethics and Potential'. As illuminating as the day had been focusing on the 'evidence base' for caring relational practice in services, we both enthused over the need for some of sort of 'action'. This prompted us to draw together our two spheres of experience (practice in youth services and research in youth justice) to create a 'guide' for delivering professional care 'on the ground' (and creating organisational cultures that facilitate this). Our aim was not to be prescriptive or to claim that we have all the 'answers' (we don't!) but to develop something tangible that can be used within practice and policy to foster discussion, reflection and progress with regards to fostering caring professional relationships and cultures.

Inevitably creating such a guide is not easy; indeed, our view is that it is impossible to create a step-by-step- manual that covers every scenario, interaction and eventuality that may play-out. Authentic relational practice can be messy, complex and uncertain. As a human activity, it does not lend itself to a one-size fits all prescription; different people and circumstances require different responses. Therefore, this guide seeks to provide a set of guiding principles, ideas and values that can foster and support professionally loving care in practice. This is based on both practice experience and research evidence. Throughout the guide we have included some illustrative quotes from children, young adults and professionals that we have worked and researched with; these are intended to bring this document 'to life', rather than to serve as evidential support.

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● 1. Introduction

The policy and research literature on best practice in providing services with children is increasingly awash with references to the importance of 'relational practice', 'caring relationships' and 'loving practice'; this encompasses youth justice, children's social care, and youth and community work (see for example: Department for Education, 2023; Brierley, 2021; MacAlister, 2022; YJB, 2022). For those in practice, particularly with long-term face-to-face experience, this is nothing new; the importance of relationships to inspire and support change has long been recognised (see for example, Bordin, 1979; Rex, 1999; Burnett and McNeill, 2005). Despite recognition that relationships are integral to shaping change, relational practice has been marginalised in central policy for many years (Burnett and McNeill, 2005) due to political orthodoxies and safeguarding concerns about the 'dark side' of care in which it is oppressive and harmful. Prior to this, in the 1960s and 1970s, the relationship was 'the treatment' (Vanstone, 2004, pp100-119) and, until the 1990s, the duty of probation officers (who supervised under-18s too) was to 'advise, assist and befriend'.

We welcome the renewed focus on relational practice but recognise that such practice is easier said than done, particularly in a professional institutional environment. There is lacking explanation of the core components of such relationships and limited attention to how we create organisations and teams with the confidence and cultures to create them (especially in sectors that are under strain and risk conscious) (for an exception see Michel and Billingham, 2024). How do we navigate personal/professional boundaries to create safe and healthy relationships whilst avoiding dependency to enable the children we support to experience care? The aim of this guide is to unpack some of these issues to support professionals with navigating the ‘grey’; enabling them to develop the competencies and confidence to develop strong caring relationships of trust with children that are genuine, transformative and safe for both children and professionals.

The guide is structured as follows. We begin by outlining the framework that has shaped our thinking: care ethics. Then we move on to discussing the meaning of ‘care’ as well as professional ‘love’, and features of professionally caring relationships. After this, we consider the components of a culture conducive to professional care, breaking this down into three parts. First, we look at underpinning principles, second practical application and third, organisational approaches. We round off the guide with a summary of the key messages.

Who is this guide for?

- Practitioners in the youth justice system
- Service leaders and managers
- Policy makers in youth justice

● 2. The value of a care ethics approach

Our thinking is shaped by care ethics, a strand of moral philosophy, which understands relationships and meeting the needs of others and the self as central factors in decision making (Held, 2006; Tronto, 2013; 1993; Noddings, 1986). It challenges rule-based approaches to decision-making, instead advocating for attendance to the individual context of situations. A caring relation is a relationship where one is responding to the needs of another, often within an unequal power dynamic and involuntary context which involves the provision of support, empathy, sensitivity and trust (Held, 2006). This has relevance to youth justice interactions.

The value of care ethics is that it provides a framework for identifying the qualities and conditions of caring relations and evaluating whether ‘good care’ is being provided. Tronto and Fisher (cited in Tronto, 1993), key architects of care ethics, argue that ‘care’ comprises four interconnected elements:

- **Caring about** – recognising that a need exists for which care is necessary.
- **Caring for** – assuming some responsibility for identifying the need and determining how it should be responded to. i.e. service providers and managers.

- **Care giving** – the direct provision of care. i.e. face-to-face practitioners.
- **Care receiving** – the response and experience of the care receiver to care. i.e. children.

Understood in this way, good quality professional relationships cannot be reduced to the interactions between professional and child but are inextricably linked to the institutional and organisational context.

- **Good care is not just about what happens in interactions between the practitioner and child, but also depends on prioritisation by leaders, responsive organisations and the quality of children's experiences.**

● 3. What is care and love anyway?

We deliberately use the language of care, love and loving care here. Some professionals may balk at this and, indeed, some of the children we have worked and researched with may do so too. However, interviews with children and young adults show that they derive emotional pleasure from interactions with workers in which they genuinely feel cared for, supporting their engagement and positive outcomes (Wong, Kinsella and Meadows, 2018). Our further challenge to such responses is that the meaning of the word love has narrowed, now popularly understood as an intense emotion that is related to romantic and personal relationships.¹ The place of other types of love are overlooked, such as neighbourly love or altruistic love, and solidarity with strangers (Ignatieff, 1986).

