

Chapter 7

MANAGING HIGH RISK

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I Introduction

- i. There are a small but significant number of children and young people who present a high risk to themselves and others. This group includes children and young people involved in sexually harmful behaviour, sexual offending behaviour and serious acts of violence.
- ii. The group is considered to be at high risk because their behaviour has already caused serious harm to a victim. Serious harm has been defined as 'that which is life threatening and/or traumatic from which recovery, whether physical or psychological, can be expected to be difficult or impossible'.(Risk Management Authority 2008)
- iii. Not all individuals who been involved with offending of a serious nature will necessarily offend again and part of the assessment and intervention process will be to determine the risk of recidivism (the probability of another offence occurring). In each individual case the appropriate level of intervention should be determined. Those individuals whose risk assessment suggests that the likelihood of an adverse event is high and the impact of the event would be serious should cause the highest level of concern.
- iv. The child or young person should be at the centre of processes tailored to the unique needs and age and stage of development of the individual child or young person. This approach is fully compatible with GIRFEC where each child/young person is seen as an individual, risk and need are seen as inter-related and where planning is based on the analysis of risk, needs and resilience factors present in the young person's circumstances.
- v. Many young people involved with offending of a serious nature will have complex needs and may have experienced multiple traumas in their lives. This group presents many challenges for services: we need to manage the risks young people present in order to promote public safety while also offering opportunities for them to develop and to become positive contributors to society. Care for this group should therefore be high quality, and those who work with them need to have a high level of expertise and training. As some teams will only infrequently work with young people in this group, support from specialists with experience in this field may be beneficial. These are also offences that can attract considerable public attention and media coverage and can generate high levels of anxiety for professionals; appropriate high quality support to staff is essential.
- vi. The chapter starts by looking at research and literature in relation to violent behaviour before doing the same with respect to sexually harmful behaviour. It then looks at common issues around risk management, assessment and intervention.
- vii. Although this chapter focuses on those whose need for careful supervision is linked to their offending behaviour, the reader should bear in mind that young people who require a level of risk management in the community represent a wide group extending beyond individuals who exhibit violent or sexually harmful behaviours and could include children who are extremely vulnerable or who experience mental health difficulties.
- viii. The following guidance should be read alongside the RMA's [Framework for Risk Assessment, Management and Evaluation](#) and the Scottish Government's 2011 [Guidance on Risk Assessment and Management of Young People](#)

II Young People Who Display Violent Behaviours

i. Definitions

- a) Violent behaviour for the purpose of this guidance is defined as an “act of physical force that is sufficiently severe to cause injury to another person or persons (i.e., cuts, bruises, broken bones, death) regardless of whether injury actually occurs, any forcible act of sexual assault, or threat made with weapon in hand”.(Borum, Bartelland Forth, 2003) It should be noted that physical injury is *not* the test of serious harm: robbery or rape may involve only threats but remain violent acts, while injury without intent or threat is also excluded (e.g. injury to a victim in a car crash).
- b) There is an overlap between sexually harmful behaviour and violent behaviour insofar as some abusive incidents may be acts of sexual aggression (e.g. rape). However there are also clear differences: not all violent behaviour has a sexual component and some sexually abusive acts do not use force or coercion (e.g. when a victim has been groomed).

ii. Who are Young People Involved With Violent Behaviour?

- a) Youth violence in Scotland is a complex and under researched phenomena.
- b) If we approach the subject by looking at official statistics:
 - In 2009/10, 10,012 children aged between eight and 17 years were referred to the Reporter on offence grounds.
 - These children were referred for 35,239 alleged offences on 22,585 referrals.
 - Assaults were the second most common reason for referral on offence grounds after breach of the peace with 7245 assault charges being referred to the Reporter that year. (SCRA 2010)
 - This figure has fallen in line with the decline in offence referrals to SCRA over the last few years; 10,084 assault charges were reported in 2006/7.
- c) Although this trend is positive, we should be cautious about concluding that violent youth crime in Scotland is falling. There is a significant issue around underreporting in official statistics. Self-report studies reveal a level of violence among young people that is higher than that reported by official sources of data. Most of this violence is relatively low-level and occurs between young people of around the same age, sometimes siblings. Low-level violence may be considered as a normal, routine form of behaviour among young people.
- d) There are also discrepancies between official sources of data. Although SCRA figures show a fall in referrals in relation to violence, we also know that proceedings for serious violent crime (robbery, serious assault, homicide) have increased since 2006, while those involving more minor violent offences (assault, handling offensive weapons) have levelled off or decreased. These overall trends are generally replicated for crimes and offences involving under-21 year olds. Fraser et al (2010) provide a careful analysis of this complex picture gathered from different forms of research.
- e) Research evidence, on the background and characteristics of young violent offenders in Scotland, remains limited.

- f) The Edinburgh Study of Youth Transitions and Crime sheds some light on this subject. It found that persistent violent offending in adolescence is associated with victimisation and social adversity (McAra and McVie, 2010)
- g) In particular it found that the key predictors of violent behaviour for boys at age 15 are self harm; crime victimisation; family crises; adult harassment; bullying; alcohol and drug use; early involvement in violence by age 12; poor parental monitoring; weak school attachment and peer offending.
- h) Factors for girls were similar although under-age sexual activity and risk taking were also factors statistically present in the lives of girls involved with violent behaviour at 15.
- i) This picture generally fits with the one that emerges from international research on the characteristics of young people who display violent behaviours. Children at risk of more serious or violent behaviour often display violent behaviours in their early years such as: bullying or being bullied; sporadic displays of aggression and becoming withdrawn; truanting from school; early formal involvement with Police; associating with delinquent peer groups; behaviours such as fire setting and abuse towards animals (Loeber and Farrington, 2001). These factors along with substance misuse at an early age (under 11) or a lack of positive peer influences in early teenage years are the most reliable predictors of future violence. Parental criminality may also be an important factor (Whyte, 2001).
- j) Predictions of whether or not violent behaviour will be limited to adolescence only or be persistent into adulthood are fraught with methodological issues and are not supported by a strong evidence base.

iii. Messages From Research

- a) Adolescent violence is a complex phenomenon. Most young people involved with violent offending are versatile in the sense that they commit a wide range of criminal acts, including violent *and* non-violent offences.
- b) However some offenders seem to 'specialise' in violence and this group should be separated out for specific intervention. Further research into this group that specialise in violence is under-developed and there are significant issues in over-labelling children in response to anti-social behaviour which takes a violent form that may be context or developmentally specific.(Farrington, 1998)
- c) Violence can often co-occur with other difficulties, notably substance abuse and mental disorder. Psychopathy can be a factor in violent offending, especially when aggression persists into - and throughout - adulthood. Psychopathy involves a set of emotional and behavioural traits including lack of empathy and callousness, poor anger control and a need for stimulation. The early signs of psychopathy can be identified in adolescence. Such a diagnosis should only be made by a qualified practitioner using recognised and validated assessment tools (RMA 2008)
- d) Most perpetrators of racially motivated violence are young and male. One study found most had no involvement with right wing parties, played down the racial motivation in relation to their offending and were open about violence. Most saw themselves as

overlooked, devalued and the real 'victims'. Work around belief systems and cognitions have been shown to be effective with this group (Ray, Smith and Wastell, 2002).

- e) Partner exploitation and violence has traditionally been ignored in the literature on violence in adolescence. However a recent NSPCC study of teenage partner violence found that 1 in 4 girls reported partner violence with 1 in 9 girls reporting serious [partner violence](#) (Barter, McCarry, Berridge and Evans 2009). Under-reporting of this form of violence means that it is rare for this to come to the attention of professionals working with young people who offend. However social prevalence of such behaviours may suggest that attitudes to gender should be integrated into general intervention work around inter-personal violence.
- f) In a Scottish context *'the overwhelming majority of female offending is non-violent... while the number of women convicted of a violent crime is on the increase, violence (particularly serious violence) is still an overwhelmingly male activity'* (Bachelor and Burman, 2004). The minority of young women who are involved with serious violent behaviour often have experienced multiple traumas in their lives. This may suggest that therapeutically orientated approaches may be effective with this group although there is little research to date on their effectiveness in relation to modifying patterns of persistent violent behaviour amongst young women.

III Young People Who Display Sexually Harmful Behaviour

i. Definitions

- a) Sexually harmful behaviour can be challenging to define.
- b) One reason for this is the broadness of the term: some authors have criticised as 'misguided' the search for an *'all-encompassing term (such as sexually harmful behaviour) that will cover children as young as 6 or 7 years old with persistent, over-sexualised or sexually aggressive behaviour, 11 year olds who may have committed penetrative offences and have faced criminal charges, as well as older adolescents with established sexually offending behaviour towards younger children or adults'* (Vizard, 2006). Sexually harmful behaviour does not describe a single form of offending behaviour, but rather heterogeneity of different kinds of behaviours exhibited by different kinds of children in many varied contexts. This is one of the reasons why a range of terms are used in the literature ('sexually problematic behaviour', 'harmful sexual behaviour', 'sexual offending behaviour' etc) (Hackett, 2004).
- c) Another difficulty in defining sexually harmful behaviour is that sexual exploration and experimentation are normal parts of child and adolescent development. There are many sexual behaviours that are to be expected from children as they move from infancy through to an adult understanding of their own sexual sense of self as well as a mature conception of relationships with others. Sometimes children and young people will stretch the boundaries of developmentally expected behaviour in ways that are non-abusive. Drawing lines that divide average childhood behaviour or adolescent

experimentation from what is deemed inappropriate and what is deemed abusive is a complex task (Dumfries and Galloway / McCarlie 2009) Practitioners' abilities to determine if a child's sexual behaviour is developmentally expected, inappropriate or abusive will be based on an understanding of healthy normative behaviour and issues of informed consent, power imbalance and exploitation. (Further guidance on this subject can be found in the [National Guidance on Under-age Sexual Activity: Meeting the Needs of Children and Young People and Identifying Child Protection Concerns](#). This gives a broad over-view of when adolescent sexual behaviour is of concern. **Indicators of Potential Risk** are covered in Appendix B of this guidance which provides useful checklists for assessing behaviour.)

- d) Although we recognise its limitations, we have used the term *young people who display sexually harmful behaviour* consistently throughout this guidance for ease of reading and to limit possible confusion. For the purposes of this guidance we have defined young people who display sexually harmful behaviour in the following way:
"young people who engage in any form of sexual activity with another individual, that they have powers over by virtue of age, emotional maturity, gender, physical strength, intellect and where the victim in this relationship has suffered a sexual exploitation"(Calder 2009)

ii Who are Young People Who Display Sexually Harmful Behaviour

- a) Around ¼ of sexual abuse is perpetrated by children or young people under the age of 18 (Hackett, 2004). The only published Scottish research in this area looked at a sample of 189 cases open to services in Scotland where a young person or child had acted in a sexually abusive way (Hutton and Whyte, 2006). The study found that:
- 94% were male; 6% female
 - 25% were under 12, 36% were aged 13 – 15, 24% were aged 16 – 17 and 9% were aged over 18
- b) Early adolescence, particularly, the onset of puberty appears to be a peak time for the development of harmful sexual behaviours.
- c) Many individuals in the study had a history of different forms of abuse with around a 1/3 disclosing a history of sexual victimisation themselves.
- d) Children who started to display harmful sexual behaviours before the age of 12 seemed to have experienced more traumas and potentially negative environments than those over 12: many were extremely vulnerable and had often been extensively sexually abused themselves.
- e) Girls in the study also had a much higher presentation of disclosed experiences of having been sexually abused. This finding – along with those of similar studies - suggests that there may be different developmental pathways for:
- Boys and girls who display sexually harmful behaviours
 - Children who develop these behaviour prior to adolescence
 - Children who develop these behaviours during adolescence.
- f) This has implications for how we work with these different groups.
- g) There was a great diversity in the variety of sexually abusive behaviours displayed in by children and young people in this particular study. This diversity included the nature of the sexually harmful behaviour, the accompanying levels of sexual arousal, the degree of physical force and level of coercion used in the commission of the behaviour and the age and gender of victims.

- h) Around 1/3 of the sample had a learning disability or learning difficulty. However there was a great diversity in the broader developmental issues relating to the age of young people perpetrating the abuse, their family and educational backgrounds and intellectual capacities.

iii. Messages from Research

- a) The histories of abuse experienced by many children and young people who display harmful sexual behaviours reinforces the need for us to retain a child protection perspective in working with this client group. When the abuse of a child is alleged to have been carried out by another child or young person, such behaviour should always be treated seriously and be subject of a referral to relevant agencies, both in respect of the victim **and** the perpetrator. In all cases where a child or young person presents sexual behaviour of a harmful nature, immediate consideration should be given to whether action requires to be taken under child protection procedures, either to protect the victim or because there is concern about what has caused the child or young person to behave in this way. This is covered in more detail in Part 4 of the [National Guidance for Child Protection of Scotland](#).
- b) In the past, it has been assumed that children and young people who present with harmful sexual behaviours were at high risk of sexual re-offending. This is not the case for the majority of young people although there will be a small sub-group who are likely to continue such behaviours into adulthood. Research shows that targeted interventions can be highly effective in reducing risk even for those children and young people who are at higher risk of continuing harmful behaviours (Worling and Langstrom, 2003). Comprehensive assessment is necessary to identify individuals who are at higher risk of continuing these behaviours into adulthood. It should also be noted that, although sexual recidivism is low amongst adolescents, non-sexual offending behaviour in adulthood is common and interventions need to be broader than responding to just sexual offending behaviour.
- c) Many young people involved with sexually harmful behaviour deny that they have acted in such a fashion or minimise their behaviour. This is unsurprising; behaviour of this nature is highly stigmatised in society and accepting responsibility for their actions could be shameful and have many implications for the child. Traditionally practitioners saw denial as an indicator of high risk and evidence that the young person is unmotivated to change. Neither of these conclusions can automatically be drawn from denial (Hanson and Bussiere 1999). There are early suggestions from work with adults in denial about their behaviours that helping individuals to complete a programme of work looking at healthy relationships and meeting underlining criminogenic needs may be effective with some individuals.
- d) Sexual abuse normally takes place in a secretive context often involving grooming, coercion or bribery. The 'offender' will often be known to the victim, and will sometimes be related. The victim is likely to be young and vulnerable and may be deemed not to be a 'credible witness'.
- e) When working with adolescents, sexually harmful behaviour can often be difficult evidentially to prove and we will not always have a clear legal mandate for assessment and intervention work. Motivation and engagement skills are necessary along with careful consideration of ethical reasons for whether we should or should not intervene. Further guidance in relation to legal issues in work with young people involved with serious offending can be found in [Appendix 5](#).