In this guide we advocate for professionally loving care (van Heijst, 2011), a concept originating in the healthcare field, which is based on the idea of tender loving care. It means giving compassionate and considerate attention to someone in need that supports them to flourish. It is closely related to the ideas of an active, demonstrated, love (above a feeling) that is consistent, perseverant, patient, forgiving and unconditional. Importantly, it is understood as a type of love that is found within institutions and paid labour.

It manifests in four ways:

- **Rooted in ideas of social solidarity or compassion** towards the vulnerable and marginalised in society;
- **Found in work that is not morally neutral** and should not be readily equated with other forms of paid labour in capitalist society. Its moral quality lies in the readiness of workers to be present to those in need no matter who they are.
- **Grounded in skilled and competent professionalism**, i.e. it is about much more than compassion and good intentions, including skill, craft, judgement and ongoing professional development.

¹ The confines of the English language, in having only one word for 'love', are also not helpful here. Modern Greek, for example, contains four options; Eros (romantic/passionate love), Philia (affectionate/brotherly love), Storge (familial/natural love), and Agape (unconditional/selfless love).

- **Apparent in a professional's personal dedication** – i.e. it is not just about going through the motions of a role but taking a relational approach involving connection, attunement to another's needs and emotions, and full psychological presence. Notably it is not about sentimentality (van Heijst, 2011).

While it originated in healthcare, we argue that professionally loving care has relevance to youth justice due to the overlapping focus on relational responses to the needs of the marginalised and vulnerable within a moral professional context. The key difference of the youth justice domain is that children's attendance is rarely voluntary, and practitioners typically also have a dual obligation to monitor and control. These are important considerations, and practitioners must be transparent with children about their roles, but our view is that these imperatives are not incompatible with professionally loving care.

● 4. Ten features of relational practice with children

Perhaps the most important thing here is not to answer the question of what love or care is but to ask practically what are the elements that enable the children we support to *feel* and *experience* care in the relationships we build. As Bronfenbrenner famously said: 'every child needs at least one adult who is irrationally crazy about him or her' (1991, p.163). In this sense loving care is not only an emotional response but a choice, a value and a practice (Held, 2006; Tronto, 1993). In this regard, below we list ten features of relational practice that children have highlighted as important in feeling that they are cared for by professionals. This is not an exhaustive list, but best reflects our practice experience and the research literature:

1. **"Gives a sh*t"**: The adage often given to teachers that students want to 'know that you care before they care what you know' is applicable here. This is best communicated through action (see points 2-10), but at its simplest children want to know whether you genuinely care about their well-being, or whether they are just 'another case'.
2. **"They do what they say"**: For children, a central way of determining care and building trust is whether or not the adult does what they say they are going to do. This includes frankness about what is and is not possible (within a context of aspiration), and transparency if things that have been offered cannot be provided.
3. **"Not always on downer"**: Children (particularly as they enter their adolescence), more than most, need encouragement and hope. This can sometimes be difficult in a role that encompasses harm and risk but change is more likely to come from a strengths and assets based approach (that supports children to focus towards interests and aspirations) than an emphasis on error and consequence. "If the adults don't dream for us, how can we dream for ourselves" (Mary-Anne, Care-leaver)

4. **“Never gives up”**: Children need commitment; two major components of this are perseverance (not being easily discouraged) and forgiveness (e.g. trying not to take things personally).
5. **“Goes the extra mile”**: Performing actions above and beyond the ‘norm’ (we will come back to this point).
6. **“Has time for me”**: This may be obvious, but time and attention help children to feel they matter. To quote French philosopher Simone Weil (1976): ‘Attention is the rarest and purest form of generosity’.²
7. **“Looks like they enjoy themselves”**: Children will quickly pick up on whether a worker wants to be with them and spend time with them or would rather not.
8. **“They’re there if I need them”**: Availability is a line that needs to be carefully managed but having someone to turn to even outside of scheduled meetings is another way children experience care and concern.
9. **“They don’t patronise me”**: Children do not want to be looked down upon, but want someone who can get alongside them, and think and work through things together. In other words, recognising children as capable experts in their own lives (if sometimes in need of guidance) is a key footing to communicate care.
10. **“Not afraid to give a bit of themselves”**: Children say that they value workers who will share small details of their lives, such as their favourite football team or hobbies. This makes them more human and genuine, which they link to trustworthiness. We discuss this further below.

● 5. Creating a culture of relationships: underpinning principles

To create a culture in an organisation or team that fosters the type of relationships where children feel genuinely cared for, there will likely need to be some shifts in organisational and individual practice, particularly in highly regulated services. Nevertheless, it is important to be clear here that the emphasis is not on becoming ‘less professional’. In fact, for relational practice to flourish, a strict adherence to professional principles is required. We outline three core underpinning principles below:

5.1 Transparency and accountability: These are important to create the confidence and safety to ‘care well’. To embed these practices, we suggest there is an emphasis on using reporting lines (line managers etc.) to reflect together and keep others informed of what you are doing, when and with whom. There should also be openness to veto or amendment of your plans based on the wisdom of others. This includes being

² Letter to Joë Bousquet, 13 April 1942; Simone Pétrement *Simone Weil: A Life* (1976) tr. Raymond Rosenthal.

transparent about interactions over text, e-mail and social media to ensure nothing happens in secret.