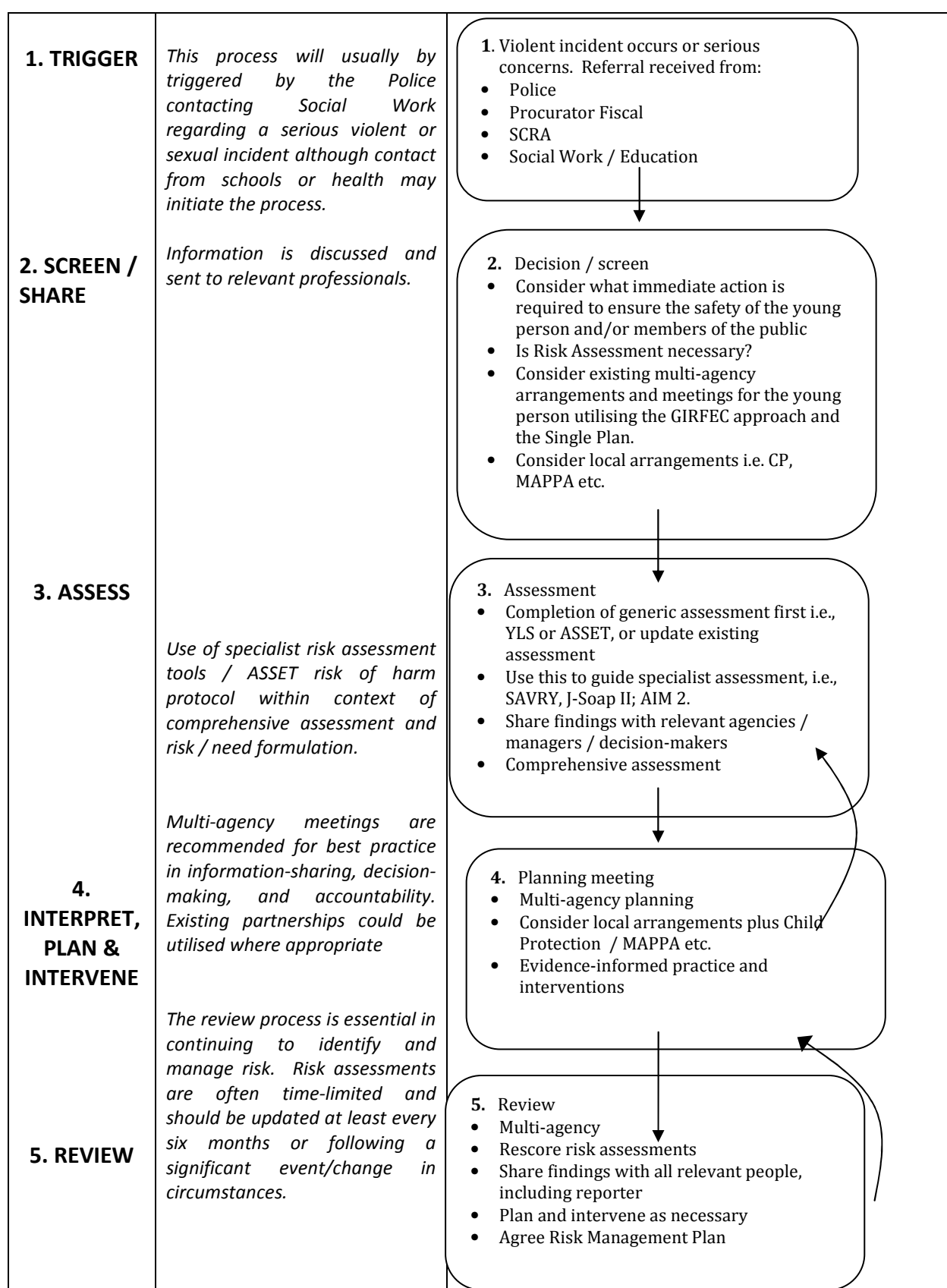
- f) It is likely that there are a number of sub-groups within the total population of young people presenting with sexually harmful behaviours, each of which has distinct needs. The distinction between pre-puberty and post-puberty emergence of sexually harmful behaviours has been discussed above, but research has shown that there may be key differences between adolescents who abuse young children and those who abuse peers; contact and non-contact offenders; specialist (those who only commit sexual crimes) and generalist offenders (those who commit not only sexual offences but also other offences; and solo and group offenders. (Hoing 2010) Young people with learning disabilities who have sexually abused are a particularly vulnerable and neglected group and may need specific intervention responses (O'Callaghan, 1998).
- g) Good practice guidelines as well as assessment and intervention models have been developed in the field of sexually harmful behaviour for work with young women (Bumby and Bumby, 2004), adolescents involved with problematic internet use (AIM 2010), young people from ethnic minority backgrounds (Baseer and Okotie 2007) and children under 12 (AIM 2008) . Useful guidance also exists in relation to the management of sexually harmful behaviour in school (Tayler and Stoppel 2010, , foster care (Carson, 2008a) and residential settings (Carson 2008b).
- h) Although assessment and intervention work with this client group has many similarities to work with children involved with other forms of offending behaviour, there are some defining differences which have implications for staff care and supervision. This is dealt with in more detail in Section IX.

IV Referral & Risk Management

- I. An understanding of the relevant definitions, along with knowledge of messages from research in relation to young people who display violent and / or sexual offending behaviour is necessary to ensure that targeting is correct and the focus of intervention is appropriate.
- II. In undertaking this work we need to be conscious of the risks associated with labelling individuals inappropriately and the implications this may have throughout their lives.
- III. Risk management arrangements should be implemented as soon as possible once concerns have been raised: practitioners should not wait until the completion of comprehensive assessments or the resolution of legal issues as public safety is paramount. Formally the type of risk management arrangement that will be put in place will depend on whether a child/young person is being managed under child care or criminal justice legislation.
- IV. For children and young people involved in the child care system a **CASE CO-ORDINATION** model using the **GIRFEC** core components, values and principles should be used:
- V. A lead professional must be appointed.
 - The first responsibility is to agree and implement whatever immediate arrangements are required to manage risk presented by the child/young person with a particular focus on what is required in terms of public safety.

- Then the Lead Professional is expected to draw together the required information through the Single Plan, which is the primary resource for interagency risk management planning and which should be informed by appropriate specialist risk assessments as required.
 - A management plan will be implemented which will coordinate the arrangements necessary to manage the needs and risks presented by the child/young person.
 - Through liaison with other professionals working with the young person, the lead professional will coordinate, monitor and review these arrangements and, identify any changes in behaviour which would necessitate a review of the risk management arrangements.
 - The lead professional's primary task is to make sure that all the support provided is working well, fits with involvement of other practitioners and agencies and is achieving the goals of the Single Plan.
 - This Plan should be subject to formal line management overview and where the risks to a young person are assessed as high this overview should be at a senior level.
 - The aim of this is to ensure that where resources are required to implement the plan they can be agreed and allocated as necessary.
 - Arrangements should be in place to monitor and review progress against the plan. Action should be taken if delivery is not effective in reducing the risks, or services are not being delivered as intended, for whatever reason. Wherever appropriate such action should be taken involving the young person and the family.
 - Contingency planning, that is an alternative plan should the proposed plan not be working, circumstances change or the situation deteriorates, must be agreed in parallel. This would allow an alternative to be put into effect immediately.
- VI. If a child or young person under the age of 16 has been charged with a serious offence, the offence will be jointly reported by the police to the procurator fiscal and the children's reporter in line with the [Lord Advocate's Guidelines](#). A decision will be made in line with the [Joint Agreement in relation to the cases of children jointly reported to the Procurator Fiscal and Children's Reporter](#) about whether the case is best heard in the adult or the children's system. The Joint Agreement proposes that the majority of young people charged with serious offences of a sexual or violent nature will be dealt with through the Children's Hearing system and managed through case co-ordination as described above.
- VII. For a small number of cases of young people, prosecuted through the adult courts multi-agency risk management will take place under formal [MAPP](#) (Multi-Agency Public Protection Arrangements: Sections 10 and 11 of the [Management of Offenders \(Scotland\) Act 2005](#)).
- VIII. These arrangements currently apply to:
- Individuals subject to the notification requirements of the [Sexual Offences Act 2003](#).
- IX. The arrangements will also extend to the following groups once the appropriate terms of the legislation are enacted:
- violent offenders convicted on indictment and subject to a probation order, community payback order or supervision following release from prison; and
 - offenders whose conviction leads the responsible authorities to believe they may cause serious harm to the public

- X. Local authorities, the Police, Health Boards (for restricted patients) and the police as responsible authorities in the area of a local authority are required to jointly establish arrangements for the assessment and management of risks posed by individuals meeting the above criteria. Other agencies including general health services, voluntary organisations and housing providers can be required to cooperate to allow the responsible authorities to carry out their duties.
- XI. The principles of a multi-agency assessment and planning will still be required for those subject to MAPPA. One of the principles of GIRFEC is to avoid children and young people being dealt with in a variety of different systems. A child or young person's risk should be managed by the Lead Professional through the child's or young person's plan (regardless of whether a child has been dealt with through the child or adult system) or where they are living (including prison or secure estates). This recognises the fact that children and young people involved with offending behaviour are often vulnerable themselves and adults/professionals around them need to safeguard and protect them as well as manage any risks they present within the community. The risk management plan should flow from an assessment involving child centred approaches and tools, recognising both risks and needs, and be integrated as part of the child or young person's plan, case managed by the lead professional in the case.
- XII. A template of a risk management plan suitable for use with children and young people and compatible with the Child or Young Person's plan can be found in appendix 2.
- XIII. The following flowchart provides guidance of the process that should be followed further to a violent or sexually harmful incident occurring. Local authorities may also have their own systems and procedures, although the process followed should be similar:



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V ASSESSMENT

- I. The assessment of young people at risk of serious harm must look at their needs as well as the risk they may present. A high quality risk and needs assessment should follow the principles outlined in chapter 4 in relation to collecting information, analysing information, presenting conclusions and sharing information.
- II. A young person who has acted in a harmful way will require a comprehensive assessment. The overall purpose of assessment in these situations involves developing a broad based understanding of the young person in terms of their development, attitudes, beliefs, coping strategies, behavioural patterns, relationships, goals and environment. If an appropriate and effective programme is to be developed with the young person, a good understanding of what needs to change in the young person's life as well as what might motivate that change and how the change process can best be supported over time is essential. This can only be achieved through building a relationship with the young person in question.
- III. Assessments at this level will require the allocated worker to undertake:
 - a thorough review and evaluation of information gathered from several interviews, file reading and collateral sources
 - to identify a risk assessment tool appropriate to the case to provide a sound empirical basis for the identification of relevant risk and protective factors
 - a detailed analysis of past and current offending in terms of the pattern, nature, seriousness and likelihood
 - apply a structured offence analysis in order to explore how, why and when offending occurs and begin to identify relevant risk and protective factors
 - a formulation of risk that offers an understanding of the interaction and respective role of risk and protective factors in an episode of offending, and helps to identify triggers and early warning signs which may assist in recognising and responding to imminence
 - an identification of likely future risk scenarios that the risk management plan will seek to avert
 - clear linking of factors identified in the risk formulation with risk management measures.
- IV. During the process of the assessment if the worker identifies case specific issues that may extend beyond the boundaries of professional training, qualification and expertise (Risk Management Authority 2011), this should be referred back to the worker's manager along with lead professional or MAPPA co-ordinator to allow a decision to be made on how to proceed. This may require a decision to be made on the allocation of resources to address the issues identified.
- V. The direct work with the young person should cover:
 - **An exploration of beliefs and attitudes that may underpin offending behaviour.** Many young people who display harmful behaviours have lived in confusing and hostile

environments since birth. Their inner world has been affected in terms of how they view relationships. It is important that workers seeking to reduce risks, explore and work with children on how they understand the world, what their values and beliefs are about themselves and others and how this affects the way them.

- **The child's attachment style.** Workers need to explore how a child interacts with themselves and with others. How does the child act within the family environment? What adults do they naturally gravitate towards? Does the child have an appropriate level of supervision? Do the parent(s) manage and respond to the child and their behaviours in a consistent and age appropriate way. Who are the other significant adults in their lives and do they model positive behaviours? How does the child seek comfort when distressed? How do they interact with peers? How do they respond to new people in their life? What is their capacity in relation to social and emotional reciprocity?
- **A detailed exploration of the child's prior experiences of victimisation.** This should not be limited to the question of whether a child has been abused, but should include as much information as can be gathered about the dynamics of any abuse and especially the abusive behaviours that the child was involved in, as these can cast light upon any subsequent behaviour. This will mostly be gathered through information gathered during the investigative process and case file reading, but some exploration of whether the young person is able to discuss sensitive topics will help the assessor gauge how work around victimisation should be approached in the context of the intervention plan.
- **Analysis of the function of violence / sexually harmful behaviour.** Considering what the child/young person gained from the problematic behaviour is an important distinction in the aggression literature between emotional aggression (e.g. being angry or hostile) and instrumental aggression where the main objective is to obtain something. Some incidents will inevitably be both instrumental and emotional (e.g. the racially aggravated robbery of a shopkeeper). Assessing violence according to this categorisation may help and some assessment tools (such as the Adolescent Anger Rating Scale - AARS (Burney,----)) make such distinctions. Other research with young offenders identifies three main motivations for violence as being: excitement, status and protection (Fraser, Burman, Batchelor and McVie 2010). Exploring the often complex feelings the young person has about their behaviour is vital. Although there is rarely a single motivation in sexual behaviour, where the behaviour is sexually harmful, the allocated worker behaviour should ascertain whether the behaviour was driven by curiosity and a need for knowledge; anxiety, confusion and a replaying of actions already done to them; or alternatively whether anger or revenge was a motivator. Levels of sexual arousal and gratification during the behaviour should also be explored.
- **The young person's understanding of their own history.** Timeline or equivalent work, including an exploration of the offence process can assist with this. Time line work – a line marked in years representing the child's life that you use to mark down important events – allows the practitioner to explore the child's understanding, feelings and thoughts about events that have happened in the child's life. It can also be helpful in looking at their sense of justice about different events and exploring their skills and inner qualities. If serious offending is discussed as part of this work, it allows the young person to consider their behaviour with the context of their experiences at the time.
- **Future plans and goals.** This can be an extension of the time line or can use other methods, such as ideas from the Good Lives model discussed in Chapter 3. Work on this topic will allow the practitioner to ascertain whether the young person can help in making decisions about sequencing of work (e.g., a young person with issues around impulse control may be keen to work on this if they

can see that it links to whether they will be able to hold down a work placement in a few weeks time). Work exploring motivation for change will be a part of this, as may insight into the young person's understanding of potential risky situations. Looking at the young person's own personal goals and trying to link it to the work that needs to be done to address identified risk factors is a vital aspect of analysis in assessment.

- **Exploration of learning style:**
This can be gauged from other sources (e.g. carers, teachers or health personnel) or through trying different styles of working with the child (use of drawings, conversation, different kinds of exercises). This will inform how work should be pitched so that they will be able to gain the most from intervention work. A formal assessment in relation to learning disability or learning difficulties may be necessary in some cases.
- **Evaluation of sexual knowledge and interests.**
This is essential if the young person has acted in a sexually harmful behaviour. Sexual knowledge and attitudes information can be gathered from questionnaires. A number of different approaches can be taken to exploring sexual interests e.g. picture sort exercises, verbal self reports, psychometric questionnaires, inferences from history (e.g. a young person being clearly sexually aroused in the presence of younger children). (G-MAP 2008, Worling 2006).

VI. A comprehensive assessment such as this cannot be rushed but must be seen as an ongoing process. As mentioned previously, research suggests that young people who act in harmful ways may have experienced complex and multiple traumas in their life. Although some young people will find the experience of being given a supportive space to explore feelings and behaviours a motivational experience, for many it will be experienced as threatening and intrusive. Accordingly a therapeutic approach, working at the pace of the young person and focussing on building a relationship is essential. Even with this long time frame and a remit to develop an extensive and deep understanding of the young person and their circumstances, it should be recognised that the young person will be unlikely at an early stage to share full information about personal traumas or the extent of their own abusive behaviours and this is likely to be something picked up in longer term intervention work.

VII. Risk assessment tools

- a) A number of instruments or tools may be used to inform risk assessment. The most commonly used specialist assessment tools in the UK used with children and young people are:
 - Violence – **1. SAVRY; 2. EARL 20B / 21G**
 - Sexually Harmful Behaviour - **AIM2; ERASOR; J-SOAP II**
- b) There are other assessment tools available in the field of adolescent sexual offending (e.g. SHARP (Richardson 2009), J-SORRAT (II) (Epperson, Ralston, Fowers, and Dewitt 2005), J-RAT (Rich 2009) and MEGA (Miccio-Fonseca and Rasmussen (2008)), but less frequently used and not considered in detail here.
- c) You should check what tools are in use in your local authority. Further information on these tools can be found in [Appendix 1](#). Further information from the Risk Management Authority about the approval of particular tools in Scotland can be found in their publication [RATED](#).

- d) Risk assessment tools for this group of young people are particularly problematic. This is in part related to the low base rate (that is the frequency of these behaviours in the population at large) and the difficulty in rooting these tools in actuarial factors. Statements about risk in relation to serious offending should be approached with caution. It is impossible to predict with certainty what an individual will do in the future, but it is possible to use the evidence in an individual case, in the context of what is known about similar offenders from the research literature, to identify risk and protective factors of relevance to understanding previous offending and the potential for future offending. The purpose of risk assessment is not to predict offending but to allow recommendations of nature, duration and intensity of intervention required to modify behaviour and to facilitate production of a detailed plan to prevent offending grounded in identified risk factors and strengths. Tools should be used to inform judgement only within the context of an analysis of the behaviour.
 - e) The assessment process may be supported by psychometric testing as appropriate as individuals may be able to more easily disclose information through a questionnaire than in the context of an interview. Psychometric tests provided a way of assessing different aspects of social and psychological functioning and will often have a statistical basis for testing providing a scientific basis for evaluation. However research has shown that psychometric testing is not particularly useful in predicting risk (Prentky and Burgess 2000) and therefore should only be a form of data gathering rather than a substitute for analysis.
- viii. The role of families in assessment:**
- a) Parents need to be involved with comprehensive assessments in meaningful ways. However many parents whose children display harmful behaviours are lonely and isolated. They often face considerable social stigma, rejection and hostility in reaction to their child's behaviour and may need considerable support. They may also struggle with acknowledging personal trauma or the extent of their child's behaviours. Research suggests strongly that supporting and involving parents in work with their children is vital to the success of any intervention designed to address harmful behaviours, but in order to do so, parents will often need considerable support and this needs to be discussed in the case co-ordination process (Hackett and Masson, 2006).
 - b) Particular care should be taken in assessments in relation to serious harm that has occurred within families. Efforts should be made to ensure that the seriousness of behaviours are not minimised e.g. sexual interactions between siblings are often considered relatively harmless by professionals, while research in this area suggests that sexual behaviour between siblings can involve significant power differentials between participants and can often occur over more extended periods than abuse of victims in the community, with more scope for escalation of behaviour (O'Brien 1991; Hardy, 2001)
 - c) Sibling abuse assessments need to take place within the context of a comprehensive understanding of family and sibling dynamics (Caffaro and Conn-Caffaro, 1998) and it is likely that considerable work with individual family members will be necessary as part of the assessment process. Further information on family assessments and work with families in relation to sexually harmful behaviour can be found in **Appendix 6** – many of the themes discussed there will be relevant to working with families where a child has been involved with violent offending of a serious nature.

ix. Drawing the Assessment together

- a) A comprehensive assessment will end with recommendations drawn from a clear analysis of behavioural concerns in a developmental context, a careful needs assessment and a detailed assessment of risk. The final report should cover the following:
- Process of assessment (files reviewed, interviews, meetings, details of specific assessments tools / psychometrics used)
 - Reasons for referral
 - Family Structure
 - Relevant personal and family history. (Including brief chronological history of pertinent facts including relationships, dynamics, difficulties, strengths and young person's education, health, peer relationships etc.)
 - Analysis of history of problematic behaviour. Attempts to modify behaviour in past (and appraisal of success of previous interventions) should be noted. Attribute sources of information.
 - Young person and family's response to assessment e.g. engagement, openness, presentation.
 - Assessment results: response to work done, new information gathered
 - Problem formulation: Hypothesis what needs have been met by behaviour, why the behaviour developed and why it persists (if it does).
 - Key strengths and risk factors. This should include a summary of outcomes / conclusion from use of specific assessment tools.
 - The likelihood based on the risk assessment of the individual committing further offences (Barry, Loucks and Kemshall 2007)
 - The types of offences they might commit e.g. sexual/non-sexual. contact/non-contact, level of violence used, etc
 - The circumstances under which they might commit offences; how quickly the individual is likely to offend and the circumstances under which they are likely to do this. Triggers, precipitants, circumstances and states that would indicate that an offence might be imminent should be noted. This part of the assessment can involve scenario planning e.g. what are the kind of specific circumstances or situations that would make it challenging for the young person to manage their own behaviour. What signs need to be considered by those involved with the child/young person that indicates that risk is increasing should be covered.
 - Who might be at risk from them? Potential victims may include: younger children, peers, members of the public, staff, individuals in the young person's living environment or family and self. Individuals may pose a risk to a wider range of victims than the people they have offended against previously, particularly if offending is opportunistic. An analysis of previous victim types should help understand the dynamics that underpin victim selection: Practitioners should consider why a particular victim was targeted and what it is about a particular victim or victim group that is important e.g. is the victim perceived by the young person as vulnerable, an authority figure, an abuser or bully? Consideration about whether the victim is likely to be in the immediate or extended vicinity may be important, or whether further incidents are likely to occur within or outwith the family (Bailey, 2002).
 - The potential seriousness of future offending including how serious is the harm that might be caused to a future victim.
 - How that risk should be managed e.g. level of supervision required.
 - How the risk should be reduced: targets for individual work and comment on style and process of work from assessment of learning style; family work (who, what how), Group work

(why / why not, when) How other primary needs can be met. Estimation of length of therapeutic work required.

- Conclusion and recommendation: including: placement, intervention work required, other interventions necessary and other agencies that need to be involved (G-Map 2008).

- b) Rather than defining level of risk as high, medium or low, the main factors to consider are:
 - the likelihood of the behaviour continuing or re-occurring;
 - the imminence of the behaviour;
 - the impact of the behaviour if it was to happen.
- c) Risk is dynamic, changing with time and circumstances, so risk assessments must be reviewed, particularly if there is a significant change in circumstances (for example a further offence or a move from institution to community). Also it should be noted that in line with child development, a risk assessment is likely only to be relevant for a fixed period of 6 months to a year. Reports should note when risk would need to be re-assessed.
- d) A detailed case study covering a comprehensive assessment is provided in [Appendix 3](#):

x Assessing the Need for ISMS and Secure Care

- a) As part of the assessment process the allocated worker may require to consider whether the young person requires to be away from their home environment and may be required to take a view on whether or not a young person should be subject to secure care or an ISMS.
- b) The role of such an intervention which is highly intrusive is considered in detail towards the end of the chapter but some key information that needs to be taken into account in the assessment process is noted here.
- c) Secure care should only be considered where a child or young person requires to be removed from the community because of risks to their own safety or because of the risk they present to others. Criteria, under which secure accommodation might be used, is laid out in ss 70 (10) of the Children's Scotland Act (1995) which states that it can be used in relation to a child who:
 - i. *having previously absconded, is likely to abscond unless kept in secure accommodation, and, if he absconds, it is likely that his physical, mental or moral welfare will be at risk; or*
 - ii. *is likely to injure himself or some other person unless he is kept in such accommodation*
- d) Whichever of these criteria is met, *'Secure placements once made, should only be for so long as it is in the best interests of the child.'* (The Children (Scotland) Act 1995 Guidance, Volume 2, ch.6:4)([hyperlink](#)) Both the wording and spirit of secure legislation places it firmly within a human rights context to restrict numbers of young people deprived of their liberty.
- e) Where a Children's Hearing are satisfied a young person meets the criteria for a recommendation for Secure Accommodation, the Hearing must consider the use of an electronic monitoring device, commonly known as a 'tag' as an alternative to a secure placement. This allows the young person to continue to reside in the community but be subject to close monitoring and support with movement restrictions placed on them as a conditions of their Supervision Requirement. ISMS orders are described in more depth in Chapter 2 of this guidance.

- f) The need for secure care should be assessed as part of the risk assessment process and the risk level should indicate an imminent likelihood of harm either to the child/young person or others. Consideration should be given to the extent of supportive factors in the child's environment, particularly the level of support from family and carers and if that is deemed to be a protective factor then an ISMS should be considered as an alternative.
- g) If there are other reasons why a child or young person cannot remain at home but does not require a secure placement, thought should be given to alternatives, if available, such as intensive foster care services.

VI ONGOING RISK MANAGEMENT STRATEGIES

- i. The process of risk management must be able to stand up to independent scrutiny and demonstrate accountability for actions taken. In order to ensure that the approach is defensible, the following principles should apply:
 - Children/young people are significantly different to adult offenders and therefore risk management needs to be developmentally appropriate;
 - Risk management plans should use child centred language and plain English wherever possible to aid communication and avoid misunderstanding;
 - Risk management plans should be multiagency and should actively engage the child/young person and parents and carers wherever possible;
 - Risk management plans should encompass an assessment of risk and a comprehensive assessment of need;
 - The child/young person's developmental needs should be taken into consideration within the plan;
 - Risks should be managed in a context where children feel emotionally, physically and sexually safe and protected;
 - Relevant risk factors should be targeted and key protective factors encouraged and built on;
 - Interventions should be proportionate, they should be the least restrictive to sufficiently manage the risk posed;
 - Risk management plans should have clear actions, outcomes and identify who is responsible for the delivery of each aspect;
 - Risk management plans should be supported by a clear communication strategy;
 - Risk management plans must be subject to regular review, determined by the level of need and risk present and able to respond timeously to changes in risk.

- ii. Protocols can be invaluable in assisting with the early identification, assessment and management of children who display harmful behaviours.
- iii. All local authorities should have in place local guidance or risk management protocols to aid this, covering young people who display harmful sexual and/or violent behaviour. Protocols are often signed off by child protection committees (in recognition that the abuse of children by children is a child protection issue) and often include the following:
 - referral processes;
 - investigation and early assessment criteria and processes;
 - common operational definitions;
 - clarification of roles;
 - an initial assessment framework that addresses both behaviour and wider needs of the young person and which includes parents / carers; agreed timescales;
 - clear process for reviewing high risk cases; a process map outlining interface between risk management system and other systems (e.g. MAPPA, child protection, vulnerable child procedures etc);
 - checks and balances to protect and promote child's rights and the rights of the family and to encourage consultation with service users (e.g. scope for use of an independent advocate, appeal processes etc);
 - statement on information sharing;
 - an outline of disclosure procedures, criteria and thresholds;
 - interventions offered locally to promote risk reduction;
 - processes for monitoring and evaluating both risk management in individual cases and the risk management process more generally (e.g. use of quantitative and qualitative data collection, case audits, peer reviews etc).

Examples of Good Practice: Risk Management Protocols

Glasgow's 2009 Protocol in relation to sexually harmful behaviour provides a clear framework for situating and understanding behaviour in the context of child and adolescent development. The protocol was broadly based on that developed by Dumfries and Galloway (Dumfries and Galloway / McCarlie 2009). The protocol requires that key agencies involved in risk management come together for an initial case discussion where a risk management core group may be identified. The core group should meet regularly to manage, evaluate and monitor risk as assessments and long term interventions are undertaken. A system is outlined to help practitioners and managers identify which cases should be case managed within area teams and which should be held by specialist services. The framework is systemically orientated and considers how all the systems, including the family, impact on the young person making risk more or less manageable. The protocol outlines a 4 phase risk management process which begins with situations where risk reduction is largely achieved via the systems and responsibility is owned by the systems and not the young person, progressing through phases where responsibility for risk management is shared between the young person and systems. Self management of risk is the goal of the final phase. This process can then be used in reviews to conceptualise progress and measure change.

- iv. Risk and protective factors should be addressed using appropriate risk management strategies.
- v. Risk management strategies may be considered under the following headings:
 - Monitoring;
 - Supervision;
 - Intervention – dealt with in detail in the next section;
 - Victim safety planning;
 - Housing;
 - communication/disclosure;
 - contingency planning; and
 - re-assessment/review.
- vi. **Monitoring**
 - a) Involves a number of observational activities intended to determine progress or deterioration and alert to needed changes in the plan. These may be factors indicating imminence of offending, a change in the type of risk posed, or a decrease in current risk. (RMA 2010¹)
 - b) Monitoring strategies include:
 - Contact with the individual (in person and by telephone).
 - Contact with others (e.g. relatives, carers, potential victims, other staff and professionals), in person, by telephone, by email or by letter.
 - Seeing the person in their own environment (e.g. at home or at school)
 - Electronic surveillance – this requires a formal decision to be through the Children’s Hearing or Court process and there are restrictions on how long a person can be subject to electronic surveillance
 - Overt and covert surveillance – This requires formal approval usually by the Chief Constable of the local police force and needs to be carefully considered both from a human rights perspective and a cost/benefit analysis
 - c) There should be an explicit link between the risk or protective factor and the monitoring recommendation. For each factor being monitored consideration should be given to:
 - *What* is being monitored?
 - *Why* is it being monitored?
 - *How* will it be monitored?
 - *Who* will monitor it?
 - *When* will it be monitored?
 - *Where* will it be monitored?
 - *What* will happen if the issue being monitored changes? How quickly and to whom should it be communicated?