5.2 Clear boundaries: It is essential to have clear boundaries internally (with oneself) and externally with the children you support.

Internal boundaries:

- *Know the limits of your responsibility:* It is particularly important to avoid any sense that it is our responsibility to ‘fix’ the child (the ‘saviour’ complex; see for example, Kets de Vries, 2023). This is unrealistic, disempowering and will lead to unmet expectations and burn-out. Instead of focussing on whether our work is being successful or not, we should focus on the things we can more easily control and delivering the best support that we can.
- *Know the limits of your expertise and ability:* We also need to be aware of the limits to our expertise and ability to ensure we do not operate outside of our skill set (although we might act out of our comfort zone). Signposting and involving others is key and will improve the support offered to children.

External boundaries:

Whilst below we encourage planned flexibility in working hours and contact times this is not the same as ensuring clear and consistent boundaries that children, and other professionals, understand. In particular, it is important that there are:

- *Clear times when you are unavailable:* There are times when a young person needs to know you are not available. This includes holidays, normal rest days (e.g. weekends) and when you will log-off from work. Below we encourage some flexibility outside of a normal (9-5), and in some circumstances, a Monday to Friday working week, but there must always be significant times of unavailability.
- *Limits to time commitment:* Even within boundaried ‘work-times’ it is important to be realistic about the level of time commitment each child can demand. Whilst this will change based on circumstances it also needs to be checked to avoid monopolising of time for certain children. It is helpful for children to understand that there are others you support and related to this the ability to say no to certain demands is important.
- *Some personal things remain personal:* Certain things are always likely to remain undisclosed to the children you support e.g. your address. It is important to be clear and reflective about where these boundaries lie, and to consider too what may be appropriate for ‘skilful self-disclosure’, which we discuss below.

5.3 Care for practitioners: You, and the relationship you build, are significant assets to a child and unplanned interruption to this relationship can have significant effects (especially as children will have been ‘let down’ by many adults already). In this sense, it is impossible to care well without feeling ‘topped up’ emotionally, physically, spiritually and mentally. This will look different for different people. We recognise that the responsibility for this lies as much (if not more) with the broader organisational culture and expectations and, therefore, include a section for organisational leaders below. However, at a personal level, people will have different thresholds and different personal demands. Therefore, try not compare yourself to others in the team or department. You know yourself and your needs best.

Key underpinning principles for caring professional relationships:

- Transparency and accountability
- Strong boundaries
- Care for those who do the caring – self care and organisational care

● 6. Creating a culture of relationships: practical application

To move from professional yet often emotionally disengaged or superficial relationships that do not communicate care, to professional loving care involves reflecting on and shifting our practice and, very often, overcoming myths that have become embedded in practice under the auspices of ‘safeguarding’, ‘professionalism’ or ‘work-life balance’. The section below is aimed at practitioners and managers, outlining practical steps and considerations in professionally loving care.

6.1 Communicating care through ‘good vibes’

Children typically make very quick judgements about whether or not a professional genuinely cares. They often find it difficult to explain how ‘they just know’. But recent research demonstrates that the way in which practitioners embody care (or not) in their interactions is a central early determining factor for children (Wigzell, forthcoming). This includes things like their tone of voice, where they sit, and their attitude towards the child.

Those familiar with social pedagogy will recognise this as an example of the German term ‘Haltung’, which refers to one’s ethos and how this shapes our interactions with others. Our ‘haltung’ is influenced by how we think about children, their place in the world and their potential (Wieneger, 2000, cited in Eichsteller, 2010). For example:

- Do we see them as equal human beings deserving of respect?
- Can we see their capacities and possibilities amidst their difficulties and offending?

In this regard, an ability to develop empathetic understanding of another’s life (comprehending) and accept the ways in which they are different from ourselves (regarding) are core pillars of haltung (Muhrel, 2008, cited in Eichsteller, 2010). For practitioners to work in this way, they must feel supported and cared for themselves, as we discuss later.

6.2 Skilful self-disclosure

A pervasive myth in youth-focussed organisations often centres around the notion that we must not share anything about our own personal lives. Our view is that this is misleading, unrealistic and unhelpful (denying our own humanity). Instead, we advocate for what Sam Himmelstein (2025) refers to as skilful self-disclosure. The key questions in making self-disclosure skilful (as opposed to simply offloading to a child are):

- **Is it relevant to the current context?** In other words, does what you are about to share have relevance to the conversation?
- **Is it helpful to, and in the best interests of, the child?** This is always important to reflect upon **before** sharing something and to make sure you are not sharing for your own self-interest e.g. to offload or to try to get a young person to like you.
- **Does it feel comfortable and appropriate to share?** If at any point you have the intuition that you are not comfortable sharing something do not, even if the first two questions can be answered in the affirmative. It is always important to have some boundaries and there will always be things that are never appropriate to share with a child.

In line with this, Harris's (2017) research shows the value of careful worker self-disclosure about their own past challenges, helping young people to recognise that their workers are fallible too, levelling power imbalances, building mutual trust and supporting agency and hope.

6.3 Getting to know the child as a person

While the value of relational practice is well recognised, the challenges of high workloads and other system pressures can mean that relational work is squeezed and, at times, may feel transactional (e.g. a quick check-in and/or ticking the necessary boxes). Our view is that services and policy need actively to prioritise relationship building, recognising the evidence that relationships are fundamental to supporting children's safety, wellbeing and healthy development (see for example, Fullerton, Bamber and Redmond, 2021; Michel and Billingham, 2024).

In this sense, it is helpful to think more broadly about aspects that make up good relationships and embed these in our practice. Helpful recent discussion and evidence on this theme includes Michel and Billingham's (2024) work about the importance of resonance, attunement and analysis in relational work with young people, and Wong et al's (2018) research with children and young adults showing the centrality of reciprocity, reliability and consistency, and emotional pleasure to engagement. The section below aligns with this thinking but focuses on outlining some of the practical steps and considerations in developing caring relationships:

- **Time:** Building relationships takes time and attention. This means that it is difficult to build relationships if interactions with children are rushed or inconsistent. Time for meaningful relational interactions can be challenging in a context of full caseloads and demanding 'paperwork'. However, given the

centrality of relational connection, it is important that this is reflected in resourcing, leadership and organisational culture.

- **Informality and fun:** It is difficult to form a relationship simply by very formal interactions confined to rooms within offices. Meeting a child in neutral (but public) spaces can be helpful in readdressing imbalances of power and we would always recommend alternative venues and activities to build relationships, at least some of the time e.g. conducting meetings whilst sharing food (even fast food), going for a walk, visiting a coffee shop, playing a game (e.g. boardgames, cards etc.)
- **Joint experiences:** Relationships are formed by sharing joint experiences, and particularly those that stick in the memory. These are unlikely to be regular and whilst requiring time and a budget, there are often low and neutral-cost opportunities including, cycling, nature walks, bowling, mini golf, gallery visits etc.

6.4 Supporting the child's relational web

Practitioners have an important role to play in helping a child develop their own relational web, particularly with trusted adults and positive peers. As Bruce Perry states:

In fact, the research on the most effective treatments to help child trauma victims might be accurately summed up this way: what works best is anything that increases the quality and number of relationships in the child's life....People, not programs change people (cited in Perry and Szalvavitz, 2017, p.85).

In this regard the relational focus is both between the practitioner and child, but also between the child and those around them.

The youth work organisation Vibe helpfully captures this with the 'RF4' framework. This understands relationships as central to children's positive development and sees relationships as existing on four different levels, all of which they seek to support in their work. These are:

- **Personal** - the child's relationship with themselves;
- **Interpersonal** - their relationships with family, friends and professionals;
- **Advocacy** - this means the child's engagement in helping and empathising with others; and
- **Community** – the child's belonging and contribution to the communities in which they spend their time (Vibe UK, no date).

The key point here is that although the one-to-one relationship between the child and professional is important, attention must also be given to supporting and equipping the child to hold healthy relationships with others, including themselves. Ways to develop this relational web include connecting them with or taking them to community groups, sports clubs, faith groups etc.

6.5 Being emotionally engaged:

I can't go over that boundary, she's a young person, I'm a professional, I care for her but I can't care for her to that...It was too much, it was so heavy. [YJS worker, cited in Wigzell, forthcoming]

These sentiments, expressed by a youth justice worker, are not uncommon. Neither are they necessarily wrong; as we have stated above self-care and avoiding burn out is essential to ensure quality and consistency of relationships. Nevertheless, our view is that it is not realistic to *not* get emotionally involved or to aspire to a robotic approach where feelings are dismissed and denigrated. As renowned paediatrician and psychoanalyst Donald Winnicott (1947) states: 'It might be asked why... get emotionally involved? The answer is that these children...do not get anywhere unless someone does, in fact, get emotionally involved with them' (cited in Barton, Gonzalez and Tomlinson, 2012, p.88).

Emotional involvement and caring about a child is natural and effective. These emotions (particularly just after meeting a child) can also be instructive as they often reflect the inner emotional state of a child.³ The aim then is not to suppress emotional involvement or feelings but to contain them effectively. This relies on effective debrief, reflective practice and clinical supervision, all of which are dealt with in the section on organisational culture below.

6.6 Operating in the 'grey'

We would contend that strict black and white thinking between professional and personal life is not conducive to building strong caring relationships with a child. This might seem to fly in the face of our earlier emphasis on boundaries and transparency, but we would argue that strong boundaries and high levels of transparency allow us to operate safely in the grey. Examples of the necessary blurring between professional and personal life (along with the point around skilful self-disclosure) are given below:

- **Responding to children when 'off':** It is probable, if not inevitable, that you will encounter children you work with when you are not working. Whilst there should be no compulsion to speak to a child in this scenario we would advise against acting unnaturally and going to undue measures to avoid a child. It is normal to talk to a child in this context and, showing you have a life away from work humanises you, making you someone that it is possible to build a relationship with.
- **Flexibility in work hours:** As discussed above it is important to have time, clearly communicated to children, when you are unavailable and we are not suggesting here the need to work above and beyond contracted hours. However, we think there does need to be flexibility in the actual hours of work

³ Counter-transference: When we are on the receiving end of transference we are likely to experience a feeling in reaction to it (at an unconscious level) – this is called countertransference. If we can recognise and think about these feelings they can be illuminative in understanding the child.