- d) Particular prominence should be given to key factors which may indicate that risk of violence is escalating or imminent. It is useful to have a formal alert system in place (often referred to as a traffic light system) that indicates when concerns are increasing or decreasing (see paragraph on contingency planning below).

vii. Supervision

- a) This is the activity of overseeing or administering an order or sentence in a manner consistent with legislation and procedures, ensuring that any requirements or conditions are applied and compliance with such requirements is monitored. However, it is also a means by which a relationship is established with the individual, to ensure that the individual is engaged through dialogue in a process of change and compliance. (Risk Management Authority 2011)
- b) Examples include:
- Building a relationship an individual.
 - Motivating an individual to complete an intervention programme.
 - Allowing activities on the condition the individual is supervised by a responsible adult.
 - Restricting association, preventing contact with specific peers or adults (including previous or potential victims)
 - Restricting activity, e.g. preventing a young person to attend swimming classes at present
 - Restricting movement, curfews, travel bans and prevention from going to certain areas e.g. being required to stay away from children's playpark
 - Restricting internet use and use of mobile technology;
 - Preventing telephone or postal contact with previous victims
 - A secure placement or custody
- c) A key principle to bear in mind when considering supervision requirements is that risk management strategies should be proportionate to the risk posed by the individual. Overly restrictive supervision may be unethical, counterproductive and developmentally stultifying, and in some cases may increase the risk posed by the individual. For example, an individual may become isolated, despondent and resentful, perhaps fuelling anger or perpetuating the use of deviant fantasising.
- d) A balance must be struck between the individual's rights and the safety of others, and this can only be done through a detailed individualised assessment of risk and need, leading to tailored and necessary supervision arrangements. 'One size fits all' approaches are not in keeping with this principle. Thought needs to be given to whether risk management becomes so comprehensive that the young person loses out in significant life experiences that would allow them to grow and mature, as well as opportunities to evidence that they can act in safe ways in the community.
- e) Supervision needs to be linked with monitoring, as breaches in supervision requirements must be ascertained and acted on appropriately.
- f) The more evidence there is that an individual is able to self-manage and that external circumstances are stable and supportive, then the less need there should be for supervision. This is obviously a dynamic balance that may change over time.

viii. Victim Safety Planning

- a) This is a risk management activity by which attention is drawn to the safety of specific individuals or groups who may potentially be victimised, with a view to devising preventative or contingency strategies. The focus in victim safety planning is working with victims and potential victims to improve their safety and maximise their resilience.
- b) Situations where a young person has physically or sexually assaulted another young person at the same school (or is alleged to have done so) can be particularly challenging and raise issues in relation to victim safety planning. These difficulties are similar to those found in other institutions (e.g. a young person in a residential setting who alleges that another individual has assaulted them). Specific arrangements will be necessary to promote safety and parents will need transparency about action taken. The parents of the child who has been victimised will need reassurance that their child is safe. The views of the individual who has been assaulted must be taken into account about how safe they now feel and what actions they wish taken; they may also need support to make sense of the experience. Decisions to exclude a pupil on grounds of physical or sexual behaviour ultimately need to be premised on level of risk (based on assessment), and arrangements such as robust safety planning and ensuring that young person and victim have no further contact may, in some situations, be sufficient to manage risk. Moving a child to another school because of allegations may be an option, but this will sometimes compound problems. Decisions around risk in school settings should not be unilateral and should be made at a multi-agency level: exclusion of a child may resolve issues in the school but may increase risk in the community of the child is not supervised during the day and presents a danger to younger children, for instance.

ix. Housing

- a) The need for stable housing should be one of the factors considered in the risk management plan. Stable housing is often a key factor in securing positive outcomes for young people, especially those who have been assessed as posing a high risk. This should be looked at if a child or young person remains at home with family in the community and is a particular issue when children or young people leave care or custodial settings.
- b) Where a young person requires independent housing, consideration should be given to the level of support required to maintain the tenancy, but also to manage the risks posed by the young person.
- c) Guidance in relation to the housing needs of adult sex offenders came into effect in April 2007 produced by the National Accommodation Strategy for Sex Offenders (NASSO). A [National Accommodation Strategy for Young People Who Display Sexually Harmful Behaviour](#) was produced the following year.
- d) This strategy notes that the Children (Scotland) Act 1995 makes certain requirements of local authorities to ensure that the housing needs of children and young people are considered and that housing and social work collaborate in order to achieve this. It is therefore imperative that housing providers are involved in risk management planning in order to manage risks effectively. Their contribution to the planning process will further inform and enforce the plan and ensure that the housing provider is supported in their role. Social landlords should therefore be included in any information sharing protocols drawn up to support the sharing of data across and between agencies in the management of young people who are assessed as posing a high risk.

- x. **Staff safety planning.**
- a) Particular attention needs to be given to circumstances where:
- staff fit the profile of the types of victims chosen by an offender
 - an offender may react with aggression to having limits placed on them
 - an offender has been indiscriminate in the types of victims targeted.
- b) All organisations working with children and young people who present difficult and challenging behaviour should have Health and Safety and Violence at Work policies that are clear about the action that should be taken and the supports that should be put in place. These need to be referenced and used to inform the staff safety plan. Staff working directly with children and young people whose behaviour is challenging need to understand their responsibility not to put themselves at risk.
- xi. **Information sharing**
- a) This is a critical component of ensuring public safety. In order that this is managed effectively, it is important that clear agreements are in place covering each aspect of the information sharing process. Information sharing protocols are, in their simplest form, agreements to enable the flow of information in an efficient and legal manner. In November 2005, the Community Justice Services Division within the then Scottish Executive published and circulated the [Concordat for Sharing Information about Sex Offenders](#) to all signatory agencies thereby providing an agreed set of principles and standards for sharing information within a nationally agreed framework.
- b) To support the Concordat, guidance was issued on the preparation of the information sharing protocols necessary to meet the requirements of data sharing legislation and ECHR between agencies. This guidance is also relevant to more general inter agency information sharing arrangements and should be consulted when drawing up any local protocols. In 2006 the Expert Group on serious and high risk offenders concluded that the principles of the Concordat should apply equally to children's services thus ensuring a consistent approach across children and adult services. Protocols developed under the terms of the Concordat and the associated guidance should therefore include all agencies that hold information about any person posing a threat to public safety. This would include children or young people who have either committed a sexually motivated offence or are displaying sexually harmful behaviour, but do not have a conviction. The Data Protection Act and the common law right to confidentiality are regularly misunderstood and are often used by practitioners and agencies in their reasoning for failing to share information. [National Guidance for Child Protection in Scotland \(2010\)](#) notes that in the case of children where the risks being presented are great, the issues of public or individual safety outweigh those of confidentiality (pp27). Many inquiries into high profile cases have criticised agencies for failing to share relevant information. None have criticised agencies for sharing too much. The development of inter agency protocols will help to ensure that data sharing takes place within a lawful and justifiable framework.
- c) **Communication and Disclosure.**
Decisions taken at reviews need to be communicated timeously to all those involved in the management of the case, and there should be processes in place for ongoing communication, updating and feed-back. In some cases consideration may need to be given to disclosing information about an offender's background to others, e.g. family, partners, employers. Such disclosures must be justified in terms of the risk posed by the individual, and only the minimum

amount of information necessary to ensure the safety of others should be disclosed. Under the MAPPA arrangements formal disclosure is a decision that can only be taken by the Chief Constable. Other methods may require to be considered, including, if appropriate self-disclosure. If there are immediate child protection concerns this may override the need to pursue a formal disclosure route.

xii. A contingency plan

- a) This is a crucial element of managing the case. Those responsible for managing the case need to have a clear understanding of what action needs to be taken if the risk management plan starts to breakdown. Those involved in the case, including where appropriate the individual, his family and potential victims, should know what the key factors are to look out for, and what the response to them should be. There should be a clear plan as to what action should be taken by whom and how quickly. Emergency contacts should be identified both within and outwith office hours.
- b) Some local authorities have been using a traffic light system to identify the risks associated with particular types of activity:
 - Red indicates risk of violence or sexual offending is escalating or imminent and urgent action needs to be taken;
 - Amber indicates increasing instability, disinhibition or movement towards offending which requires a review of the plan earlier than scheduled;
 - Green indicates progress or no deterioration in circumstances and can be reviewed within agreed timescales.

xiii. Re-assessment/Review

- a) This should, as indicated earlier, be built into the risk management process. In formal terms there will be clear guidance that sets minimum criteria for review. However this should be determined by the particular needs of the individual and by factors that point to a change in circumstances. As stated earlier, for children and young people reassessment of needs and risk should take place every six months reflecting their changing developmental needs.

VII EFFECTIVE INTERVENTIONS –WHAT WORKS?

- i. Adolescents who display harmful behaviours share many characteristics with other young people who have a wide range of difficulties. It is important to address their broader problems, as well as dealing with their harmful behaviour. Research indicates that intervention with this group of children and young people should be:
 - Holistic: focusing on the children's needs across all dimensions of their lives and their development
 - Systemic: involving families and parents in order to improve children's social environments and attachment relationships
 - Goal-specific: designed to address specific issues relating to the child's harmful behaviours
 - Developmentally orientated: being sensitive to the child's age and stage of development
- ii. Little has been written to date with respect to effective interventions with young people who display violent behaviour. What seems to work with general adolescent offending also works

with young people involved with violent offending (Whyte 2001). One meta-analytic study found that interpersonal skills training, individual structured counselling, multi systemic therapy and behavioural programmes were shown to have an impact in reducing re-offending with this client group by up to 30 – 40%. Many of the principles outlined in Chapter 3 such as risk, need and responsivity, techniques such as pro-social modelling and motivational interviewing and the principles of good assessment, effective structured work and reduction of dynamic risk factors over time discussed in Chapter 4 are relevant in work with young people who display violent behaviour of a serious nature.

- iii. Intervention work with young people who display sexually harmful behaviour is widely discussed in the relevant literature although particular approaches are under evaluated. It is likely that a number of different approaches may be effective, but adopting a child-focussed way of working is essential. In the past practice responses to young people with sexually abusive behaviours were largely based on adult sex offender models, with adaptations for use in work with young people. More recently it has become clear that the highly confrontational and punitive methods which were originally used in treating adult sex offenders are counter-productive with children and young people. There is now consensus in the field about the necessity for focused and holistic work which targets both the harmful sexual behaviour and addresses more general areas of unmet need although programmes focusing on adult orientated themes (e.g. deviant arousal patterns, cycles of abuse and relapse prevention) are still common.
- iv. **Victim / perpetrator:** This shift in relation to thinking about trauma within the context of offence related work fits with an increasing recognition that therapeutic approaches to working with young people who are involved with serious offending behaviour are of value. By this we mean ways of working that foreground the importance of relationship and model warmth, congruence, respect and unconditional positive regard, while retaining a focus of addressing behaviours. In the past it was often considered ‘common sense’ that one worked with a young person’s behaviour before help around their own victimisation or trauma experiences was offered, for fear of the young person creating an identity as a ‘victim’ which then makes it difficult for them to take responsibility for their own behaviour. This notion that working with young people on their victim experiences inhibits or delays their ability to take responsibility for their abusive behaviours has recently been questioned, particularly from a neuro-developmental perspective and the growing understanding of the impact of trauma on child development and its influence upon impulse control, emotional arousal levels and cognition (Creedan 2009). Some authors recommend using young people’s experience of personal abuse and injustice to help construct a ‘moral compass’ that allows them to explore the impact of their own behaviours upon others (Jenkins 2004) more successfully than they could prior to exploring their own victimisation. Sensitivity, skill, knowledgeable supervision and careful consideration of timing are however necessary if practitioners are to work in this manner.
- v. **Theoretical orientation:** The current preference for the majority of services working with young people involved with serious offending behaviour in both North America and the UK is for intervention loosely based on a cognitive behavioural model. A recent survey of 164 UK services providing intervention to young people with sexually abusive behaviours found that ‘**cognitive behavioural therapy**’ (CBT) was the most frequently selected theoretical approach, and was identified by 56 per cent of services involved in intervention work as the theoretical models most closely associated with their programme (Masson and Hackett, 2003). The majority of services noted that their work was based on CBT but integrated other theoretical approaches. Several

studies have now found CBT to be effective with this client group (Guarino-Ghezzi and Kimball, 1998; Lab, Shields and Schondel, 1993; Worling and Curwin, 1998) although some authors have been critical of the quality of evidence provided to support claims of effectiveness (Letourneau, and Miner, 2005) .

- vi. There is a growing international evidence base for the effectiveness of Multi-Systemic Therapy with both violent (Henggeler, Melton, Brondino, Scherer and Hanley, 1997) and sexually harmful behaviour (Letourneau, Henggeler, Borduin, Schewe, McCart, Chapman and Saldana, 2009). As described in Chapter 4, MST is an intensive home-based intervention for families of young people with social, emotional and behavioural problems. MST provides an alternative to out of home placements and is designed to address the comprehensive array of factors that contribute to the increased risk of offending, across multiple systems (i.e. individual, family, peer, school, community).
- vii. Of the substantial number of randomised control trials that have been undertaken, including 2 conducted independently of the programme developers, the evidence for effectiveness has been largely positive. Outcomes have been particularly positive when treatment has been delivered with a high level of fidelity to the model, the programme has strong support from stakeholders, had time to establish and the target population does not have serious psychiatric problems. Currently there is a further independent randomised control trial being undertaken across 10 sites in England which is due to conclude in 2012. MST is one of 11 “model” programmes that meet the high scientific standards effectiveness of [Blueprints for Violence Prevention, a project of the Center for the Study and Prevention of Violence at the University of Colorado](#).
- viii. Resilience and desistance based programmes have become particularly influential over the last few years. **The Good Lives Model** is an example of such an approach.
- ix. It is worth noting that cognitive behavioural approaches and MST are the only robustly evaluated approach in relation to adolescent violent sexually harmful behaviour. Other approaches may be as effective – or indeed more effective – but they are as yet under evaluated. Bearing in mind the heterogeneity of young people at risk of serious harm, it is likely that different things will work with different sub-groups, but we have little evidence about what works with whom (Bengis, Prescott and Tabachnick, 2010).
- x. In terms of other approaches, increasingly **solution focused approaches** have been employed with young people with sexually harmful behaviour. The signs of safety approach (Turnell and Edwards, 1997; Myers 2005) is employed by some services in Scotland and supporters of solution focused approach stress the importance of collaborative, interactive and motivational methods for working with this client group (Jenkins, 1990). There is little research on effectiveness of this method as yet.
- xi. **Groupwork vs individual work:**
 - a) There is little research on the effectiveness of group work in contrast to individual work in work with young people with sexually harmful behaviour. Group work programmes are increasingly rare with this client group outside custodial settings.
 - b) Groupwork approaches in relation to violent offending remain popular via programmes such as [VINTOC](#) (Violence Is Not the Only Choice). Some of the potential advantages of groupwork are

outline by Print and Callaghan (2004) while Kirsch and Becker (2006) provide a compelling set of reasons for not undertaking groupwork. Some authors have noted that a balance between individual treatment sessions where offences can be explored and group interaction focused on the development of skills and attitudes necessary for healthy interpersonal and sexual relationships can be effective² (Worling, Littlejohn and Bookelam, 2010). As there is lack of a clear evidence base here, all that can be concluded is that decisions around undertaking individual or groupwork need to be needs led and interventions need to be carefully evaluated.

xii. **Programme content:**

- a) It is increasingly recognised that programmes of work designed to focus exclusively on serious and harmful behaviours in young people are limited in value and should be supported by attention to enhancing the young person's broader life skills, addressing social isolation, opening up access to appropriate opportunities in the education system, addressing family problems and improving the young person's relationships. This is likely to be true with respect to modifying violent behaviour as well.
- b) Intervention programmes in relation to sexually harmful behaviour will usually include the following areas:

Intervention goals in working with children and young people who display SHB

Themes related to participation in intervention process: motivation; denial (acceptance, honesty; openness); responsivity needs (learning style) trauma related issues; learning disability; anxiety; communication skills; emotional intelligence; family issues (learning from family experiences, timeline work; coping styles; self-care etc)

Offence specific themes: Pathways into abuse; distorted thinking; consequential thinking; victim awareness; sexual thoughts and fantasy (nature, frequency, intensity); identification of risk (situational/internal); self management of risk; non sexual offending behaviours;

Offence related themes: Core social skills; problem solving skills; sexual and relationship education (including experience, knowledge, sexual scripts, orientation; masculinity; relationship skills; understanding of consent); anger management; impulse control; empathy; prior victimisation; substance misuse; self-esteem; self care skills;

- xiii. It is important to note that in putting together an action plan for an individual child/young person, action plans should only address the relevant themes for that individual as identified in the assessment process. Intervention programmes will often also engage the family in a parallel process of intervention work.
- xiv. In relation to sexually harmful behaviour, the heterogeneity of this group and the complex needs in relation need and responsivity suggest that a rigid programme approach may be contra-indicated. Authors have suggested a 'framework' for undertaking the work may be more

effective than a highly manualised approach (Rich, 2008). This does not necessarily breach the convention of programme integrity as a framework approach may provide the flexibility needed to order and prioritise material according to risk, needs and responsivity principles.

xv. A detailed case study around intervention can be found in [Appendix 5](#).