Gabbard (2010, p.15) referred to countertransference as a 'major therapeutic and diagnostic tool that tells the therapist a great deal about the patients world'.

and an ability to move beyond a standard 9-5pm, Monday to Friday week. This recognises that the life of a child operates outside of these hours and that there may be the need to offer planned support at evenings or at weekends. To be clear, this is not the same as offering on-call support. Where services recognise the need to provide 24/7 (or 'out of hours') on-call support to respond to emergencies or crises it is necessary to adopt an appropriate out-of-hours system with clear rotas.⁴

- **Going above and beyond:** There are few things that speak more of genuine care to a child than offering to support in a way that may be more typically associated with a maternal or paternal figure and are usually outside of a traditional job description. It is crucial that these actions are actually wanted by the child and are, where appropriate, agreed with family. It is equally important that practitioners genuinely want to engage in these actions too, if they are to feel authentic and meaningful. Examples include:
 - Helping move to a new house (for example, planned moves)
 - Visiting an open evening for college
 - Accompanying to an appointment (e.g. GP)
 - Accompanying to a job interview

A central point here is that the value of such actions lies in that they are 'extra' (Fisher, 1990 cited in Tronto, 2010, p.160), rather than part of the routine institutional response. This communicates to children that they *matter*, characterised by a feeling of significance to others and a sense of agentic power (Billingham and Rodgers, 2022; Flett, 2022). There is good evidence that mattering is linked to a range of positive outcomes, and vice versa (Flett, 2022; see also Billingham and Rodgers, 2022).

Accordingly, the challenge for services is to create the conditions in which doing 'extra' within professional boundaries is supported and encouraged, without it becoming the standard. We do not pretend that this is straightforward. It requires practitioners who want to work in this way, and have the time, energy and organisational support to do so. This is underpinned by effective recruitment, adequate resourcing and a caring organisational infrastructure.

6.7 Being wise with physical touch

This is obviously a contentious topic and we understand that some organisations will have a blanket 'under no circumstances' approach to physical touch. Where this is not the case, we would certainly encourage that physical touch is only used extremely rarely but that there are circumstances when it may be appropriate. For example, an arm around the shoulder when someone is crying/grieving, a hi-five for momentous

⁴ It is possible to create on-call support systems that augment relational practice especially if those who may operate in an on-call capacity can build relationships with children in other contexts e.g. social events. In an example of such practice Aberdeen Whole Systems Approach developed on-call intensive support teams who has positive relationships with all children on Assertive Outreach programmes and were the designated out of hours person to ensure children had a contact in case of emergency whilst allowing workers to have an appropriate work-life balance (needs reference).

occasions or a farewell hug after two years of support ends. Our position is to avoid this in private contexts where no one can see and keep it to a minimum. Where a child initiates contact we would say do not act unnaturally – pushing the child away or backing off sharply. However, if it becomes regular, unwarranted or without context, sensitively challenge it⁵ and, if necessary, ask for support from colleagues or your manager.

6.8 Handling gifts:

Our approach to giving gifts is often the same as to physical contact in some organisations; a ‘no and never’ approach. Nevertheless, we would suggest that they are an important way to communicate care but again this needs to be done wisely. In particular, we would suggest:

- Keep them to a minimum e.g. a birthday
- Keep them small and not inordinately lavish (something thoughtful is always better than something expensive)
- Do not give money
- Do not give it as an individual but as a team (even if you simply write “from XXXX, and the rest of the team at XXXX”).

When it comes to children offering you gifts, we suggest a similar approach to physical contact. Do not flatly refuse them. However, do declare them to your manager and watch out for their consistency and value. If they become lavish and/or regular this is a key sign that dependency has developed (or is developing) and you need to respond to prevent this continuing. In these circumstance, a conversation is the best starting point and we suggest the AIR approach of:

- **A**cknowledging the gesture;
- **I**ndicating how you feel, and
- **R**e-direction of the action

For example, ‘it’s very kind of you to bring in this gift and I’m very touched, but it is too valuable for me to be able to accept it without feeling awkward about it. My reward from this work comes from seeing you do well, so how about we take it back together and put the money towards something you’re working towards?’.

⁵ This is obviously easier said than done. In these circumstances we suggest following a three step process of Acknowledging the gesture, Indicating how you feel and Redirecting the action (AIR). For example, “I appreciate that you want to show affection through regular hugs but it makes me feel a little uncomfortable given I’m your support worker. Can we come up with another way of greeting each other when we meet?”. Diving a bit deeper it is important to recognise that this behaviour is communicating an underlying, and in many ways, legitimate, need for touch and assurance. Therefore, it is important to see if this need can be met in more ‘appropriate’ ways e.g. activities such as hair-braiding, nail-painting, or henna tattoos.

6.9 Welcoming children's participation in decision-making collaboration:

It is increasingly recognised in youth justice that 'the child's voice should be actively sought and listened to' as part of decision-making processes (Haines and Case, 2015, p.287). Creaney et al (2024) note that although there is debate about what participation means for practice in a youth justice context, a core theme is that children should have the opportunity to be involved as active participants in decisions that affect them. This is not only ethical practice, but research evidence suggests that participatory practice can enhance people's engagement in services, perceptions of legitimacy, sense of empowerment, self-esteem and positive outcomes (Smithson and Jones, 2020). The importance of involving children in decisions aligns with the Child First principle (YJB, 2022) and is reflected in article 12 of the United Nations Convention on the Rights of the Child (UNCRC): 'the right (for children) to have their views given due weight in all matters affecting them in accordance with their age and maturity' (Convention on the Rights of the Child, 1989).

6.10 Ending well:

Because of the nature of them being children, obviously you're not allowed any form of ongoing communication unless it came from them...so that can be quite a wrench. [YJS worker 2] (Wigzell, forthcoming).

The notion of ending well is not new and many organisations and staff carefully think through how to taper support so that 'endings' are not abrupt and damaging for a child. Nevertheless, we suggest that the principle that contact must end by a certain point (e.g. the end of an intervention or when a child 'ages' out of a service) is both unnatural and unhelpful. Thus, whilst we recognise support needs to taper towards the point at which regular interaction will naturally end, where possible this should not necessarily be the end of all contact. In fact, we would suggest, especially if and where strong connections have been made, that an 'open door' to communication should be maintained on both sides.

This certainly requires certain protocols to be in place: managers should be aware of ongoing contact and this should remain via professional channels (rather than private social media accounts) but with these protocols ongoing contact can be facilitated. In fact, one could argue that if an organisation or staff team is to embark on a relational approach an open-ended 'ending' is morally necessary. Otherwise we are simply creating the *illusion* for a child of a real and meaningful relationship which, when it ends, potentially leaves a child more disillusioned and let down than at the start of the intervention.

A significant argument against such an approach is often around caseloads and time. This is valid but in reality it is only a few relationships that will and should continue in this way. Many children will not want to stay in touch and, where there is unhealthy attachment or the child is in need of significant ongoing support that will put undue strain on a professional, we argue that these relationships should be phased out and alternative support sought.

Nevertheless, where relationships are healthy and strong and mutually life-giving our view is that there should be the offer, if both sides are willing, for communication lines to remain open even if the level of support is diminished. For example, a practitioner might send a message to a child every couple of months to 'check-in' about how they are. Alongside this proposal, we would like to see greater investment in relational support prior to and outside of the youth justice system, particularly given its justice context (Staines et al., 2024). Too often, children feel that their youth justice worker is 'the only' professional in their 'corner'. While this indicates the value of youth justice services, such relationships should be available to children without involvement in the criminal justice system.

Practical steps to professionally loving care in youth justice:

- Good vibes
- Skilful self-disclosure
- Getting to know the child as a person, not just a case.
- Supporting the child's relational web
- Being emotionally engaged
- Operating safely in the grey – e.g. 'going the extra mile'.
- Being wise with physical touch
- Handling gifts carefully
- Involving children in decision-making
- Ending well

● **7. Creating a culture of relationships: organisational approaches**

We recognise that employing the strategies outlined above is not simply down to the individual but requires change on an organisational level and, particularly, bold, innovative and visionary leadership. Therefore, this next section focusses on senior leaders within organisations who have a key role to play in creating the environment which enables professionally caring relationships to thrive.

We return again here to care ethics to inform our thinking. Care ethics understands 'care' as multi-dimensional: it not only encompasses the relationship between those directly providing and receiving care, but also those responsible for recognising the need for care and determining how 'care' should be delivered (Tronto, 2010). Understood in this way, 'care' is highly shaped by the institutional and organisational context. Drawing on Tronto's (2010) work, we highlight four elements of good 'care' in organisations, which inform our practice recommendations, outlined below:

- First, good care is **reliant on institutional and organisational structures that facilitate care**; practitioners should not feel that they care *in spite of* conditions, resources and processes.
- Second, good care is **dependent on caring for those who provide care**; managers and practitioners' ability to care will be diminished if they feel thinly stretched and burnout.

- Third, **good care can only be considered as such from the perspective of service users**; their experience is crucial to determining whether care has been provided.
- Fourth, and relatedly, **good care must involve space for genuine reflection – and action – about the delivery and quality of care**, and challenges that inevitably arise when caring and meeting different needs simultaneously (Tronto, 2010; see also Dominey and Canton, 2022).

The practice recommendations we detail below are intentionally aspirational. We recognise that for many services, current practice and policy conditions are likely to make such approaches difficult to put into practice. Yet, we still think that it is important to outline the organisational level changes that we believe are needed for genuine effective and ethical relational practice, even if only small steps are currently possible.

7.1 Regular supervision: Adopting a more relational approach requires regular supervision and certainly consistent and open lines of communication between a line manager and practitioner. As we have already stated, a key principle that makes professionally loving care possible is a culture of openness, transparency and accountability. As well as staff having work numbers and e-mail addresses (with passwords shared with line managers) adopting practices such as shared calendars, regular check-ins and consistent supervision give the freedom for staff to operate relationally in a safe way.