xvi. ISMS and SECURE CARE

- a) Considerations around placement choice and secure care are inevitable in discussing young people at high risk of harm especially given recent high profile cases in Scotland and subsequent concerns over public safety. Intervention with young people who have been involved with offending of a serious nature is most effective when the young person is in a stable environment and opportunities to re-offend are minimised. Some comments on the context of intervention work may therefore be necessary here.
- b) Most young people who display harmful behaviour of a serious nature can be managed with appropriate supports in the community. This is however not always possible. Secure care - locked facilities within the child care system - provides a safe and secure environment for young people who require care for their own safety and for those who present a risk to others. In Scotland these are managed for the most part by voluntary-sector providers although two local authorities, Dundee and Edinburgh have their own Secure Estate. Secure care currently forms part of a range of measures to bring stability into a young person's life and reduce re-offending.
- c) **Placement through Children's Hearings:** The criteria for secure care can be invoked under a warrant to detain a child or as a condition of a supervision requirement. Warrants last a maximum of 22 days and should allow time for the preparation of reports that will allow panel members to reach a substantive decision on a case. They do not require a young person to be placed in a particular establishment.
- d) A supervision requirement made by a Children's Hearing names a particular secure unit. Unlike normal supervision orders, which only require to be reviewed annually, secure authorisations, in line with the imperative to use secure accommodation for the shortest possible time, must be reviewed every three months.
- e) In emergency situations young people can be held in security in cases where the Chief Social Work Officer and the Head of a Secure Establishment agree that legal criteria are met. This type of admission is sometimes termed 'administrative process.' or 'Social Work Directors transfer'. It is used in situations where there is serious and immediate risk to self or others or perhaps where a young person has been awaiting a secure placement and one becomes available. Placements through this route need to be considered by a Children's Hearing within 72 hours of being made.
- f) Placement through the Courts: Scottish Government statistics indicate that only a small majority of placements in secure accommodation are still made through a Children's Hearing. Increasing proportions come via the [Criminal Procedure \(Scotland\) Act 1995](#). Children awaiting trial can be held in secure accommodation on remand under Section 51 (1). This allows a court to remand children under 16 years to the care of the local authority and this may (although need not be) be in secure accommodation. Remands are generally for an initial seven days and may extend to 110 days.
- g) Serious offences involving juveniles are dealt with under solemn procedure. Children convicted of murder may be sentenced under section 205 of the 1995 Act, which carries a mandatory life sentence. Those convicted of other cases heard on indictment can receive a determinate length of sentence under section 208.
- h) Children convicted of an offence under summary procedure may be sentenced to residential accommodation under Section 44 (1) of the Act for a period of up to a year, although they can

only be kept in secure accommodation if the legal criteria above are met. Again, this decision is taken by the Chief Social Work Officer and Head of Establishment. Children serve a maximum of half sentence and may be released within that period on the decision of a review held by the local authority. After sentence has been passed, responsibility for such cases passes to the local authority and youngsters held under section 44 are to be treated as though subject to supervision requirement. The welfare principle is paramount.

xvii. Stages and tasks in secure accommodation

- a) **Referral/admission:** Many more children than actually need to be held in security are referred for placement. The motivations for seeking a secure placement are varied. The focus should be on whether the level of risk and needs of the child /young person justify this level of security. Understandably agencies working with the child/young people with difficult and challenging behaviour can often be very anxious about the behaviour of that child/young person and the potential risks associated with that behaviour. There can also be a high level of concern about the safety of the child/young person and/or the safety of victims/potential victims. However as discussed earlier the risk needs to be properly managed and the process of risk management as previously described will identify the evidence to justify a referral for secure accommodation.
- b) In addition, most authorities have a pre-screening multi agency risk management meetings which consider any young person who is being referred to a Children's Hearing where a secure placement may be considered and looks at the appropriateness of the placement and whether a community based alternative may better meet the needs of the young person, some Local Authorities use this process following a Children's Hearing recommendation for a secure placement if this was not expected by them. A further check is the decision making powers of the Chief Social Work Officer who is the ultimate decision maker in whether to implement or not the Secure Recommendation of the Children's Hearing.
- c) The primary task of secure accommodation is to put some structure around young people whose lives have been out of control. This is done through the physical confines of the building but also through the rhythms and routines of care and through exposure to caring and authoritative adults. If this can be established it may then be possible to address specific problems. Some of this initial work may involve a 'first-aid' type role such as ensuring appropriate medical and dental treatment and (re)-establishing a pattern of school attendance.
- d) **Assessment:** Assessment in secure accommodation, while located within an overall assessment of need, also needs to focus on how to deal with the behaviour and difficulties which led to the young people being placed in secure care. The outcome of assessment should be a programme that aims to change the behaviour that led to the placement.
- e) **Programme:** For much of the past decade or so there has been a thrust in secure accommodation to utilise programmes targeting particular aspects of problem behaviour. Goldson (2002), however, highlights the gulf between rhetoric of treatment and a reality of containment. This is perhaps inevitable in secure settings where response to crisis is a feature of the daily experience and where staffing shortages or competing demands on staff can impede attempts to bring a greater structure to programmes
- f) **Throughcare/Aftercare:** Most children do show signs of progress in secure accommodation. However, that progress can be compromised by what is termed the 'wash-out' effect whereby lessons learned or improvements made in secure care are very quickly lost once they leave and return to a situation that remains largely unchanged. Suitable aftercare support is necessary once a child leaves secure accommodation.
- g) An example of the positive use of secure care is contained in the appendix.

VIII Ending

- i. As the child or young person comes to the end of formal involvement, the planning and review process should work towards ensuring that the child, young person and their family have appropriate support mechanisms in place and know where to turn if stress increases or circumstances change. At this point of Transition, the Single Plan should still be in place and remain with the young person. If a Lead Professional is no longer involved, the young person and their family should be given clear guidance on how to access services or who to contact. This can be a practitioner who still has contact with them, for example a Housing officer. In effect some sort of relapse plan should be in place that includes:
 - Ensuring the young person is in stable accommodation;
 - That there is positive involvement in terms of education or training, with appropriate contacts that can offer support to the child or young person;
 - That the child or young person is able to make positive use of their leisure time;
 - That the child, young person and/or family know who can offer advice or support if required;
 - That the young person can appropriately use skills and techniques to self manage any risky thoughts, feelings or behaviours they may have.
 - Those key agencies who remain involved with the child, young person or family know how to seek advice if they have concerns in the future.

IX Staff supervision and support

- i. This area of practice in which staff are exposed to issues around sexual abuse requires them to address intimate issues around sexual behaviour and identity with children. Many professionals find working with individuals charged with sexual offences highly rewarding (Kadambi and Truscott, 2006), but most require specific support in their work in this area. The cost of not providing this support – in terms of the personal impact as well as the worker's capacity to provide containment and boundaries – can be considerable (Hackett 2006). In particular the influence of transference and counter-transference issues with this client group can compromise the ability of staff to balance risks and needs if practitioners are insufficiently reflective and do not have opportunities to explore the personal impact of the work upon them. (Banks 2001). Impact on team dynamics can also be a factor if support is unsatisfactory (Morrison 2004). The right level of experience and training is clearly necessary to undertake extensive work with this client group alongside strong organisational frameworks. Work with young people involved with serious offending behaviour can cause considerable anxiety for professionals. Many of the principles of good practice with young people involved with offending as well as the skills and approaches we take are transferrable from our more general work with young people who offend.
- ii. Both front line practitioners and their line managers working with children and young people involved in serious violent or sexual offending should be:
 - Appropriately qualified and experienced for the role they require to undertake
 - Have access to training to support their role and which enhances their skills
 - Regular supervision
 - Access to appropriate support mechanisms.

- Access to counselling if required.
- iii. External consultancy and mentoring can also help with skills acquisition and professional development as can co-working. Some services have chosen to co-work all cases in relation to sexually harmful behaviour work for a number of reasons including the challenge of working with high levels of resistance, the scope for skill and knowledge sharing and the contribution it can make to reducing stress, isolation and secrecy for workers in this area of work. Co-working should therefore be considered good practice and is an already recognised standard in work with adult sex offenders.
 - iv. Access to support and expertise should include the CJSW Champions Group for professionals involved with managing high risk young people which can help with further advice and support in working with the client group.

Good Practice Example: Staff Care When Working with Young People Involved with Serious Offending

Barnardo's currently runs four services in Scotland which work with children and young people who display harmful or problematic sexual behaviour. As practitioners in these services often work exclusively with this client group, considerable attention is paid to how staff are supported in line with research and literature in this field. In addition to staff receiving monthly case management orientated supervision, staff may also routinely meet with a specialist consultant to explore more process orientated issues in relation to their work with young people. Staff development is also supported by twice monthly practice development where practitioners have an opportunity to share casework issues and themes with colleagues. Staff involved with this area of work also meet with colleagues in other services every 3 months to explore areas of mutual concern.

Co-working with statutory colleagues outside the organisation is common, and some services have developed co-working policies which outline why co-working is part of the core activities of their service. Such policies also outline themes to be discussed between staff prior to co-working arrangements starting (e.g. how does each professional approach challenging young people; how would your co-worker recognise you were stressed etc) and provides a pro-forma checklist for de-briefing after sessions. Co-working policies also outline what considerations need to be taken into account before a defensible decision is made to justify solo work rather than co-working.

Appendix 1

RISK ASSESSMENT TOOLS

VIOLENCE

SAVRY

There are few assessments tools to measure risk in young people and those available have are based mainly in an incarcerated population (Howell et al, 1995) and therefore are not specifically focused on risk for community violence recidivism and do not adequately consider dynamic risk factors that may change over time. The SAVRY - Structured Assessment of Violence Risk in Youth (SAVRY; Bartel, Borum & Forth, 2000) - is a recognised tool to assess risk of violence of young people within a community setting. It comprises of 24 risk items drawn from existing research and professional literature on adolescent development and on violence and aggression in youth. Six protective factors are also provided.

The SAVRY is designed to assist professional evaluators in assessing and making judgements about a young person's risk of violence. The emphasis on dynamic risk/need factors in the SAVRY is designed to follow the developmental contours of young people, in that the nature of their behaviour may frequently change. SAVRY does not look at strengths.

The SAVRY is not designed to be a formal test or scale; there are no assigned numerical values nor are there any specified cut-off scores. Based on the structured professional judgment (SPJ) model, the SAVRY helps assist in structuring an assessment so that the important factors will not be missed and, thus, will be emphasised when formulating a final professional judgment about a youth's level of risk.

Further details about SAVRY can be found at: <http://www.fmhi.usf.edu/mhlp/savry/statement.htm>

EARL-20B / EARL-21G

For use with young people under 12 years of age, the EARL-20B (Augimeri et al, 2001) and EARL-21G (Levene et al, 2002) are structured clinical risk assessment tools that evaluate risk factors known to influence propensity to engage in future aggression and antisocial behaviour. The boys' version contains a literature-based set of 20 risk and need factors, organised under three broad sections (child, family, and responsivity). Six items are family factors, 12 describe child factors, and two cover responsivity factors. The basic framework of the girls' version is similar, but contains 21 items, some of which are labelled and defined differently. (This is to take account of the fact that girls express anti-sociality and aggressiveness differently from boys.) In both tools, items are rated on a three-point scale (0 = not present, 1 = possibly present, 2 = present), where a higher score represents greater risk. All factors are weighted equally to yield a total maximum score of 40 for boys or 42 for girls. Theoretically, the higher total score, the higher the risk. However, in accordance with the tradition of structured professional risk judgements (e.g. Webster et al, 1997), no specific cut offs are given. Instead, the manuals instruct assessors to assign an 'overall clinical judgement' rating of 'low,' 'moderate,' or 'high' risk of aggressive or antisocial behaviour, based on: the total score, the risk/needs factor pattern (both tools include a 'critical risk' column that allows practitioners to highlight factors that are more worrisome than others), and possible case-specific factors not covered previously.

Further information on these assessment tools can be found at: <http://www.stopnowandplan.com/>

SEXUALLY HARMFUL BEHAVIOUR

AIM2

AIM2 risk assessment tool, which is designed to assist early stage assessments of young men of mainstream educational ability, aged between 12 and 18 years, who are known to have sexually abused others on one or more occasions. The model is based on four domains: development; family; environment and offence details and focuses on concerns and strengths, taking account of static and dynamic risk factors. This model is based on a vast array of research which identifies pathways towards sexually abusive behaviour (Beech & Ward, 2004; Thornton, 2000; Ward & Siegert, 2002).

AIM2 uses 'Level of Supervision Required' in order to differentiate those whose scores indicate they are most likely to commit further abuse from those who are less likely. Whilst highlighting the level of professional concern, classifying young people in these terms, it is believed, provides a more practical result in that it indicates the degree of external risk management that is likely to be necessary to prevent further abuse occurring. The 'level of supervision' terminology also places emphasis on the requirements of the professionals system rather than labelling the young person involved.

The particular benefits of the AIM2 model remain its scope to identify an individual's needs. These are looked at by means of static and dynamic factors within each domain. In this way, identified dynamic factors (thoughts, feelings, behaviours and external factors can change) will be of significant use in planning a young person's programme of intervention and that recognition of concerning or protective domains will allow for a particular focus of work, for example with the young person's family, placement or social network. It is also a strengths based assessment tool and is the only tool in relation to SHB that has been evaluated in the UK. AIM has also developed assessment tools for children under the age of 12, adolescent internet offending, young people with learning disabilities and girls. They have also developed guidance for assessment of young people from ethnic minority backgrounds. AIM was positively evaluated by the Youth Justice Board in England (Griffin and Beech 2004) and AIM2 is currently being evaluated in England, Wales and Scotland (Griffin et al, 2008).

Further information about these tools and AIM 2 are available via the [AIM website](#).

J-SOAP II

The Juvenile Sex Offender Assessment Protocol (J-SOAP II) is an empirically-informed scale was created to assess risk of sexual violence and general delinquency among male adolescent sex offenders (Prentky et al 2000). J-SOAP variables were based on a review of the literature addressing clinical, etiological, and risk assessment studies of juvenile sex offenders. They also reviewed the literature on general criminal behaviour in both juvenile and adult populations (Prentky et al 2000).

The J-SOAP tool included four scales measuring Sexual Drive/Preoccupation (Scale I), Impulsive/Antisocial Behavior (Scale II), Intervention (Scale III) and Community Stability/Adjustment (Scale IV). The Sexual Drive/Preoccupation Scale and the Impulsive/Antisocial Behavior Scale consist of static variables while the Intervention Scale and the Community Stability/Adjustment Scale are comprised of dynamic variables.

The tool is not strengths based and has not been evaluated in the UK. The authors report 8 validity studies in United States with a further follow up study of 813 offenders (Righthand *et al*, 2005; Prentky,

2006, although one recent independent study of 166 young people referred to a treatment centre for issues around sexually harmful behaviour found it had no predictive validity with young people who display harmful sexual behaviour (Elkovitch, Viljoen, Scalora, and Ullman, 2008). Evaluations of the tool have found that the dynamic variables seem to be more predictive of further sexual violence than static scores.

Further information is available from: <http://www.csom.org/pubs/JSOAP.pdf>

ERASOR

ERASOR – The Estimate of Risk of Adolescent Sexual Offence Recidivism is an empirically guided checklist designed to assist professionals to estimate the short-term risk of sexual re-offending for young people aged 12-18. The ERASOR assesses 25 risk factors, 16 of which are dynamic and 9 static, in five categories; sexual interest, attitudes and behaviour; historical sexual assaults; psychological functioning; family/environmental functioning and treatment.

Bourgon *et al* (2004) conducted a community versus residential setting comparison of 125 clients using ERASOR to assess changes in treatment. They found that the tool performed well in both contexts. A predictive validity study of 110 adolescent males (Skowron, 2004) showed high inter-rater correlation.

Appendix 2

Child or Young Person's Risk Management Plan

There are a small but significant number of children and young people who present a high risk to themselves and others. This group includes children and young people involved in sexually harmful behaviour, sexual offending behaviour and serious acts of violence. Individuals within this group who present **significant** risks may need to be subject to a risk management plan to promote public protection, and indeed if the child or young person is subject to the notification requirements, they will be subject to a risk management plan.

It is expected that where agencies need to work together to identify and meet needs and manage risks, they will plan together using the Child or Young Person's Plan. The Child or Young Person's Plan should be the primary resource for interagency risk management planning. The Child or Young Person's Plan allows us to place behavioural concerns in a holistic context and encourages us to find ways of reducing risk that are sympathetic to the individual's stage of development and which build on the strengths and supports that are already in the child's life.

The template below should be used to summarise key recommendations in relation to risk management that have been made in the Single Plan. It can help facilitate effective communication of decisions in relation to risk management, but should not be used as an alternative to the more comprehensive Single Plan.

Each feature of the management plan should relate directly to features of the risks, resiliencies and needs identified in the comprehensive assessment of the child. It also includes a contingency section to cover what actions need to take place if the risk management plan starts to break down.

The following notes cover relevant sections of the form:

- **Identified risks:** The start of the form provides a brief summary of nature and level of risk. It should not replace the more detailed risk formulation which should be part of the comprehensive assessment of the child or young person.
- **Monitoring**, or repeat assessment, aims to look for factors indicating changes in risk over time. These may be factors indicating imminence of offending, a change in the type of risk posed, or a decrease in current risk. This section should cover: *what* is being monitored; *why* is it being monitored; *how* will it be monitored; *who* will monitor it; *when* will it be monitored; *where* will it be monitored as well as how and when changes will be communicated with the case manager or lead professional who has responsibilities for the plan. This should link to the contingency plan.
- **Supervision** aims to decrease the likelihood of violence or offending by restricting an individual's freedom. This section should cover activities and associations that are restricted or can only currently take place with supervision and support.
 - 1 Intervention covers all aspects of the Child or Young Person's plan that are designed to reduce risk over time. This may cover offence related or offence specific work, family work

or other therapeutic interventions. Interventions need to be targeted and measurable in terms of impact over

time, although it should be noted that it is increasingly recognised that programmes of work designed to focus exclusively on offending behaviours in young people are limited in value and should be supported by enhancing the young person's broader life skills, addressing social isolation, opening up access to appropriate opportunities in the education system, addressing family problems and improving the young person's relationships.

- **Victim safety planning** aims to reduce the likelihood and impact of psychological and physical harm to known previous and potential victims. The focus in victim safety planning is on working with victims and potential victims to improve their safety and maximise their resilience
- **Contingency Planning** gives particular prominence to key factors which may indicate that risk of violence is escalating or imminent. There will also be less concerning factors indicating initial instability, disinhibition or movement towards offending which will require an appropriate, but less urgent response. Those involved in the case, including where appropriate the individual, his or her family and potential victims, should know what the key factors are to look out for, and what the response to them should be. There should be a clear plan as to what action should be taken by whom and how quickly. Emergency contacts should be identified both within and out with office hours. The contingency section of this document covers this.

CHILD OR YOUNG PERSON'S RISK MANAGEMENT PLAN						
IDENTIFIED RISK:		<i>For example : general violence / sexual violence etc.</i>				
Relevant Risk Factors		<i>List each factor highlighted in your formulation of risk</i>				
Level of Risk		<i>State level based on the likelihood of the behaviour occurring; the imminence of the behaviour; and potential impact potential victims, risk situations/scenarios</i>				
Goal of Risk Management Activity	Priority	Preventive Strategies	Outcome	Time-scale	Responsible agency	U
Monitoring						
Supervision:						
Intervention:						
Victim Safety Planning:						
Contingency Plan:						
	Early Warning Signs (Relapse Indicators)	Contingency Actions				
	○	•				
	○	•				
Key Contacts:	Organisation	Telephone Number (inc out of hours)				

RESTRICTED

ADDITIONAL SPECIFIC ACTIONS/ADJUSTMENTS TO RISK MANAGEMENT PLAN

Action	Responsible Agency/Person	Timeframe

ANY REQUIREMENTS TO REFER (provide further explanation)

- CHILD PROTECTION
- ADULTS AT RISK OF HARM
- ANY OTHER AGENCY

ANY REQUIREMENTS TO ATTEND

(NB: note any required alterations to invitation list: additions / removals)

MANAGEMENT LEVEL

Should the management level increase or decrease?

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Consider the weaknesses of the preventative strategies, what will be put into place if the early warning signs appear. Who is first to call; what requires immediate action; what should be discussed at the next meeting.

Monitoring Activity and Contingency Plan			
Provide brief summary of the nature and seriousness of sexual and/or violent offending, and the offence analysis: the 'what', 'to whom', 'when', 'where'.			
Immediacy / Degree of Alert	Behaviours/ Events to Monitor; Early Warning Signs		Agreed Actions
Be Aware:	•		•
Be Prepared:	•		•
Take Immediate Action:	•		•
Key Contacts:			
Name:	Role :	Organisation:	Telephone Number (inc out of hours)

RESTRICTED

Appendix 3

Case Study: Comprehensive Assessment and Serious Offending

Background: Alan is 13 years old. He witnessed a lot of domestic violence during his early years before his mother and father separated when he was 4. He displayed aggression towards other children and adults at primary school and social work became involved when he was 8 when his mother said that she could not cope with his aggression towards her. This period coincided with the birth of his baby sister, Amy. Alan and his sister were accommodated when he was 10 because of issues around his mother's substance misuse problems and his being beyond parental control. He remained in foster care until the present, although his sister returned home last year. His mum, Jane, has sought help in relation to her substance misuse but has said that she doesn't want Alan to live with her as she continues to worry about his aggression towards her. Alan has an allocated social worker and is accommodated on a voluntary basis. He has been involved in some minor offending – shoplifting and vandalism when he was 11. He was also recently questioned in relation to exposing himself to adult females in a local park, but he denied this and was not charged.

Current situation: Amy recently disclosed to her mum that when Alan comes and visits at weekends, Alan sexually abuses her. This has been going on every second weekend for the last 6 months – Jane uses Alan as a baby sitter when he visits. The abuse escalated over time from sexual touch through to anal penetration. Jane passes the information to the police and, further to police interviews, Alan is charged.

The following afternoon, the manager of the local youth justice team chairs a risk management meeting for professionals, which includes the head teacher, guidance teacher, educational psychologist, police, the children and family social worker and the worker responsible for the foster care placement.

The meeting is used for information sharing and action planning. It is agreed that a comprehensive assessment should be undertaken and a preliminary risk management plan put in place. There are no indicators that Alan presents a risk at present to older children so it is agreed that he can remain at school although arrangements are put in place so that his situation is monitored. It is agreed that Alan will not visit his mum and sister until there is further assessment undertaken. There is an agreement that the youth justice team – which includes staff that have undertaken training in work in this area – will lead an assessment. It is agreed that he will be allocated a youth justice worker – Mark – who will co-work an assessment with Mary, Alan's children and family worker.

Co-working arrangements: Mary and Mark meet to plan the assessment process. They discuss the aim and focus of the work and how they will structure the assessment sessions. They also discuss how they will work together: their respective styles of working (e.g. being task centred vs process orientated) and styles of challenging young people; their respective professional strengths and weaknesses; what roles they will respectively take; previous experiences of co-working; how they will use gender difference in their work; how they will communicate with each other during sessions; how they would like to give each other feedback and how they will

share recording and report writing. They also identify someone at this stage to support their assessment – Jeff who is a senior practitioner in the youth justice team who has had a lot of experience with similar assessments.

Assessment process: Later that week they meet with Alan for a short meeting where they describe what will be involved with the comprehensive assessment and how long it will take (12 weeks). They discuss confidentiality and in a non threatening way, ask about his feelings about meeting with them each week. Alan says he's anxious and is worried about getting into more trouble, but he hopes they can help him with thoughts in his head that trouble him. They also go over the plans around safety that were agreed on at the risk management meeting and get Alan's views on these. They also agree on where and when work will take place and how Alan will get there and back. Mary will transport Alan to and from Mark's office where meetings will take place, recognising that Alan may find some of the meetings difficult and he may need some support before and after each session. Mark and Mary explain to Alan's carer they will meet with her for 3 or 4 sessions as part of the assessment. They are mindful that Alan's offences have implications for how the carers may view Alan and they are keen to support them so that the placement does not break down.

Mary also goes out to visit Alan's mum and explain that they will meet with her 3 or 4 times during the assessment period to gather some more information from her. Meanwhile Mary has referred Amy for an assessment at the local CAMHs team and agrees to meet with her separately at the moment each work to support her.

During that first week Mark draws together information needed to update Alan's chronology and reads the joint interview with Amy. He also scores Alan on the ASSET and the AIM2 assessment tools using the information he has. He finds this useful as it points to areas that he will have to gather more information during the assessment period.

During week 2 Mark and Mary meet with Alan for an hour undertaking a session where they draw a genogram and an eco map. As planned, they spend a bit of time at the start of each session catching up with how he is getting on and spend 5 minutes at the end of the session playing some games (hangman) to wind down the session. They follow this structure each session.

Alan talks in the session about how his relationships with different people in his family have deteriorated further to his charge. He is also very socially isolated. While they gather information on the people in Alan's life he notes that he also sees his aunty Lucy and her 4 year old daughter once a month. Mary does a visit to the aunt later that week to discuss supervision arrangements.

In week 3 they do some work with Alan doing a timeline with him. Alan is quite open about seeing his mother hurt by his step-dad in the past – the history of domestic violence seem more extensive than social work notes suggest and Mark and Mary make a mental note to discuss this with Jane when they next see her.

During week 4 they look at Alan's views of relationships. They list a range of people in Alan's life and ask how each would describe him. Alan thinks that most people see him very negatively. They talk a little about his understanding of friendships and how people go about making

friends, using drawings and flipchart paper. At the end of the session they do a short exercise looking at his understanding of power in relationships (including power relationships between brothers and sisters).

During that week they also meet with his foster carer and talk through what the carers experienced when they found out about Alan's offences. They discuss safer arrangements at home – bedrooms, bathrooms, privacy, house rules etc. Mary underlines the importance of the stability and consistency provided for Alan and the carer talks about how she gently helps Alan with talking about feelings each day. Mary also meets with mum and talks through how she is coping. She also checks out with her what her understanding is of the allegations and her views of what sexual abuse is and what her hopes are about Alan.

During week 5 they explore Alan's future plans and wishes by extending his timeline and getting him to map out how he would like his future to be. Alan seems quite energised by the session, but at the end becomes quiet. After some prompting he says that he is adamant that he didn't expose himself to women in the local play park as had been alleged in the past but that he has strong impulses to do this at the moment and his thoughts and feelings scare him. His workers help him come up with diversionary activities he can do when he has these feelings and they ask him to keep a diary of sexual and non-sexual feelings. They also agree with Alan's consent to alert a few other adults of this and develop a relapse prevention plan with him which is shared with key adults.

During week 6 there is a further review of risk management which includes his carer and his mother. Alan is invited to attend part of the meeting but says that it feels too overwhelming at the moment. Mark and Mary write a short report to update everyone on the work done to date. His mother says that she would like to meet with Alan but that Amy wants no further contact. Arrangements are made for this and Mary visits Jane to discuss how contact will be supported. At their session that week Mary and Mark do some work around sexual knowledge, attitudes and interests.

During week 7 some work on consequence of abusive behaviour is done. They plan to do a 'ripple exercise' getting him to think of who has been affected by his behaviour and how. They also plan to do a responsibility pie chart to think about who needs to take responsibility for what happened. However Alan and Jane are due to meet the following day and much of the session is taken up with Alan talking through his feelings about meeting with his mum. Mark and Mary accept this and carry the content of the session over to week 8. The meeting with mum goes well, and she reinforces that she is pleased that Alan is getting some support.

During week 9 work around sexual knowledge – what Alan knows and where he got this information from using some questionnaires. They also use a picture sort exercise to look at sexual interests – Alan's responses to this seem normative. Some discussions about his understanding of consent also take place in this session. A session with Jane looks at family functioning, strengths and difficulties and sibling relationships. By this stage Amy has started meeting with a worker at the CAMHs team.

During week 10 they look at his offences. This is quite distressing for Alan and he shares little apart from saying that he made the behaviour as part of a game with his sister. Mary and Mark conclude that Alan is not ready to do offence focussed work yet because of the feelings of

shame he has, although he can talk about how he groomed her and used specific 'code words' with her in relation to abuse. They also do some work on his recognition of risk and self management skills and strategies, and get him to complete a relapse prevention booklet as a piece of homework done with his carer.

During week 11 a session on motivation takes place, looking at what he would want to change about his life at the moment.

The following week Mary and Mark draft their report and meet with Alan to get his views on key points. They do the same with his mum and carer to ensure that recommendations don't come as an unexpected surprise. Mark phones around key professionals to explore some of the recommendations and Mary meets with Amy's CAMHs worker to get her views on the situation. Mark discusses the case with the Children's Reporter and they agree that a Hearing is not necessary as Alan is able to work on a voluntary basis.

The following week they have a review meeting where Mary and Mark's assessment is discussed. Their assessment looks at the pathways into the behaviour – Alan's experience of trauma around domestic violence and how that has influenced how he sees girls and women, along with feelings of anger towards his sister, which became sexualised, seem critical factors. They note that he is still angry about his sister being at home and they feel that – in light of this and his score on AIM2 (medium concern, low strengths) – there is a risk there. His disclosure about feeling that he wants to expose himself is also a considerable risk, although his ability to work within the terms of a relapse prevention plan is positive and shows that he is motivated. Mark and Mary's assessment therefore analyses Alan's situation by looking at pathways into behaviour, an analysis of the behaviour itself, identifies risk factors and strengths and assesses Alan's current environment.

The review meeting is chaired by Mark's manager. They agree to a detailed action plan that involves Alan doing some offence related work, moving towards offence focussed work over time. There should be a risk management plan that continues to be in place reviewed every 3 months, with a core group that meets every 6 weeks to discuss progress and any issues. They plan to continue to support mum and the carer, with the hope that they can be actively involved with some sessions in the future. They agree that no contact with Amy will continue, although they would hope that this might change in the future when Amy and Alan progress in their own respective therapeutic work. There is agreement that Alan can probably do this work on a voluntary basis without recourse to compulsory measures.

Appendix 4

Case study – intervention

Mary and Mark agree to continue co-working with Alan (see appendix 3 above). They agree to continue with weekly sessions and agree to also meet with his carer once a month. Mary will also meet with his mum every fortnight. They develop a plan by identifying intervention goals relating to areas of dynamic risk identified in their assessment which looks like this:

Good Lives planning: 8 sessions

Work around social skills: 8 sessions

Work around healthy sexuality: 6 sessions:

Work looking at Alan's timeline in more detail (with mum): 8 sessions:

Work around healthy communication: 6 sessions

Steps to sexual abuse: 10 sessions:

Consequences of sexual abuse: 6 sessions

Managing Risk: 8 sessions

They estimate this programme of work would take around 18 months to complete.