7.2 Clinical supervision and reflective practice: In professionally caring practice, staff will be emotionally more available, and thus emotionally more affected by children compared with practice where relationships are not invested in. There is also greater proclivity for dependency (usually from children) and burn out. With this in mind, clinical supervision or at least facilitated reflective practice sessions on a one-to-one or small group basis are important in order that staff can offload and talk through individual cases. Staff often say that they like supervision of this kind to be independent of the organisation (i.e. not delivered by in-house staff) and confidential (even if in a group setting). We think that too often this is not prioritised and would urge leaders to ensure that there are adequate resources for this critical support.

7.3 A realistic caseload: We recognise that this is not always in the control of an organisation or manager, and it is obvious to assert that the fewer children on a practitioners' 'books' the more time that can be spent with each individual, thus resulting in stronger relationships. The fact that this is blindingly obvious does not negate its importance and organisations must invest in sufficient staff-to-child ratios so that interactions can be meaningful and consistent. However, it is also worth stating that relationships with children are not only built in one-to-one settings and generally the more regular 'touch points' with a child to build a relationship the better. Therefore, group settings (especially around shared interest) are always worth exploring alongside one-to-one work. Having said this, a genuine relational approach certainly takes more time, effort and energy than traditional approaches and overall

workloads must reduce to give it any chance of succeeding. Recognising that budgets are not elastic, this inevitably raises questions about what gives instead. While we wish there were a magic solution in this regard, a more realistic starting point is to consider at both a central and local level, the ways in which to reduce the administrative burden on staff, as outlined in the point below.

7.4 Care conducive systems and processes: An organisation's capacity to provide good care will be significantly diminished if its systems and processes serve to hinder relational working (see Michel and Billingham, 2024, for a valuable discussion about creating conducive conditions for relational practice within youth safeguarding systems). This includes assessment procedures, case management systems, and governance (at both a local and central level). Within youth justice, the AssetPlus assessment framework has drawn much criticism for its lengthy and time-consuming nature (detracting from face-to-face practice), as well its lacking relational focus (see for example, Hampson, 2024).

While much of this is in the control of central policy makers (leading to calls for review and reform), local youth justice services can mitigate against some of these constraints, working with practitioners to facilitate and encourage a relational emphasis within existing systems. For example, Hampson reports that in one YJS, local practitioners came together to devise a child-friendly intervention plan that could be completed with the child (Hampson, 2024, p.188). Alongside review and reform of the AssetPlus assessment, the YJB should encourage services to share such example of best practice and feature these on the YJB Youth Justice Resource Hub.

7.5 Training and development: Our view is that training in a relational approach should be part of staff induction. Too often relational work is seen as something that people are naturally able to do (or not). However, it is perhaps better understood as an aptitude or orientation, as well as craft that requires support and development. This is likely to include topics such as adolescent development, attachment theory, skilful self-disclosure and empathetic listening. Psycho-analytic insights are likely to be important too; emphasising the importance of understanding how unconscious feelings shape perceptions and interactions in relationships (Ruch, 2010). Training should ideally also be *ongoing*, recognising that culture is constantly shifting and that children are likely to have unique difficulties that will require staff to have specialisms in relevant areas.

7.6 Creating a strong team environment: Proactively developing a sense of 'team' not only models a relational culture that will then inevitably inform the work with children but also creates peer-to-peer relationships that will be essential for mutual support and, in turn, self-care. It helps when managers recognise their role in curating these environments through 'compassionate leadership' (Bailey and West, 2022). Such leaders demonstrate compassion in four main ways:

- 'Attending' through noticing and listening to people's suffering;
- 'Understanding' through taking time to explore the situation;
- 'Empathising'; and

- ‘Helping’ through provision of practical support (Bailey and West, 2022; see also Atkins and Parker, 2012).

Compassionate leadership is also inclusive and grounded in mutual respect. The evidence is that where professionals feel supported in this way, they are more engaged and motivated at work, have higher well-being, experience less stress and provide better quality services (compared to those without such leadership) (Bailey and West, 2022).

It is important to acknowledge here that the increase in home working, while bringing many benefits, may adversely affect team cohesion as members of staff may not see each other in-person for weeks. Strategies to mitigate against this are likely to be important, including confidential clinical group supervision, regular team days, as well as peer mentoring and buddy systems.

7.7 Allocated budget: In order to operate relationally and, in particular, to implement the principles around ‘shared experiences’ and ‘fun and informality’, it is important that staff have a budget for such activities. This does not have to be carte blanche to spend money and will obviously need to be well-managed, but with the appropriate guidelines in place it gives practitioners the freedom to relate in different ways and build a bond with a child. Again, clear boundaries are helpful e.g. a set amount to spend on a scheduled basis (such as once every other month).

7.8 Staff perks: This may sound like a phrase that should be restricted to corporate rather than youth justice settings but a general principal of all people-focussed work (and especially when supporting those with more complex needs) is the need to look after and invest in frontline staff who will, in turn, look after those the organisation supports. This is even more the case in this approach which is predicated on building long-term relationships of trust. In this sense, our view is that practitioners are the greatest asset within a service and anything that breaks the relational connection (and especially high staff turnover) undermines the approach entirely.

Therefore, looking after staff and making them feel valued should be prioritised as far as possible. This could include: reducing weekly hours (e.g. four day weeks), more annual leave, personalised training budgets, development days to read/reflect, visits to best-practice organisations, or even self-care built into a working week. Whilst this may seem counter-intuitive and challenging to implement in services that are already stretched, these measures have the knock-on effect of reducing staff absence and turnover (as well as increasing productivity) enabling their implementation and augmenting relational practice.

7.9 Success measures: Success measures should shift away from ‘outputs’ and ‘outcomes’ to ‘follow progress and celebrate’ indicators fundamental to a relational approach. This includes what children ‘feel’ about their interactions (do they feel heard, listened to, cared about, etc) and thus feedback from children is key. Qualitative data, including quotes and case studies, is likely to be particularly valuable as opposed to purely quantitative reporting on number of sessions, hours of delivery, employment

rates, rates of recidivism etc. We recognise that much of this is a matter for policy makers and leaders, rather than in the gift of service managers.

7.10 Modelling culture: Our experience suggests that the way you want staff to relate to children is the way you should relate to staff. This includes being open and honest (with skilful self-disclosure), being emotionally involved and available, modelling self-care and boundaries, and always operating with transparency and openness.

Additionally, one key principle of trauma-informed care is that of ‘co-regulation’. This is the idea that those with trauma will often displace or off-load anxiety and other distressing emotions on to those they work with and the practitioner, in reflecting and transmitting back alternative information and energy can help to co-regulate the individual and reduce the distressing emotion. When operating in a relational way, where staff are constantly co-regulating, there is a similar role for managers in absorbing anxiety from staff members and the system (the work of Freidman (2017) on inherently anxious systems is helpful reading here). In this sense the role of a manager is often as much about ‘who they are’ as ‘what they do’ and they must be sufficiently emotionally aware, available, and supported themselves, to enable staff to consistently co-regulate.

7.11 Focusing on strengths and meeting needs

A final key component at the organisational level relates to how leaders, organisations and policy makers understand and respond to children who offend. Research suggests that long-term meaningful change can only come from focusing on children’s strengths and capacities (Blakemore, 2018; Steinberg, 2014), alongside support that addresses the material conditions that shape their criminalisation and pathways away from offending (Gray and Smith, 2024).

This points to two things. It underlines the importance of the Youth Justice Board’s Child First principle (YJB, 2022), which advocates a focus on children’s best interests, strengths and potential, as well as addressing their unmet needs. Second, it reminds us that caring professional relationships will be limited in their effectiveness if not accompanied by a focus on and capacity to address the structural inequalities faced by children and their families, for example in relation to education, housing and socio-economic deprivation.

Yet, research indicates that there are challenges to implementing these two things (Day, 2022; Gray and Smith, 2024). In this context, this guide adds to voices emphasising the value of working with children on the basis of their strengths, needs and potential, and the importance of providing sufficient resources and support to do so.

Caring relationships are fostered by organisational contexts that offer **compassionate leadership, care for practitioners and managers, opportunities for reflection, and systems and processes that enable practitioners to work relationally.**

● 8. Conclusion: towards a culture of professional care

Our starting point for writing this guide was to unpack what it means to practice professional relational care in youth justice. This is set against a backdrop where the importance of relational and caring practice is often emphasised but rarely explained in detail or accompanied by guidance about how to realise it. We also hope that this ‘guide’ will lead to debate, reflection and dialogue about the role and nature of caring relationships with children who offend.

We do not pretend to have all ‘the answers’ nor do we think that caring relational practice can be reduced to a checklist or a set of techniques. Some will reject the idea that professionally loving care has a place in youth justice. Others will argue that the cultures of care we outline here are entirely unrealistic within our strained and often beleaguered services.

Our argument is that professionally caring relational practice is not naïve, misplaced or out of reach but at the heart of an effective and ethical youth justice system. Youth justice policy increasingly encourages a focus on children’s positive and healthy development (YJB, 2022). Caring relationships are fundamental to such development (Page, 2018).

Professionally loving care asks us to bring compassion, connection, and skill into youth justice work while maintaining boundaries that protect both children and practitioners. It also invites reflection on what professionalism means in this context. Rather than equating professionalism with detachment, a richer understanding recognises that professionalism can and should encompass loving care, enabling practitioners to attend to the whole person (van Heijst, 2011).

Throughout this guide, we have argued that creating and sustaining caring relationships depends as much on organisational culture as on individual skill, motivation or ‘chemistry’. The challenge is to make professional relational care the default— to design systems, teams and supervision that support and enable practitioners to act relationally rather than to do so in spite of the system.

Based on what we have seen and researched, a culture of professional care grows where:

- **Care is valued as skilled work, not an optional add-on** to professional duties.
- **Structures enable relationships, rather than restrict them** — through manageable caseloads, reflective supervision and flexibility.
- **Practitioners are cared for**, with time and support to process the emotional demands of relational work.
- **Leadership models care**, with openness, consistency and compassion.
- **Children’s voices shape practice**, informing how services understand and define what ‘good care’ feels like.

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