The Good Lives work is done by working with Alan to identify thoughts feelings behaviour and activities that were around during the time he offended against his sister, and contrasting this with how he would like his life to be now and in the future. This work was done by creating a collage using photos from magazines. Together he and his workers looked at the needs that underpinned activities described in his old life ('criminogenic needs') and needs met by activities and things he would want in his life in the future. They then explored how Alan starts meeting some of those needs at the moment in healthy ways by looking at activities he can be involved with. For each activity they explored what strengths he brings to these, what things he would need to develop, learn or change; how people support him at present and how he could be supported more. This then helped them co-create a Good Lives plan which linked work around predisposing risk factors to changes and improvements he needed to make in his life at present. The programme involves building towards several goals (activities such as archery and swimming, going to college and studying mechanics, having a wider social circle and having a girlfriend).

From the outset Mark and Mary were clear they wanted the plan to be outcome orientated and used work around social skills involving role play and homework 'assignments', assertiveness, helping Alan with eye contact, body posture, tone of voice, use of language etc. Some relaxation techniques are also taught and reinforced to help him manage stressful situations. Having two workers involved meant they could bring a lot of energy to the work and explore with different people taking on different roles in situations.

Work around healthy sexuality included some didactic input about sexual knowledge and discussions about healthy and unhealthy messages about sex and relationships. Some work on what abuse is and whether Alan could identify his own behaviour as abusive was undertaken, and work around consent, relationships and decision making in sexual situations was completed.

At this point Mary found it difficult to continue with weekly sessions because of other work commitments and agreed to pull back from the direct work for 3 months, continuing contact with Amy and mum. Mark ran fortnightly sessions with Alan and his mum looking at his timeline, each week dedicated to exploring 2 years in his life. Alan's mum took along a lot of old photographs that brought the work to life and the timeline was drawn on a 6 foot length of paper that they pinned to the wall each week. Every alternate week Mark and Alan looked at the timeline and together they tried to think about what they discussed with Alan's mum the week before. During one of these sessions Alan disclosed to Mark that he had been sexually abused when he was aged 10 by an older boy in the play park. They agree to pass on details to the police about this and Mark asked Alan whether he wanted to speak to someone else about this. Alan says he'd like to speak to Mark more about it and they put off the end of timeline work for a few weeks. Together they talk about how he keeps safe now and how he develops coping strategies to deal with what happened. They talk about what happened and Alan shares a lot of confusion about how this left him feeling. Slowly some of the confusion began to go through his being able to talk about this and recognise that it wasn't his fault. Gently Mark moved the conversations on to how similar and different Alan's abuse of his sister was, using Alan's insights about how this experience left him feeling, and what it therefore may mean for his sister. Throughout Mark tried to build on Alan's growing sense of self worth and self esteem.

They completed the timeline work and moved on to some work about healthy communication, building on the social skills work and helping him use new skills in situation such as meeting new people, listening to others, talking to people in authority, asking for information etc. Mark suggests to Alan he keep a feelings' and actions' diary to help with this work and that he takes it along to sessions each week to talk about how he is becoming more reflective and aware of trying out these new skills. By this stage Alan is progressing really well with the work and they move on to talk about his offences. Mary agrees to become involved again in these critical sessions.

Mark and Mary use Finkelhor's ideas of the 4 steps to sexual abuse, first looking at non-sexual uses of the model and then moving on to offending and then sexual offending examples, before getting Alan to apply the model to what he did to Amy. The steps are 'wanting to do something' 'making excuses' 'getting the chance' and making the person go along (or in adult terms: motivation, internal inhibitors, external inhibitors and silencing the victim). Mark and Mary try to make the work experiential by using a step ladder so that Alan has to physically move in the room to conceptually move from one step to the next.

This piece of work is then used to help Alan think about how to stop acting in this way in the future. A lot of reinforcement is done about what Alan has been doing right over the last few months to keep out of trouble. This is then linked to some work looking at consequences of his acting in this way again – Mark and Mary look at how abuse hurts other people. Alan seems to be in a place now where his reason for not acting in this way to Amy in the future is not primarily the consequences for him (further charges, prison etc) but rather what this would mean to Amy. Writing an imaginary letter to Amy (that is not sent) helps him lay out his feelings towards his sister.

By this stage in the work his sister and mum have also completed a programme of therapeutic work. Amy says that she would like to see Alan again and a meeting is set up. Considerable preparation is done before the meeting takes place. The meeting is an opportunity for Alan to

talk about some of the work he has done and to communicate to his sister that what he did was wrong (explaining why it was wrong), and he was now making efforts to make sure things like this never happen again. The meeting is very emotional for everyone involved but is positive in nature – Amy is in a place where she recognises that what Alan did was not her fault and the messages she now receives from Alan are affirming. It is agreed that some supervised contact can follow from this.

Finally, some work around relapse prevention is done, looking at situations that Alan might find challenging and how he can avoid these or get out of them in the future.

At this point it is agreed that Alan has completed a substantial programme of work in relation to his behaviour and there is considerable evidence that he is now able to meet the needs met by the behaviour in healthy ways. This and the achievement of a number of significant outcomes suggest that Alan can evidence significant and positive personal change. A final review meeting affirms the great progress he has made in his New Life, while also leaving the door open for Alan to come back to the service if he has worries about his sexual thoughts, feelings or behaviours in the future. Mark agrees to meet Alan every 8 weeks for some months after this to help support him and reinforce the good work Alan has done to date.

Appendix 5

GUIDANCE ON LEGAL DECISION MAKING

Legal mandate

In working with young people who display harmful behaviour of a serious nature, non-completion of an intervention programme is often a risk factor associated with future recidivism. Careful thought needs to be given to how a young person will be supported during intervention work, whether their home life or current placement supports intervention goals and how any external or internal blocks to engagement should be overcome if they are to see a course of therapeutic work through to the end. The case manager or lead professional will also need to consider the intensity, duration and sequencing of components of the intervention work: addressing the young person's offences may be a priority but work around self esteem, a healthy lifestyle and family issues may be necessary 'building blocks' that need to be in place before more cognitively orientated work in relation to the offences is undertaken. Assessment of the motivation to be involved with work should take place in the context of the comprehensive assessment, and respect, support and understanding needs to be modelled throughout the assessment process. Resistance, which will often be present at times when working with this client group, should be seen as an issue for the practitioner to work creatively with rather than evidence of 'untreatability', 'non-compliance' or risk. As one author puts it, practitioners 'must recognise that they are dealing, at least initially, with people who don't want to work, who are extraordinarily resistant and hostile and at the same time weak and fragile. Change is therefore slow and in small steps' (Steed and Monette 1989).

There will of course be situations where a legal mandate may be considered necessary. These will generally be cases where drop-out from intervention is both quite likely and would have considerable consequences for the child and the community. It should be borne in mind that if a child's behaviour is dealt with on offence grounds at a hearing and a decision is made for work to be undertaken on a voluntary basis, if the child does not engage with the work they cannot subsequently be remitted again to a hearing on the same grounds. Separate and new grounds would have to be established. Therapeutic opportunities may therefore be lost if we do not get the legal context to the work right.

The kind of circumstances where statutory measures *may* be indicated include where

- there is no support for interventions or there is collusion with the young person by the parents or key adults in the child's life
- there are a range of behaviours evidencing poor impulse control
- there is no stable home base
- drugs and alcohol are also involved in the offending behaviour
- the behaviours are of a serious nature and this needs to be reflected by formal proceedings
- violence and aggression is combined with sexual behaviour
- attitudes continue to support aggression and violence and problematic sexual behaviours

- there is a history of non-compliance with services or drop-out from programmes with respect to child or family.

Sub Judice Work

There may be situations where practitioners need to weigh up ethical situations in relation to sub-judice work. Typical situations include:

- When a young person has not yet had an opportunity to legally accept or deny the allegations made against them as they have not had an initial children's hearing or an appearance in court for a pleading diet.
- When a young person has had an initial children's hearing which has been continued to allow for the individual to gain legal advice.
- Where a young person has denied an offence and is awaiting the outcome of a proof hearing or trial in court.

In situations such as these practitioners need to respect, support and promote the young person's rights and best interests at all times. They must also ensure that a proportionate risk management strategy is in place to promote public protection, and this should be linked to an assessment of risk and need whenever possible.

This means that tasks in relation to assessment, intervention and risk management are not suspended while a young person's case is 'sub-judice', but rather that these tasks are ongoing and are undertaken in the context of a rights based framework. This may involve some or all of the following:

- Close liaison with reporter, procurator fiscal and the young person's legal representative
- Ensuring that the young person has an independent advocate where necessary
- Clear communication with child and family and other professionals about the aim of any assessment or intervention work undertaken and how this would be done
- Informing the child and family about their rights to not participate is also vital.
- Contracting tasks in relation to assessment and intervention
- Avoiding discussion of the index offences in direct assessment and intervention work.
- Developing strategies for engaging child and family in risk management processes.
- Promoting risk management in a positive way 'e.g. what needs to be in place to ensure that you don't put yourself in a situation that may be risky or may lead to people making a malicious allegation against you.'

It may be the case, for instance, that you work closely with the child, their family and their solicitor to undertake a level of assessment to ascertain whether the child can remain in the community prior to attending an initial hearing. This may involve contracting what can be talked about (and scored on an assessment tool) and what cannot be discussed. If at a hearing the young person denies grounds, you may be able to negotiate some ongoing offence related work which would be helpful for the young person while they wait several months for a proof hearing to take place. Examples might include work looking at impulse control, relationships and problem solving for instance.

Appendix 6

ASSESSMENT AND INTERVENTION WITH FAMILIES WHERE A CHILD OR YOUNG PERSON HAS ACTED IN A SEXUALLY HARMFUL WAY

When families discover that a child has acted in a sexually harmful behaviour, this typically causes considerable emotional distress and crises for individual family members. This distress can be compounded further if the victim of the child is a member of the immediate or extended family. Common emotional responses experienced by parents/caregivers include some of the following:

- intense fear of having failed in parenting;
- shock and denial;
- guilt, shame and self-blame;
- isolation and stigma;
- feelings of loss and grief;
- uncertainty and confusion about sex and sexuality; and
- feeling powerless and out of control, especially in the face of professional systems and intervention. (Hackett 2001)

Immediate support for families as well as working in partnership with them will be necessary if we are to meaningfully engage with children in therapeutic work. In addition to this, an understanding of family history and dynamics needs to underpin assessment work in this area, as it does assessments of children in relation to other forms of offending behaviour.

Family assessments when a child has acted in a sexually harmful behaviour should include the following:

- Aspects of family history and functioning which may predispose the young person towards engaging in sexually harmful behaviour
- Knowledge and understanding of the behaviour (including family's reaction to behaviour and empathy towards victim)
- Providing boundaries to avoid situations of risk (including setting and maintaining family rules, boundaries around protection)
- Full developmental history of the child
- Observations about the child's sexual behaviours attitudes
- Attitudes towards sex and sexuality within the family
- Motivation to co-operate with the work and support the young person (Calder 1999)

Occasionally decisions about whether a child can remain in the family home while assessment and/or intervention work is undertaken. Placement decisions of this nature should take account of the following

- Victims and potential victims living in household
- Level of co-operation by parents

- Level of sharing concern by parents/ caregivers
- Ability to work alongside agencies (openness, honesty)
- Level of culpability/ability to protect
- Risk awareness
- Ability to identify and meet needs
- Ability to employ risk management strategies
- Level of alienation of young person in family home
- Threats of retribution to young person
- Known history of abuse in family home (Dumfries and Galloway /McCarlie 2009)

It is important to recognise that shock, denial anger and fear can all be normal initial responses allegations of problem sexual behaviours. Usually decision making about the viability of a young person remaining at home would be informed by a longer and more comprehensive period of assessment where it is important to observe and assess change in family responses particularly in relation to the above.

The nature of family work will relate to the nature and seriousness of the offence under consideration and therefore needs to relate closely to the action plan formulated in the comprehensive assessment. The overriding aim of any work should be to help the parents promote safety and the management of risk, both at home and in the community. Hackett (2001) has written a useful guide for parents on supporting their child in these situations. The text contains useful exercises and worksheets for use with parents.

In terms of assessment outcomes and action plans, the following goals may be relevant in particular cases

- Provision of immediate crises support for the family, especially offering identifying sources of emotional support to reduce isolation, shame, victim blaming, withdrawal, loss of parental functioning.
- Enlisting parental agreement and engagement for both them and their child in assessment process
- Provision of information and educative help about normal sexual behaviour, understanding consent, abusive sexual behaviour and its effects.
- Provision of information as to how parents can most helpfully respond to both the victim and the abuser, particularly when both are in the same family.
- Establishing (where viable) home safety agreements to monitor and supervise the young person and protect victims. This might include: separate sleeping arrangements; privacy rules; increased parental checks; restrictions on children being alone together when unsupervised; limits on horseplay and wrestling; monitoring TV, video, computer and mobile phone access; and expectations around dress.
- Engaging parents/caregivers in the action planning/review process from the outset.
- Engaging parents/ carers in longer-term work to increase openness and emotional expressiveness within the family; clarify, consolidate or restore appropriate parental

and child roles; identify family strengths and needs; acknowledge and interrupt abusive family patterns; increase parental skills, confidence and competence in promoting accountable behaviour within the family and in handling negotiation and conflict; assist in apology or restorative work between abuser and victim; enhance the protective capacity, especially in relation to boundary- setting; assist them to positively structure the young person's time and activities in terms of peer and social activities; re-negotiate family relationships and address the transitions where it is not possible for the young person to return home, in order to clarify, maintain or improve contact with the family and enable the family to be a source of continuing support and significance (Duane and Morrison, 2004).

Co-ordinated care of young people in secure care: a case example

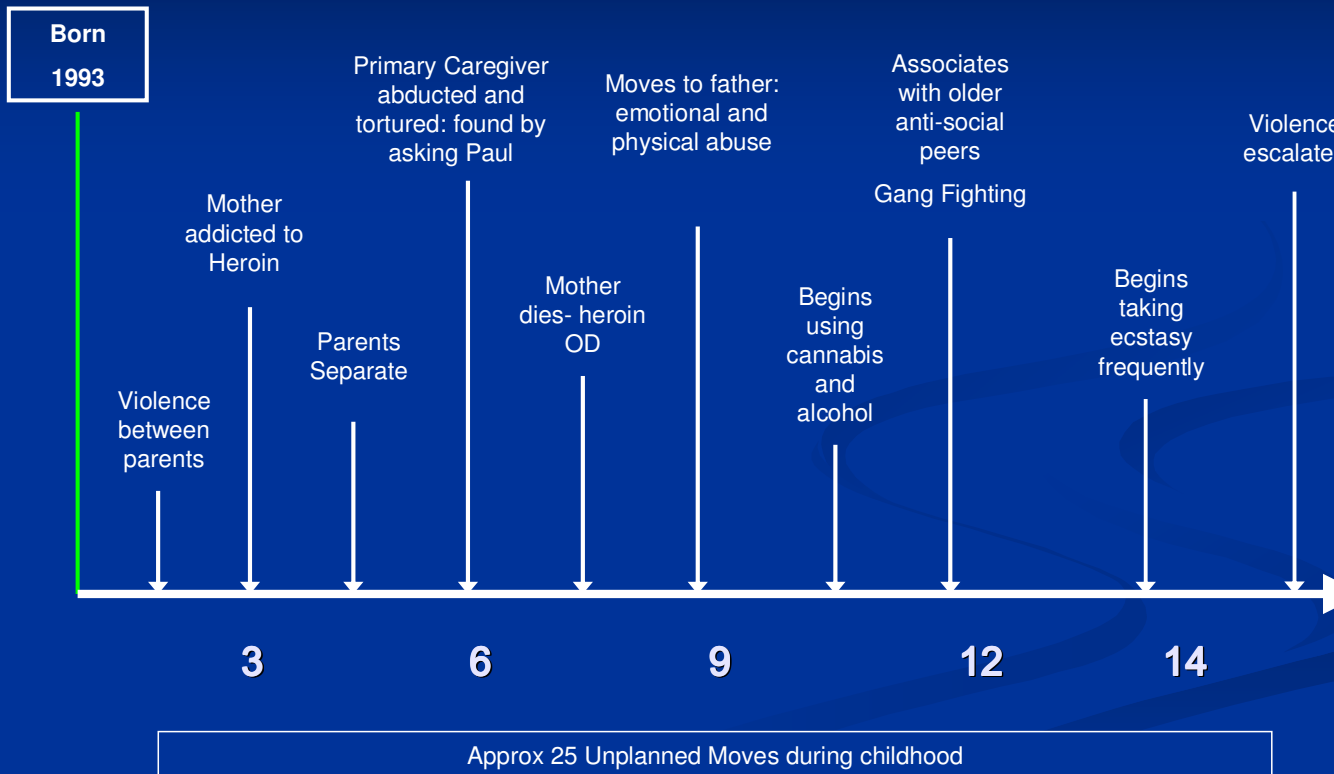
The secure estate in Scotland has undergone numerous changes in the last decade. The 'what works' literature, Good Lives Model and Getting it Right for Every Child have provided theoretical foundations and a framework within which to implement practice. Greater emphasis on assessment, intervention and clear communication have resulted in a higher level of co-ordinated care and risk management plans.

A case is presented below to provide an example of coordinated care planning within Scottish secure services. The example provides examples of the range of services that young people may access to and the way in which these can work together.

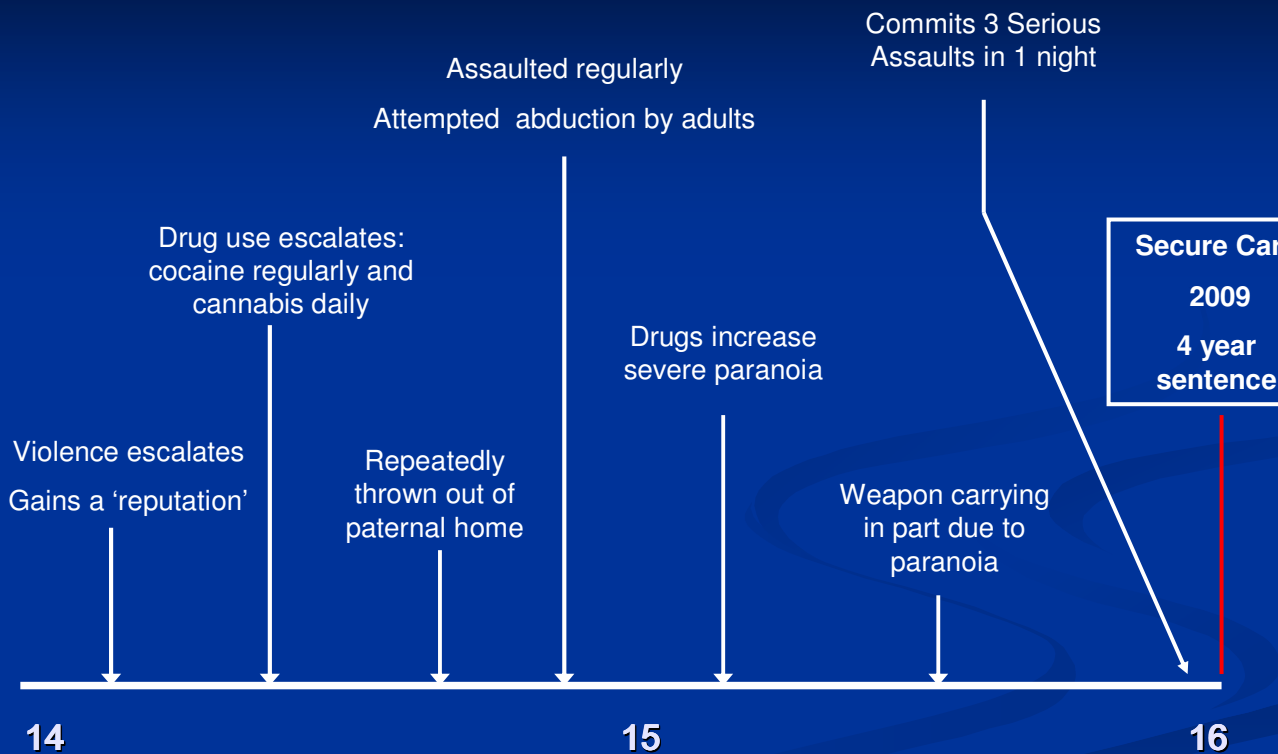
Paul

Paul's early years were characterised by neglect and exposure to violence. His childhood and adolescence involved escalating drug use and violence in the context of anti-social peers and a lack of educational attainment. The time line below notes some key events in his life prior to admission to secure care.

An example: Paul's life birth to 14



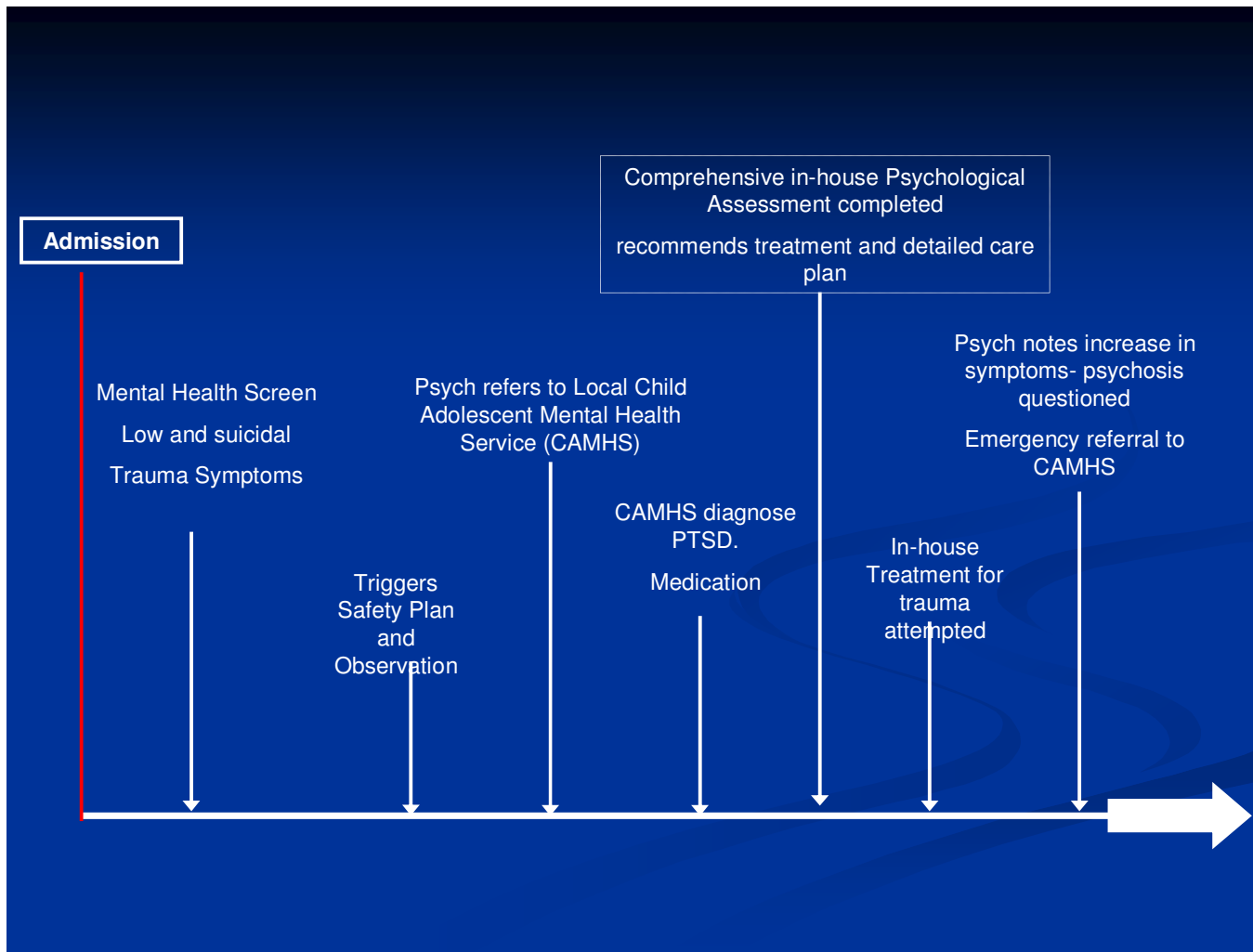
An example: Paul's life 14 to 16



Assessment and Intervention in Secure Care

Paul engaged in significant assessment and intervention during his accommodation in secure care. A cycle of assessment, intervention and evaluation resulted in a range of tailored interventions that acted in parallel with positive staff relationships, education, key work and other fundamental aspects of the secure unit.

The time line below summarises the key stages in this process.



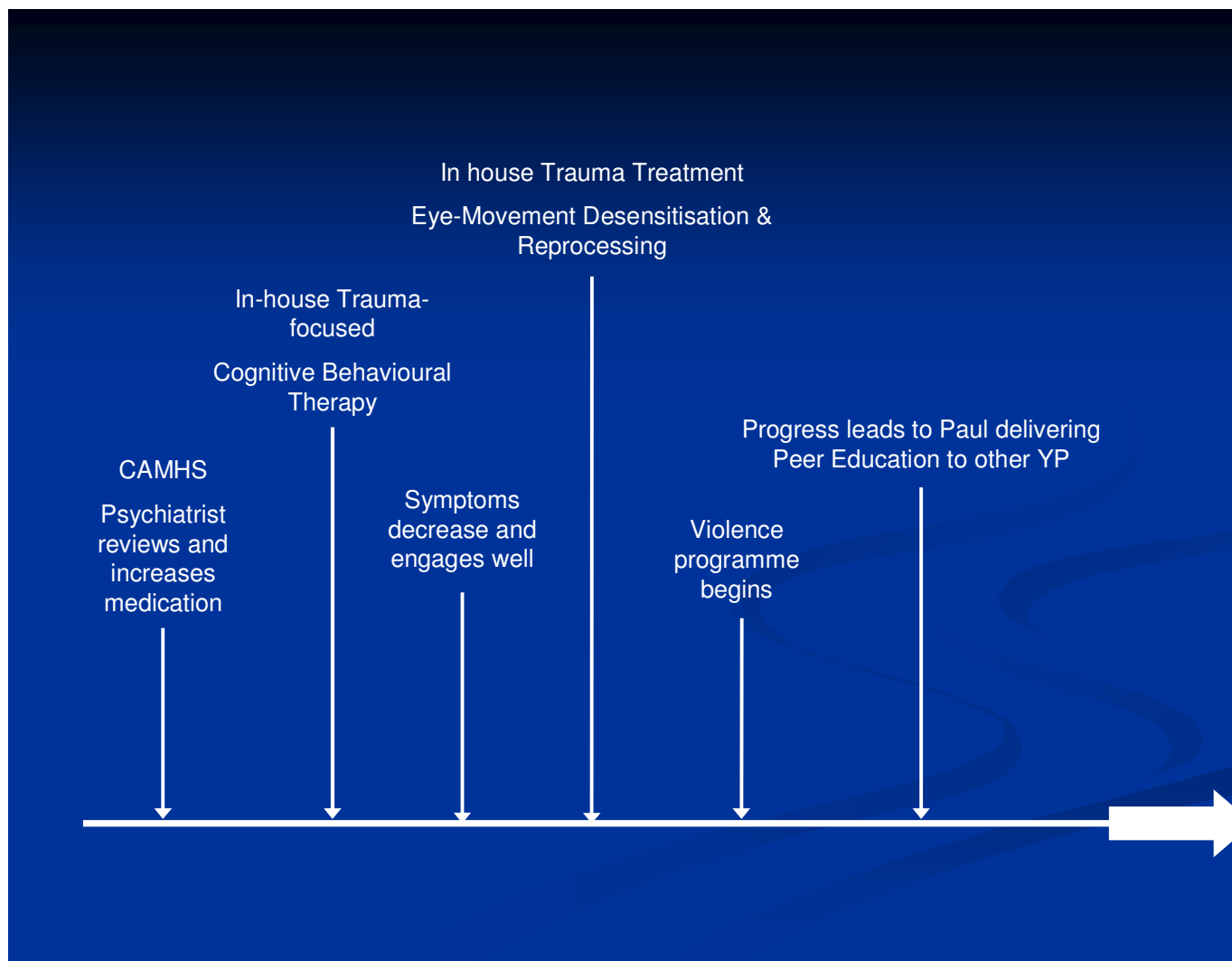
As can be seen following an immediate screener of Paul’s emotional state a comprehensive psychological assessment was completed. This included consideration of both his offending behaviour and mental health, acknowledging that there is considerable overlap between both. This assessment triggered a series of treatment and intervention steps that aimed to meet both sets of factors.

Forensic Needs

A psychological risk of violence assessment using the Structured Assessment of Violence in Youth (Borum et al 2003) was completed which identified those factors important in Paul’s use of violence. This helped identify interventions that targeted Paul’s anger management difficulties, violent attitudes and use of pro-active aggression. The intervention also looked at goal setting for the future and coping skills to apply to avoid a return to violence. Summary reports of the intervention were written and fed in to a final risk assessment completed in the months prior to release. This identified any remaining concerns and made recommendations for risk management across the transition from secure care and while in the community.

Mental Health Needs

The initial psychological assessment also noted symptoms of anxiety and post-traumatic disorder and therefore made a referral to the local Child and Adolescent Mental Health Service. Close links with this service has proven very effective to increase the access for young people to mental health provision. This referral triggered a psychiatric assessment that identified possible symptoms of post traumatic stress disorder which were subsequently treated with medication. This appeared to help reduce Paul's symptoms but some months later these increased once more. The psychology services met with Paul and highlighted their concerns to CAMHS who reviewed the medication to Paul's benefit. This helped improve Paul's symptoms significantly and it was felt that trauma-focused cognitive behavioural therapy may be a useful treatment modality. Paul engaged well with this and demonstrated progress in further symptom reduction, specifically with regard to cognitive changes. As an adjunct to this eye-movement desensitisation and reprocessing was added to the treatment sequence to help him install coping resources. He again engaged well and this treatment sequence drew to a close following a relapse prevention component.



Paul's engagement with the services and his progress lead to his involvement in a peer education programme, where young people in secure care educate others about substances and alcohol use.

Towards the end of Paul's sentence consultation was provided to those planning his transition. Information was provided to the services that would be involved in his future placements including recommendations for risk management.

Conclusion

Paul's case demonstrates the benefits that can be obtained when a range of services work in a co-ordinated manner with a young person. While Paul's long term future is unclear, his case has demonstrated that closely linked mental health services and a cycle of intervention and assessment can provide positive outcomes for young people when built upon a strong foundation of positive relationships and structured education and key work. Paul has perhaps put it best; "it's not one person who's helped me, it's everyone together".

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